



Report of the Professional Issues Forum on Knowledge Translation Strategies - Enhancing use of Enabling Occupation II

Halifax, NS CAOT Conference 2010

Professional Issue Forum Slide presentation:

<http://www.caot.ca/pdfs/2010EOIIPIFSlidePresentation.pdf>

Professional Issue Forum Worksheet:

<http://www.caot.ca/pdfs/2010EOIIPIFWorksheet.pdf>

Facilitators

Margo Paterson PhD, OT Reg. (Ont.) is a tenured Professor in the Occupational Therapy Program and Director of the Office of Interprofessional Education and Practice at Queen's University. She is cross appointed to the School of Nursing at Queen's and also the Charles Sturt University in Australia. Over the course of her 35-year career as an occupational therapist she has worked in a variety of settings including rehabilitation and community care in Australia and Canada. She has been an academic for the past 22 years in the roles of Fieldwork Coordinator and Chair of Queen's University. In these 2 academic roles she has been cognizant of the uptake and implementation of all versions of the Guidelines books that led to the first Enabling text and now the latest Enabling Occupation II (EOII) document.

Janet Craik, MSc., OT Reg. (Ont.) OT (C) holds a Bachelor of Science degree in occupational therapy from Queen's University and a Master's degree in Rehabilitation Science from the University of Toronto. Janet has many years of experience in occupational therapy as a front line clinician, educator and manager. Her knowledge and expertise in project management and her research interests in knowledge translation and professional practice issues help her in her current role as the Director of Professional Practice for the Canadian Association of Occupational Therapists. She was also the Project Manager for the production of *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being & justice through occupation*.

Panellists

Jill Phillips OT (C) (R) is an Occupational Therapist, Occupational Health and Rehabilitation Service, Eastern Health in St John's NL. Jill has been an occupational therapist for 25 years, and has experience in both clinical and leadership positions. She has practiced in the areas of injury prevention, disability management, mental health and acute care; and has also developed programs on return to work planning and vocational rehabilitation. She is currently on leave from Eastern Health in Newfoundland and is completing her post-professional Master's degree at Dalhousie University. Her thesis 3

research focuses on the use of Participatory Ergonomics to explore the needs and concerns of computer users. Jill became aware of the value of EOII, during course work for her MScOT program. During discussions with other practicing therapists, it became apparent that they were not familiar with the expertise which was available to them within this text. She accepted the offer to speak at the PIF knowledge transfer forum so that she would have the opportunity to demonstrate practical applications of EO II.

Debbie Hebert BSc (OT), MSc (Kin) is Corporate Professional Leader and Clinical Educator [at](#) Toronto Rehabilitation Institute & Associate Professor, University of Toronto, Department of Occupational Science and Occupational Therapy. Debbie has clinical and research interests in neuro-rehabilitation and continuing education. In Debbie's role, she has the privilege of being part of both the academic and clinical practice worlds. This is an ideal position to facilitate translation of theory and research into practice. The occupational therapists at Toronto Rehabilitation had adopted many concepts presented in EOI into practice, so when EOII came into being, this was an opportunity to reflect on the practice of OT at this facility once again. Being part of a book club with therapists across Canada and a member of a dynamic OT program leaders' team at Toronto Rehab has helped to take some of the thoughts and challenges of EOII and move them into practice. Debbie was happy to be part of the EOII panel to share these ideas.

Shaniff Esmail PhD, MSc OT(c) is an Associate Chair, Associate Professor, Department of Occupational Therapy, Curriculum Coordinator at the University of Alberta, and chair of the Academic Credential Committee (ACC) and Private consultant, Lifestyle Resources Consultants. Shaniff is an Occupational Therapist with clinical and research interest focusing primarily on sexuality and disability. Specific areas of interest and research include: sexuality counselling and intervention for couples impacted by disability or illness and sexuality training and education for children with disabilities and their parents. As part of his role as curriculum coordinator at the University of Alberta, Shaniff was involved in ensuring the integration of the EOII into the curriculum. Also in his role as the chair of the ACC, Shaniff has the opportunity review all the curriculums in the country allowing him to gain insight into how the various programs have incorporated the EOII into their curriculum.

Haley Augustine MScOT Candidate 2011, holds a Bachelor of Science degree in life sciences from Queen's University and is a current MScOT student at Dalhousie University. During her academic career she has been involved with various community organizations and received the International Development and Carl Mastomaki award from Queen's University for her extracurricular involvement. She has traveled around the world volunteering in remote locations in Nepal, Belize, and Guyana. Haley is currently the Vice-President of the Dalhousie Occupational Therapy Student Society and has led many school and community initiatives. Haley recently completed her first placement focusing on hand therapy and orthopedics, where she found opportunity to incorporate new theories into established practice. Haley had an interest in representing the student perspective in this professional issues forum, to demonstrate the important role a student may play in knowledge translation between practicing therapists and academic study.

INTRODUCTION

The Canadian Association of Occupational Therapists (CAOT) identified the need to sponsor a Professional Issues Forum (PIF) session on knowledge translation strategies for *Enabling occupation II: Advancing an occupational therapy vision of health, well-being and justice through occupation (EOII)*. On Thursday May 27, 2010, 8:30-11:30 a.m. a session was held at the Marriot Harbourfront Hotel in Halifax, Nova Scotia. The purpose of this PIF Report is to:

- Provide background information on the guidelines development
- Highlight key issues on uptake and use of EOII raised by the panelists who represented key stakeholder groups
- Present the issues raised by participants in the round table discussions
- Make recommendations to CAOT about next steps for effective EOII knowledge translation strategies.

CAOT has a long history of working together with members to provide a vision for the conceptual grounding, processes and outcomes of occupational therapy in Canada. In 2007 CAOT launched the 8th set of guidelines for occupational therapy in Canada entitled, *Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation*. This document is a companion to the 1997/2002 document *Enabling Occupation: An Occupational Therapy Perspective*. In the pursuit to advance excellence in occupational therapy CAOT recognizes that we must continue to synthesize and disseminate knowledge to support occupational therapy practice. As a profession we are driven by a vision to promote the practice of occupational enablement. We need to identify effective knowledge translation strategies to enhance the uptake of the new enabling guidelines. Our goal was to illustrate effective knowledge translation strategies to enhance the uptake of the new enabling guidelines.

The EOII Professional Issue Forum (PIF) provided CAOT members with an opportunity to provide feedback and explore how the Enabling Occupation guideline documents resonate with current practice. Through facilitated small group discussions participants were given opportunities to discuss how the guidelines are being implemented, what impact the guidelines have on practice and how CAOT can continue in its pursuit to advance occupational enablement for occupational therapists and our clients. This EOII Professional Issue Forum (PIF) addressed the following objectives:

1. Present a brief history of the guidelines
2. Exchange information & perspectives about knowledge translation (KT) and EOII
3. Engage in discussion & receive member feedback

Approximately 40 participants attended CAOT's Professional Issue Forum entitled, "Knowledge translation (KT) strategies for enhancing use of Enabling Occupation II (EOII)". Over half of the participants stayed engaged for the whole session and 16 completed evaluation forms at the end of the session.

This Professional Issue Forum (PIF) began with an introduction by the facilitator Margo Paterson who explained the purpose of the session, introduced the panelists and sought input from the audience about their own backgrounds. She introduced the metaphor of the penguins gathered together to discuss this important topic of EOII. Margo encouraged the audience participants to keep track of their questions for the panelists with the hopes that this approach would trigger further discussion. She provided a brief overview of her own experience and indicated that she was

not one of the 62 authors of the EOII book and therefore could be unbiased without any vested interest. Margo tried to emphasize that input from the audience was crucial for the larger CAOT decision making process about the impact of EOII. She informed the audience that all Power-point slides used in the PIF and this final report which includes their input would be posted on the CAOT website for future reference. She was aiming for an inclusive atmosphere that would promote honest open dialogue about this crucial document. She offered a photo of a group of penguins gathered together and suggested that this is a metaphor that “we’re all in this together” and we will hopefully move forward and make some progress in this PIF session on EOII.

Janet Craik provided background information and an overview of the evolving Canadian Guidelines; the key models of EOII - core domain of concern (CMOP-E), core competency (CMCE), core process (CPPF); CAOT’s dissemination strategies, such as free online webinars, plenary and pre-conference workshops; book clubs, individual practice inquiries, a series of OT Now articles and the development of an interactive guide (for press late Fall 2010). Janet provided a listing of all of the authors who had contributed to the EOII text. She emphasized that this was a text that was never intended to be a national consensus document but is a text written by occupational therapists, for occupational therapists. It tapped into the knowledge and experiences of over 60 occupational therapists from across Canada. She clarified that this PIF session was not intended to be an educational session about EOII but rather an opportunity for exchange of information about knowledge translation about EOII.

The panel of experts was chosen for their geographic diversity and their ability to represent the various stakeholder roles of student (Haley Augustine); practitioner (Jill Phillips); practice leader (Debbie Hebert) and academic/researcher (Shaniff Esmail). The panel presented the elements of EOII that resonated with each of them within their work/practice. Their mission was to discuss why and how they used EOII. The four panelists spoke for approximately one hour and then audience members were invited to comment. Many interesting questions and comments were generated by the panelists and a very fruitful discussion ensued as the audience responded with thoughtful comments and obvious passion at some points over the next 45 minutes until the coffee break. The remainder of the session was devoted to small group work focused on 6 key questions listed below followed by a plenary large group discussion. At the end of the whole session the audience was invited to complete a feedback form which is appended to this document.

KEY ISSUES RAISED DURING PANEL PRESENTATIONS

Jill Phillips - Practitioner perspective

Jill Phillips provided the practitioner perspective stating that clinicians have demanding caseloads with insufficient hours to carry out research to provide quality care. Her view is that EOII saves you time. After a review of clinical applications of EOII, Jill encouraged therapists to invest in reading this text to enhance practice and help tackle the challenges of everyday practice. “It takes less time to read a chapter of EOII and tap into the solutions provided than it does to solve problems on your own”. She emphasized that the issues which therapists face have been encountered before, and that thousands of hours of occupational therapists’ experiences have been integrated into EOII; this document will enhance the future direction of our profession. Jill emphasized certain chapters of the EOII book that were especially significant for her such as chapter 11 – transferring research to practice; chapter 12 – ‘how to’s’ ; program evaluation and chapter 13 for a quick grasp of occupational therapy considerations; private practice.

Debbie Hebert - Practice leader perspective

Debbie Hebert presented the practice leader perspective and thus she was constantly considering the role of occupational therapy and looking for ways to balance practice and theory. She suggested that one key example of the implementation of EOII was the need for appropriate documentation tools that are occupation based. She reported that their previous documents were ability based, and occupation was at the end of assessment as a checklist. A best practice group developed a new set of documentation that puts occupation at the forefront (Occupational Performance Module). Occupational therapists play a key role in their teams in addressing 'engagement' through goal-setting, by coaching occupational therapists on how to interview for and document client goals. The CMCE model resonated as a way to evaluate practice with respect to enablement. She gave some examples of reflections on the EOII core competencies with respect to practice:

- Advocacy: what are some venues to influence development of new programs, and how do clinicians position themselves to influence development of new programs?
- Consultation: with increase in support staff, how do we maximize the consultation skills of occupational therapists?
- Educate: how well are we working with partners, do we mentor new staff; how do we educate in the community?
- Coaching: is there time to coach individuals to retrain for work/driving?
- Engage: do clients understand occupational therapy?

Shaniff Esmail - Educator and researcher perspective

He stated that EOII can be used as a framework for curriculum development. Curriculum design includes four steps in order to determine the outcomes based on the EOII book.

1. Teaching and learning strategies; the core teaching is based on the CCPF as students' progress in their program.
2. Content; CMOP-E provides the appropriate content for focus of curriculum.
3. CMCE used as an assessment strategy for students
4. Evaluation and assessment can use the 'Fit chart'

Shaniff stated that, "at the end of the day, students need to be able to evaluate what they are doing". Students are going on a journey where they need a map and using models from EOII provides those maps. Finally, he spoke about the importance of research in occupational therapy and the applications EOII models in framing research questions and the reporting findings.

Haley Augustine - Student perspective

Haley offered the student perception of the Enabling documents and how students can act as knowledge translators when on fieldwork placements. She stated that students have a fresh knowledge of models, exposure to various practice settings and the potential to bridge the gap between new knowledge and established practice. Haley suggested that students provide bi-directional communication between therapists and researchers as they are exposed to current theories in the classroom, which can be translated to practicing therapists through fieldwork experiences. Haley conducted a student survey on understanding and applying Enabling documents to clinical placements. Approximately 30% of students (n=28 of 98) responded as follows:

- 57% reported that they had been asked to apply theory during placements
- 77% felt comfortable applying theory
- 78% felt that EOII helps increase understanding

Haley suggested that students might play a unique role in applying theory to practice; placing an emphasis on occupation while conducting case applications of EOII models during fieldwork placements. Thus it is important that students are exposed to theory throughout their education and continue to practice applying the theoretical background of occupational therapy.

While the panelists' presentations focused on application and instrumental use of EOII it is important to comment that the panelists used the following uptake strategies to learn about EOII;

- Participation in EOII 'book clubs',
- Online presentation of EOII,
- Pre-conference workshops on EOII
- In class presentations and discussions,
- Peer consultation.

LARGE GROUP DISCUSSION

(NB- questions from the audience are bolded with responses from panelists or PIF participants)

1. With the move to electronic record keeping, there are concerns re: diffusing occupational therapists' ability to focus documentation on occupation.

Debbie responded that they are trying to avoid the resurgence of tick boxes. A participant replied that the United Kingdom just incorporated CMOP-E into electronic record keeping. Debbie made some comments in our meetings how documentation reflects what actually happens in practice, so if we want true occupation-based enablement, the client record must allow for the recording of such; tick boxes, while they may be informative, they are not often occupation focused. We need to ensure our documentation protocols offer open text to record clients occupational issues, goals etc.

2. What change was seen in programs where you work by applying models to practice?

Jill offered the example of a Manager in health and addictions who used EOII to advocate for occupational therapy's role with respect to a trauma team. The outcome was that funding was applied for occupational therapy. She has seen new clinicians bringing the lexicon to the workplace but there is a disparity or inconsistent use of terminology (i.e. social justice).

3. Based on the finding that 57% of clinicians brought up theory in practice, from a clinical standpoint, how do we increase the clinician's perspective?

Shaniff responded that University of Alberta students are on placement early in their education and apply CMOP-E to placement and discuss with clinician preceptors. This gives clinicians the opportunity to review and know the model.

It is recognized that time demands are being experienced by occupational therapists; reintroducing EOII book clubs to encourage reading and reviewing saves therapists time and helps with uptake.

4. With the attempts to bring EOII to practice, is there cost-analysis on the outcomes that work/are effective.

Debbie replied that we haven't yet done a cost benefit analysis but, many clients are starting to return to homes and are now in a better position to evaluate the cost. A participant suggested that there are two economic factors to consider: providing the therapists the time to learn EOII – but would this translate to quicker therapy time once clinicians are current on the models?

5. Looking at the E in CMOP-E; how has the E been incorporated into education of students?

Shaniff replied that this model makes the skills that have always been taught to be more explicit. Haley commented that her class applied the EOII to problem based learning and case studies. She suggested this model be communicated throughout the education process, presenting and applying it to different scenarios to develop a concrete understanding of the model.

The broader question of how to extend our scope beyond performance to use the broader term of occupational engagement that includes other modes of occupational interaction such as mastery, development, came up later in the discussion (see comments in question #6).

6. Does that training translate into practice when clinicians are working?

An educator replied that in the course that she taught, students worked with real cases and they used the language of enablement to describe what they were doing with the client and what they need to do. She suggested that we went to literature to support the skill words. From CMOP-E perspective, they looked at the model to understand what they were doing. There was discussion using enablement words for performance evaluation. Shaniff suggested that the words of enablement help to describe what occupational therapists do. A participant offered that engagement is about shifting the notion of occupational performance to occupational engagement (to include occupational repertoire, capacity, mastery, development).

A participant offered the following:

- Kudos to scholars for EOII
- the authors have left space for us to apply within our own environment
- we have chosen to take the CPPF and imposed it on the clinicians in all areas of two acute hospitals
- clinicians have applied it to their work areas and share this information with students coming in
- Students come in knowing the models and theories, but clinicians understand the pressures/realities of the workplace and the basic skills required for quick visits.

Claudia von Zweck suggested that: EOII brings in the use of a new lexicon, a new language to explain occupational therapy. Debbie replied that changing language takes time, but if you use it, people will begin to transition. Shaniff suggested that one of the hardest questions for students gets is “what is an occupational therapy”? He stated that EOII gives the students some words to describe what and how they do.

A participant stated that the models have changed; for those of us who have been practicing, this is a big book that clinicians don’t have time to read. For private practice and community occupational therapists, how is this knowledge translated? Jill offered that we use the terms over and over again. Models aren’t the focus of busy clinical practice. Find a model that applies to your practice area.

A participant recommended that we tap into students and request that they be mandated to present EOII models to clinicians. Practice was framed OPPM, and student presented on change to CPPF. An occupational therapy educator gave the example that they have met groups of clinicians and have worked on what is occupation, what is occupational engagement, etc. They went through the process to prepare the lexicon and help with the translation to the new frameworks. For more advanced placements, they are going to do the same thing with core competencies. Clinicians may not be aware of what they are doing in terms of the definitions, despite already doing it with the suggestion of more interactive workshops.

7. Filling the gap is a huge role but what do you think students and researchers can do to help this role?

Haley suggested that researchers and professors should continually challenge students to discuss with their preceptors the theoretical background of their practice. Students bring their theoretical knowledge with them to the clinic, and the conversations with the preceptors help to identify the unique role occupational therapy can contribute to health care.

ISSUES IDENTIFIED IN ROUND TABLE DISCUSSIONS

After the coffee break, three small groups were formed to debate the questions below. Initially the groups formed according to where they were already sitting, but one purposeful group assembled as a francophone group that seemed very appreciative of the opportunity to speak frankly in their first language. The 4 panelists joined the small group discussions to facilitate dialogue at the round tables. All three groups engaged in discussion about the following 6 questions:

1. What supports advance occupation-based practice? What assets, resources, or strategies help you in your everyday practice?
2. What barriers/challenges hinder occupation based practice? What barriers are within your influence of control?
3. How might EOII enable occupation-based practice?
4. What do you need to get these guidelines into practice?
5. What strategies will you use to implement EOII guidelines in your practice this coming year?
6. What role does CAOT have in the uptake of EOII in practice?

Responses from small group discussions

1. What supports advance occupation-based practice? What assets, resources, or strategies help you in your everyday practice?

- Documentation templates needed
- Workshops
- Job descriptions in EOII terms
- Journal and book clubs, dedicated time to review and discuss
- Administrative support to have time to do book clubs
- Use of students to bring models and theory to occupational therapists
- Interactive workshops, less webinars
- Change documentation
- Funding to develop occupational therapy templates
- Student projects
- Using COPM helped to explain to clients and team the role of occupational therapy
- Case based book- demonstrate clinical application
- Presentation template for therapists to use for advocacy, proposals
- Give examples and narratives

2. What barriers/challenges hinder occupation based practice? (what barriers are within your influence of control?)

- Putting occupation in medical model
- time
- Pressure on scope
- Need to change behaviours- how we talk, document

- Model change over time, why invest in new ones if another will come along soon
- Forms of documentation- tick boxes limit application
- Standardization can detract from client centered practice
- Jargon not well understood (e.g. occupation), therefore fall back to medical terminology to fit/communicate with others
- We need to use terms, put effort in; this will teach others our terminology rather than dilute our vocabulary
- Expectations of other professions
- Skepticism

3. How might EOII enable occupation-based practice?

- Students
- Wiki site for presentations on EOII
- Leadership groups
- Short onsite interactive workshops
- Sharing experience sessions
- Enabling “bank”- case examples, presentations, worksheets, enabling skills- what they mean
- Old/New Not/Hot (demonstrate how CMCE can be used)
- Provide vocabulary and use it
- Chapters/sections sent to practitioners by practice leader

4. What do you need to get these guidelines into practice?

- Professional practice leader to encourage use
- Template of documentation- disseminate to all occupational therapists
- Organizational procedures
- Workbook

5. What strategies will you use to implement EOII guidelines in your practice this coming year?

We did not really have time to get into this question in a lot of depth but the question was posed but not fully discussed – may need to be done another time/session. There are relevant responses provided in the formal feedback sheets completed by participants at the end of the session.

6. What role does CAOT have in the uptake of EOII in practice?

- Explore various evaluation strategies, engagement measures that have been developed (for example some students from the University of Toronto have piloted some measures)
- Explore examples at the organizational level (for example work done by Cathy White for the New Brunswick Association of OT which is a demonstration of CPPF)
- Consider applications for funding such as CIHR grants
- Respect all models of occupation
- French index of EOII terms, CAOT to create a francophone group to establish terms
- Longitudinal studies of EOII use
- CAOT to provide funding to develop strategies for templates
- Local CAOT workshops
- Link with Colleges

ADDITIONAL FEEDBACK

CAOT, since publishing the latest guidelines, received the following feedback from members:

- Is there a need to examine if students are required to purchase both texts (EO & EOII)?
- There are errors in the French translation (terminology and grammar) that need to be addressed.

| | Strongly agree 1 | 2 | 3 | 4 | Strongly disagree 5 |
|---|-----------------------------|--------------|-----------|--------------|--------------------------------|
| 1. The Forum met my expectations. | 7 (44%) | 6 (38%) | 1 (6%) | 1 (6%) | 1 (6%) |
| 2. The Forum was well-organized. | 8 (50%) | 6 (38%) | 1 (6%) | 1 (6%) | 0 |
| 3. Presentations were relevant and informative. | 8 (50%) | 5 (31%) | 0 | 3 (19%) | 0 |
| 4. Questions and participation were encouraged. | 11 (73%) | 2 (13.5%) | 0 | 2 (13.5%) | 0 |

5. What do you think is an essential KT strategy to support the uptake of EOII?

- Demystification of the model through incremental learning activities
- Short sessions, small groups, centered around student education and preceptor work/involvement
- Concrete tools to assist clinicians' knowledge and understanding, i.e. quick reference guide, case examples
- Champions of EOII across Canada
- Break it down into pieces and use an interactive approach to learn
- Identifying a reason why it should be used- OTs are already practicing using the contents of models, but why should the models be incorporated into practice
- Education, education, education of clinicians
- Use students! Preceptors should be required to challenge students to use EOII in practice. This not only gets us sued to theory outside of the classroom setting but educates and challenges the preceptors and the currently practicing OTs
- Need to know the effective KJT strategies- use CIHR
-
- Need to integrate the health policies that impact to OT and their clients. So we need to understand policy implications and put that into the local level
- CAOT's involvement in documentation templates and seminars in different areas to promote model and practice, explain why yet another model is being extended and required to earn
- Absolutely
- CAOT education on web
- Open discussion forum on web
- Translate CMCE with concrete occupation practice examples

- Multiple arenas for interactive discussion linking theory and practice, bets practice groups, communities of practice

6. Additional comments:

- Informative session
- E-documentation is strong political tool- need support use of occupation based terminology into new e- documentation
- I decided last minute to attend as I am using this framework for my thesis and am very glad I did!
- Thank you so much for this opportunity
- Recognize the responsibility of CAOT in balancing the drive for occupation-based practice and not solely endorsing one model
- I thought the session was well done but we need more! Somehow you must reach the population of OTs who do not attend conference and workshops
- Translate concept of occupation into the daily practice of OT
- Link occupation with examples to risk management, pain management, client satisfaction (broader topics looked at in the organization)
- Start with an engagement exercise to invite audience and their issues before panel

The metaphor of the penguins was used again at the end of the PIF session to encourage participants to “take the plunge” and become more engaged in the knowledge translation process in their own settings and broader communities. We now provide a number of recommendations for CAOT and other stakeholders to consider and act upon. 24

| OVERALL RECOMMENDATIONS | For CAOT to do/consider | For occupational therapists to do/consider | Students/ preceptors to do/consider |
|---|---|---|--|
| Knowledge translation Strategies | | | |
| Educational sessions | Provide presentation materials and sessions to train occupational therapists to be champions of EOII. Continue to offer workshops on EOII | Run study groups, regional sessions | Ask students to present use of models, ask critical questions to help both understand application |
| Develop augmentative learning products to EOII | | Use existing web-based learning services, webinars, discussion board | |
| Communities of practice (COP) Cases | Continue to support and host EOII COP | Host and engage in COP | Use OT Now to illustrate through case applications |
| Documentation , assessment and evaluation tools | | Develop documentation templates, assessment of occupational engagement and evaluation tools | |

SUMMARY

This PIF was an opportunity for the CAOT membership to participate in a facilitated session. Panelists representing four stakeholder groups (student, academic, practice leader and practitioner) were able to offer their perspectives. The small and large group discussions were opportunities for information exchange including perspectives about knowledge translation and EOII. There is an ongoing need to continue to support occupational therapists in Canada to feel comfortable with EOII and many strategies have been identified in this PIF report.

This PIF provided CAOT members with an opportunity to:

- a) Provide feedback and explore how the Enabling Occupation guideline documents resonate with current practice.
- b) Share knowledge of the current state of guidelines used in occupational therapy.
- c) Assess the value, usefulness and appropriateness of the guidelines used in occupational therapy
- d) Identify effective strategies for utilizing EOII in practice
- e) Assess for barriers that may limit uptake of guidelines.

References

CAOT (2002). *Enabling Occupation: An occupational therapy perspective*. Ottawa, ON: CAOT Publications ACE.

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