Report 14th Annual ENOTHE Meeting Berlin
18th of October – 20th of October 2008
Alice Salomon Fachhochschule Hellersdorf Berlin, Germany

Organised by:
Elke Kraus- Alice Salomon Fachhochschule
Joachim Rottenecker – Wannsee-Schule e.V.
Jürgen Fürhoff and Christina Ovesiek - Waldkrankenhaus
Lili Lehmann (student), Mareille Albrecht (student), and Nikola Ribbat (student)

Co-ordinated by:
Hanneke van Bruggen, Executive director of ENOTHE

Granted by:
European Commission, ERASMUS, Thematic Network Projects
## INTERCULTURAL DIALOGUE BETWEEN OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

Occupational Science in research and education: developments, discussions and potential

**Thursday 25th of September**

### 1. Plenary sessions

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<td>Hans Jonsson, PhD, Associate Professor, Occupational Therapist (reg), Head of the Master Program, Division of OT Karolinska Institutet, Neurotec Department, Stockholm, Sweden, member executive board ISOS</td>
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<td>Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS</td>
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### 2. Parallel sessions – research and education

#### 2.1. Parallel sessions research

**Morning**

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<td>Workshop leader Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS</td>
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Workshop leader Åsa Lundgren-Nilsson, PhD, OT, The Sahlgrenska Academy at Göteborg University, Institute of Clinical Neuroscience, Rehabilitation Medicine, Göteborg, Sweden

2.1.4. Research workshop 4  
Workshop leader Tanja Stamm, Dr., MSc, MBA, Vienna Medical University, Dept. of Rheumatology, Vienna, Austria

2.1.5. Research workshop 5  
Workshop leader Sebastian Voigt-Radloff, MSc.OT, Klinikum der Albert-Ludwigs-Universität, Zentrum für Geriatrie und Gerontologie Freiburg, Freiburg, Germany

Afternoon

2.1.6. Research workshop 1  
Workshop leader Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS

2.1.7. Research workshop 2  
Workshop leader Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS

2.1.8. Research workshop 3  
Workshop leader Åsa Lundgren-Nilsson, PhD, OT, The Sahlgrenska Academy at Göteborg University, Institute of Clinical Neuroscience, Rehabilitation Medicine, Göteborg, Sweden

2.1.9. Research workshop 4  
Workshop leader Tanja Stamm, Dr., MSc, MBA, Vienna Medical University, Dept. of Rheumatology, Vienna, Austria

2.1.10. Research workshop 5  
Workshop leader Sebastian Voigt-Radloff, MSc.OT, Klinikum der Albert-Ludwigs-Universität, Zentrum für Geriatrie und Gerontologie Freiburg, Freiburg, Germany

2.2. Parallel sessions education  

Morning

2.2.1. Education workshop 1  
Workshop leader Dr. Gaynor Sadlo, University of Brighton, Brighton, United Kingdom

2.2.2. Education workshop 2  
Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

2.2.3. Education workshop 3  
Workshop leader Dr. Erna Blanche, Ph.D., OTR/L, FAOTA, Associate Professor of Clinical Occupational Therapy, University of South California Division of Occupational Science and Occupational Therapy, Los Angeles, USA, member executive board ISOS

2.2.4. Education workshop 4  
Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of
2.2.5. Education workshop 5
Workshop leader Sue Griffiths, Senior Lecturer in Education, University of Northampton, United Kingdom, ISOS

Afternoon

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Workshop leader Gaynor Sadlo, Dr., University of Brighton, Brighton, United Kingdom

2.2.7 Education workshop 2
Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

2.2.8. Education workshop 3
Workshop leader Dr. Erna Blanche, Ph.D., OTR/L, FAOTA, Associate Professor of Clinical Occupational Therapy, University of South California Division of Occupational Science and Occupational Therapy, Los Angeles, USA, member executive board ISOS

2.2.9. Education workshop 4
Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town, South Africa

2.2.10. Education workshop 5
Workshop leader Sue Griffiths, Senior Lecturer in Education, University of Northampton, United Kingdom

2.3. Discussion forum
Chair person Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

14th ANNUAL ENOTHE MEETING

Friday 26th of September

3. Opening by the president of ENOTHE
Dr. Sofia Vikström, PH.D, OT, Karolinska Institutet Neurotec Department, Division of OT, Huddinge, Sweden, president of ENOTHE Board

4. Welcome

4.1. Welcome by Prof. Dr. Heinz Cornel
Vice Rector Alice Salomon Fachhochschule Berlin, University of Applied Sciences, Germany

4.2. Welcome by Nina Parra - European Year of Intercultural Dialogue 2008
Desk officer Federal Ministry of Family Affairs, Senior Citizens, Women and Youth, Berlin, contact person European Year of Intercultural Dialogue 2008 for Germany

4.3. Welcome Katrin Lompscher
Senator Health and Environment, City of Berlin, Germany
5. Developments of occupational therapy within the German higher education area
Elke Kraus, Professor, Head of the Faculty of Occupational Therapy, Alice Salomon Fachhochschule Berlin, University of Applied Sciences, Germany

6. ENOTHE activities
Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

7. “The world is / not / flat”: globalisation and cultural diversity. The Sinus-Milieus® as an approach to international social segmentation
Michael Schipperges, M.A.I.A., director Research & Consulting, Sinus Sociovision GmbH, Heidelberg, Germany

8. Explaining study succes in a diverse student population. An overview of research on differences between ethnic minority and majority students
Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

9. Parallel sessions on the core themes of the European year 2008

9.1. Workshop on the Sinus- and Sinus-Meta-Milieus®
Workshop leader Michael Schipperges, M.A.I.A. director Research & Consulting, Sinus Sociovision GmbH, Heidelberg, Germany

9.2. What can programmes of occupational therapy education do to improve student success in a divers student population?
Workshop leader Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

9.3. WFOT- Guiding principles on diversity under construction: the consequences for OT education in Europe
Workshop leaders Astrid Kinebanian, chair of the board of the European Master Course in Occupational Therapy, Amsterdam, The Netherlands and Marjan Stomph, trainer and advisor in education, care and diversity, Amsterdam, The Netherlands

9.4 Curricular innovation based on competences in the Escuela de Terapia Ocupacional, Universidad de Chile
Workshop leaders Vivian Villarroel Encina and Paula Soto Reyes, lectures at the Escuela Terapia Ocupacional, Universidad de Chile, Facultad de Medicina, Santiago de Chile, Chile

9.5. Occupational therapists - practical persuaders in emerging roles?
Workshop leader Nick Pollard, BA, PGCE, Dip COT, MA, MSc , Senior lecturer in Occupational Therapy, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom

9.6. Discussion on learning, teaching and assessment methods to achieve competences in intercultural dialogue
Workshop leaders Jet Lancée, MSc, Senior lecturer Hogeschool Zuyd, Heerlen, The Netherlands and Imke Winkelmann, lecturer ETOS Ergotherapieschule Osnabrück, Osnabrück, Germany
9.7. Community and home based rehabilitation - cultural perspective. A way of understanding each others culture by using different exchange systems
Workshop leader Hélène Fitinghoff, MSc, International coordinator, lecturer Karolinska Institutet Neurotec Department, Division of OT, Stockholm, Sweden

9.8. Widening participation in the learning and teaching environment
Workshop leader Nichola Gadsby, lecturer and Anita Steed, Senior lecturer Faculty of Health and Life Sciences, Coventry University, Coventry, United Kingdom

9.9. Life history approach and narrative interview in occupational therapy – a valid focus in transcultural practice?
Workshop leader Franziska Heigl, Uta Jakobs, Zürich University of Applied Sciences, School of Health Professions, Institute of Occupational Therapy, Zürich, Switzerland

Workshop leader Diederik Aarendonk, Coordinator of the European Forum for Primary Care

9.11. Basics for European intercultural dialogue in the health sector. Paving the way for a European Health Archipelago
Workshop leaders Winrich Breipohl, Dr., Institut Arbeit und Technologie, Wissenschaftspark, Gelsenkirchen, Germany; Vestische Kinder- und Jugendklinik Datteln, University Witten Herdecke, Germany and Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Saturday 27th of September

10. Pushing the boundaries of practice: a Canadian perspective on occupation-based enablement
Dr. Helene J. Polatajko, PhD, OT reg. (ONT.), OT(C), FCAOT, The University of Toronto, Faculty of Medicine, Department of Occupational Science & Occupational Therapy, Toronto, Canada

11. The European Conceptual framework (EN)
Johanna Stadler-Grillmaier, lecturer Fachhochschule Campus Wien, Department Gesundheit-Fachbereich Ergotherapie, Vienna, Austria, project group member Terminology

12. Presentation of the final products of the project groups

13. Parallel sessions

13.1. Discussion about the European conceptual framework – sessions in EN, DE, FR, ES

13.1.1. Ein Europäischer Konzeptsrahmen der Ergotherapie (DE)
Workshop leader Johanna Stadler-Grillmaier, lecturer Fachhochschule Campus Wien, Department Gesundheit - Fachbereich Ergotherapie, Vienna, Austria, project group leader Terminology
13.1.2 The European conceptual framework (EN)
Workshop leader Joachim Faias, Head of the OT Program, Escola Superior de Tecnologia da Saúde do Porto, Porto, Portugal, project group member Terminology

13.1.3. Abstract del taller: marco conceptual europeo (ES)
Workshop leader Miguel Brea Rivero, lecturer Universidad Rey Juan Carlos, Facultad de Ciencias de la Salud (Edificio Departamental), Terapia Ocupacional, Madrid, Spain, project group member Terminology

13.1.4. Cadre conceptuel européen de l’ergothérapie (FR)
Workshop leader Sylvie Meyer, lecturer Haute école de travail social et de la santé, Filière Ergothérapie, Lausanne, Switzerland, project group member Terminology

13.1.5. Een Europees conceptueel framework (NL)
Workshop leader Hilde Pitteljon, lecturer Katholieke Hogeschool Brugge-Oostende, Belgium, project group member Terminology

14. Understanding the new Canadian practice framework: a workshop on using the CPPF
Workshop leader Dr. Helene Polatajko, PH.D., OT REG. (ONT.), OT(C), FCAOT, University of Toronto, Department of Occupational Science and Occupational Therapy, Toronto, Canada

15. Discussions on future directions of ENOTHE

15.1. Progress report of strategic course/development of new projects
Workshop leaders Sofia Vikström PH.D, OT, Karolinska Institutet, Stockholm, Sweden and Ruth Zinkstok, Drs, OT, Hogeschool van Amsterdam, Amsterdam, The Netherlands

15.2. Development of new projects and participation of ENOTHE in Archipelago’s and other projects
Workshop leaders Hanneke van Bruggen, Executive Director of ENOTHE, Hogeschool van Amsterdam, The Netherlands and Barbara Piskur, Msc OT, Hogeschool Zuyd, Heerlen, The Netherlands

16. Student parallel sessions – Intercultural dialogue

16.1. Session 1

16.1.1. More knowledge about mental illness creates more understanding – expand young student’s knowledge of the field of psychiatry, so prejudices can be reduced
Lise Skovlund Pedersen, Carina Evershed, University College Lillebaelt, Ergoterapeutuddannelsen i Odense, Odense SØ, Denmark

16.1.2. Inclusion for young adults with psychological disabilities
Annemarie van Dijk, Roxanne Jacobs, Lieke Grassère, Sabine Förster, Joeri Reintjens, Hogeschool Zuyd, Dept. OT, Heerlen, The Netherlands

16.1.3. A workshop with elderly people
Rahel Kruse, Andrea Walther, Saphira Schlesinger, Julia Wille, Julia Kößling, Katharina Würfel, ETOS Ergotherapieschule Osnabrück e.V., Osnabrück, Germany
16.1.4. Immigrants in nursing homes for elderly people  
Jessika Eklund, Susanne Assander, Linköpings Universitet, Faculty of Health Sciences, O.T., Linköping, Sweden

16.1.5. Occupational therapy and cultural integration  
Melinda Caforio, Johan Aerts, Provinciale Hogeschool Limburg, Department of Health Care, OT, Hasselt, Belgium

16.1.6. A critique of the Kawa model as a method of assessment in adult mental health rehabilitation: a case study  
Jennifer Arnot, Hanna Baechle, Eadaoin Donaldson, Alexandra Moss, Queen Margaret University, Edinburgh, United Kingdom

16.2. Session 2

16.2.1. OT student belonging to different cultures, languages, ethnic groups and religions  
Julie Kieffer, Solenne le Corre, Aurélie Rainotte, Christelle Ramos, Institut de Formation en Ergothérapie, ADERE, Paris, France

16.2.2. Raise awareness of people with a different culture  
Hanne Dezegher, Tille Vanrobaeys, Esther Declercq, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

16.2.3. Occupational Therapy in community health for persons with ethnic backgrounds case Örebro society  
Moa Ericsson, Sofia Andersson, Örebro Universitet, Dept. OT, Örebro, Sweden

16.2.4. An Erasmus experience of intercultural dialogue  
Ana Costa, Ines Abreu, Escola Superior de Saúde do Alcoitão, Alcabideche (Estoril), Portugal

16.2.5. East meets West: meditation  
Angelo Dhont, Simon Meersman, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

16.2.6. Intercultural dialogue within health care practice – increasing cultural competency  
Roisin Lynch, Katie O'Sullivan, University College Cork, Department of Occupational Therapy, Brookfield Health Sciences Complex, Cork, Ireland

16.3. Session 3

16.3.1. A student from a different culture, studying at a regular college  
Aline Oorts, Zonhild Caluwe, Marijke Bouman, Hogeschool Antwerpen, Antwerpen, Belgium

16.3.2. Intercultural quartet  
Diane Ras, Savanne Scholten, Lysanne van Oostrom, Cornelis de Bruijn, Bart Bierenbroodspot, Wiebke Maass, Hogeschool Rotterdam, FGZ, Dept. O.T., Rotterdam, The Netherlands
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Ruth Wensley, Leeds Metropolitan University, School of Allied Health Professions, Leeds, United Kingdom

16.3.4. Intercultural dialogue and influence of culture on occupational therapy practice in Georgia 78
Ann Gurgenidze, Guram Cheishvili, Ivane Javakhishvili Tbilisi State University, School of Allied Health, Tbilisi, Georgia

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16.4.1. In what extent does a different cultural background of a client have influence on the occupational therapy treatment or the interaction between an occupational therapist and a client? 79
Svenja Preuß, Et al., Wannsee schule e.V., Schule für Ergotherapie, Berlin, Germany

16.4.2. Questionnaire about different cultures and Occupational therapy in Belgium 79
Lorenzo Billiet, Bart Deneire, Charlotte Dalle, Elke Waeyaert, Katholieke Hogeschool Brugge-Oostende, Dept. OT, Brugge, Belgium

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Maaike Greveling, Jessie van der Heijden, Simone Robben, Inge Louwinger, Hogeschool van Arnhem en Nijmegen Nijmegen, The Netherlands

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Shadia Gally, Helsinki Polytechnic Stadia, Degree Programme on Occupational Therapy, Helsinki, Finland

16.4.5. Culture cooking evenings 81
Fien Vens, Ms. Valerie Stragier, Ruth Valcke, Hogeschool West-Vlaanderen, Department Hiepso, OT, Kortrijk, Belgium

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Barbara Dries, Mareile Stademann, Andrea Ander, Tina Bartsch, Europa Fachhochschule Fresenius, Abteilung Ergotherapie, Idstein, Germany

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Anne Blomer, Hanna Richardus, Marlies de Wilde, Hogeschool van Amsterdam, Dept. OT, Amsterdam, The Netherlands

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Sofie Duhem, Silvia Dumazy, Isabelle Swalus, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium
16.5.4. Concert of the children form different cultures and nationality
Elitsa Goranova Velikova, Petia Nikolaeva Dimova, Angel Kunchev University of Rousse, Faculty of Kinesitherapy, Rousse, Bulgaria

16.5.5. Creating partnerships with asylum seekers at an induction centre to facilitate cultural and practical orientation that challenges the occupation injustices they face
Anna Morgan, Leeds Metropolitan University, Leeds, United Kingdom

16.6. Session 6

16.6.1. How a prisoner communicates with the society outside of the prison
Filippa Mariah Rasmussen, Charlotte Engelhardt, CVSU-Fyn (Centre for Higher Educations Funen) Ergoterapeutuddannelsen, Odense, Odense SØ, Denmark

16.6.2. About which intercultural projects exists in the Netherlands
Jaco Tentura, Edna Kuley, Laura van Slooten, Annemarie Bouwmeester, Marielle Brommet, Hogeschool van Amsterdam, Dept. OT, The Netherlands

16.6.3. Client centred practise, related to intercultural dialogue
Randi Kongsted, Hanne Knudsen, VIA University College, Campus Holstebro, Ergoterapeutskolen, Holstebro, Denmark

16.6.4. Ekram’s problems
Ilse Lelie, Wencke De Wolf, Brenda Colman, Ilse Lelie Aurélie Mullens, Elien Vanguchte, Artevelde Hogeschool Gent, Dept. OT Gent, Belgium

16.6.5. Support for refugees in Hildesheim, Germany
Kristina Kräft, Julia Katrin Kruse, Maren Hentschel, Annika Niebuhr, Frauke Ackenhausen, Fachhochschule Hildesheim-Holzminden-Göttingen, Studiengang Gesundheitsberufe, Hildesheim, Germany

16.7. Session 7

16.7.1. Cajón-project in partnership with an occupationally deprived group
Clara Beutelspacher, Julian Geibel, Ina Hafner, Elisabeth Heilemann, Eva Maisch, Andre Block, Vanessa Bödiger, Michaela Hanner, Manuel Ruopp, Nina Müller, Judith Röder, Katharina Vielsack, Mirjam Nothdurft, Anna Völker, Lena Ilgenfritz, Jennifer Kübeck, Fachschule für Ergotherapie der VHS Reutlingen, Germany

16.7.2. Children of the Heldringschool; an occupational therapy perspective on inclusive employment
Danielle Bouman, Roos Brens Hogeschool van Amsterdam, Dept OT, Amsterdam, The Netherlands

16.7.3. Accessibility for individuals who are blind or visually impaired in a main street in Esbjerg
Rikke Hansen, Signe Banke, Ergoterapeutuddannelsen i Esbjerg, School for Occupational Therapy Esbjerg, Denmark

16.7.4. How Austrian OT’s deal with multiculturalism
Country: Austria
Institutes:
(1) Akademie für Ergotherapie Linz:
Cornelia Draxler, Cornelia Bruckner, Christina Hein, Kerstin Fasching, Elisabeth Koller,
Astrid Stanzel, Michaela Much, Esther Renoldner, Leo Thauerböck
(2) FHG Studiengang Ergotherapie Innsbruck, School of Occupational Therapy Innsbruck, FHG Tirol, Akademie für Ergotherapie, Ausbildungszentrum West für Gesundheitsberufe:
Marion Colleselli, Verena Fuchs, Karin Gasteiger, Stephanie Gritsch, Lisa Gugglberger, Christine Hammer, Sabine Huber, Elisabeth Koler, Julia Lindner, Caroline Mälzer, Marina Mair, Katherina Mangott, Elisabeth Münzer, Sandra Perfler, Maria Pöschl, Katherina Prock, Sandra Schett, Bernadette Schneider, Claudia Schuster, Elenora Seidner, Maria-Magdalena Siller, Caroline Starjakob
(3) FH Campus Wien:
Julia Pils, Martina Sadlonova, Corinna Fallmann, Alexandra Schnabl, Claudia Meixner, Doris Moll, Veronika Salzmann, Mona Greimel, Christine Ehrlich
(4) Fachhochschule Wiener Neustadt, University of Applied Sciences:
Matthias Sommer, Beate Mair, Silvia Schachner, Katharina Gruber
(5) FH Joanneum Bad Gleichenberg:
Petra Holzknecht, Julia Vermeer, Victoria Allabauer, Cornelia Hackl

SUPPLEMENT

17. Report in French : 14ème Conférence Annuelle d’ENOTHE
Marie-Chantal Morel, Director Technnique, Institut de Formation en Ergothérapie du C.H.U. Bordeaux, France

18. Participants List 14th ENOTHE meeting Berlin, Germany September 2008
Appendix presentation 1.2.  
Introduction – Occupational Science and its relationship to occupational therapy  
Hans Jonsson, PhD, Associate Professor, Occupational Therapist (reg), Head of the Master Program, Division of OT Karolinska Institutet, Neurotec Department, Stockholm, Sweden, member executive board ISOS  
**Per Dr. Alison Wicks**, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

Appendix presentation 1.3.  
Developing the potential of Occupational Science through intercultural dialogue  
Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

Appendix presentation 1.4.  
Research in occupational therapy and occupational science in Europe  
Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS

Appendix presentation 1.5.  
Introduction to research workshops: developments in Occupational Science. Research: towards more synergy and long-term strategies in European research  
Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS

Appendix presentation 1.6.  
Introduction to education workshops: Occupational Science in occupational therapy education: e.g. University of Northampton, UK  
Sue Griffiths, Senior lecturer in Education, University of Northampton, United Kingdom

Appendix presentation 2.1.  
Parallel sessions research  
Workshop leaders - project group members ECOTROS  
Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS  
Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS  
Åsa Lundgren-Nilsson, PhD, OT, The Sahlgrenska Academy at Göteborg University, Institute of Clinical Neuroscience, Rehabilitation Medicine, Göteborg, Sweden  
Tanja Stamm, Dr., MSc, MBA, Vienna Medical University, Dept. Of Rheumatology, Vienna, Austria  
Sebastian Voigt-Radloff, MSc.OT, Klinikum der Albert-Ludwigs-Universität, Zentrum für Geriatrie und Gerontologie Freiburg, Freiburg, Germany

Appendix presentation 2.2.4.  
Education workshop 4  
Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town, South Africa

Appendix presentation 2.2.9.  
Education workshop 4  
Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town, South
Appendix presentation 5.
Developments of occupational therapy within the German higher education area
Elke Kraus, Professor, Head of the Faculty of Occupational Therapy, Alice Salomon Fachhochschule Berlin, University of Applied Sciences, Germany

Appendix presentation 6.
ENOTHE activities
Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Appendix presentation 7.
“The world is / not / flat”: globalisation and cultural diversity. The Sinus-Milieus® as an approach to international social segmentation
Michael Schipperges, M.A.I.A., director Research & Consulting, Sinus Sociovision GmbH, Heidelberg, Germany

Appendices presentation 8.1.
Appendices presentation 8.2.
Explaining study success in a diverse student population. An overview of research on differences between ethnic minority and majority students
Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

Appendix presentation 9.2.
What can programmes of occupational therapy education do to improve student success in a diverse student population?
Workshop leader Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

Appendix presentation 9.3.
WFOT- Guiding principles on diversity under construction: the consequences for OT education in Europe
Workshop leaders Astrid Kinebanian, chair of the board of the European Master Course in Occupational Therapy, Amsterdam, The Netherlands and Marjan Stomph, trainer and advisor in education, care and diversity, Amsterdam, The Netherlands

Appendix presentation 9.4.
Curricular innovation based on competences in the Escuela de Terapia Ocupacional, Universidad de Chile
Workshop leaders Vivian Villarroel Encina and Paula Soto Reyes, lectures at the Escuela Terapia Ocupacional, Universidad de Chile, Facultad de Medicina, Santiago de Chile, Chile

Appendix presentation 9.5.
Occupational therapists - practical persuaders in emerging roles?
Workshop leader Nick Pollard, BA, PGCE, Dip COT, MA, MSc, Senior Lecturer in Occupational Therapy, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom

Appendix presentation 9.6.
Discussion on learning, teaching and assessment methods to achieve competences in intercultural dialogue
Workshop leader Jet Lancée, MSc, Senior lecturer Hogeschool Zuyd, Heerlen, The Netherlands Imke Winkelmann, lecturer ETOS Ergotherapieschule osnabrück, Osnabrück, Germany

Appendix presentation 9.7.
Community and home based rehabilitation - cultural perspective. A way of understanding each others culture by using different exchange systems
Workshop leader Hélène Fittinghoff, MSc, International coordinator, lecturer Karolinska Institutet Neurotec Department, Division of OT, Stockholm, Sweden

Appendix presentation 9.8.

Widening participation in the learning and teaching environment
Workshop leader Nichola Gadsby, lecturer and Anita Steed, Senior lecturer Faculty of Health and Life Ssciences, Coventry University, Coventry, United Kingdom

Appendix presentation 9.9.1.
Appendix presentation 9.9.2.

Life history approach and narrative interview in occupational therapy – a valid focus in transcultural practice?
Workshop leader Franziska Heigl, Uta Jakobs, Zürich University of Applied Sciences, School of Health Professions, Institute of Occupational Therapy, Zürich, Switzerland

Appendix presentation 9.10.
Community oriented primary care in a multi-cultural environment. Broadening the scope of primary care from health to wellbeing. Dissemination of best practices throughout Europe
Workshop leader Diederik Aarendonk, Coordinator of the European Forum for Primary Care

Appendix presentation 9.11.
Basics for European intercultural dialogue in the health sector. Paving the way for a European Health Archipelago
Workshop leaders Winrich Breipohl, Dr., Institut Arbeit und Technologie, Wissenschaftspark, Gelsenkirchen, Germany; Vestische Kinder- und Jugendklinik Datteln, University Witten Herdecke, Germany and Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Appendix presentation 13.1.1.
Ein Europäischer Konzeptrahmen der Ergotherapie (DE)
Workshop leader Johanna Stadler-Grillmaier, lecturer Fachhochschule Campus Wien, Department Gesundheit - Fachbereich Ergotherapie, Vienna, Austria, project group leader Terminology

Appendix presentation 13.1.3.
Abstract del taller: marco conceptual europeo (ES)
Workshop leader Miguel Brea Rivero, lecturer Universidad Rey Juan Carlos, Facultad de Ciencias de la Salud (Edificio Departamental), Terapia Ocupacional, Madrid, Spain, project group member Terminology

Appendix presentation 13.1.5.
Een Europees conceptueel framework (NL)
Workshop leader Hilde Pitteljon, lecturer Katholieke Hogeschool Brugge-Oostende, Belgium, project group member Terminology

Appendix presentation 14.
Understanding the new Canadian practice framework: a workshop on using the CPPF
Workshop leader Dr. Helene Polatajko, PH.D., OT REG. (ONT.), OT(C), FCAOT, University of Toronto, Department of Occupational Science and Occupational Therapy, Toronto, Canada

Appendix presentation 15.1.
Progress report of strategic course/development of new projects
Workshop leaders Sofia Vikström PH.D, OT, Karolinska Institutet, Stockholm, Sweden and Ruth Zinkstok, Drs, OT, Hogeschool van Amsterdam, Amsterdam, The Netherlands
Appendix presentation 15.2.
Development of new projects and participation of ENOTHE in Archipelago's and other projects
Workshop leaders Hanneke van Bruggen, Executive Director of ENOTHE and Barbara Piskur Msc OT, Hogeschool Zuyd, Heerlen, The Netherlands

Appendix presentation 16.1.2.
Inclusion for young adults with psychological disabilities
Annemarie van Dijk, Roxanne Jacobs, Lieke Grassère, Sabine Förster, Joeri Reintjens, Hogeschool Zuyd, Dept. OT, Heerlen, The Netherlands

Appendix presentation 16.1.3.
A workshop with elderly people
Rahel Kruse, Andrea Walther, Saphira Schlesinger, Julia Wille, Julia Kößling, Katharina Würfel, ETOS Ergotherapieschule Osnabrück e.V., Osnabrück, Germany

Appendix presentation 16.1.4.
Immigrants in nursing homes for elderly people
Jessika Eklund, Susanne Assander, Linköpings Universitet, Faculty of Health Sciences, O.T. Programme, Linköping, Sweden

Appendix presentation 16.1.5.
Occupational therapy and cultural integration
Melinda Caforio, Johan Aerts, Provinciale Hogeschool Limburg, Department of Health Care, OT, Hasselt, Belgium

Appendix presentation 16.1.6.
A critique of the Kawa model as a method of assessment in adult mental health rehabilitation: a case study
Jennifer Arnot, Hanna Baechle, Eadaoin Donaldson, Alexandra Moss, Queen Margaret University, Edinburgh, United Kingdom

Appendix presentation 16.2.2.
Raise awareness of people with a different culture
Hanne Dezegher, Tille Vanrobaeys, Esther Declercq, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Appendix presentation 16.2.3.
Occupational Therapy in community health for persons with ethnic backgrounds case Örebro society
Moa Ericsson, Sofia Andersson, Örebro Universitet, Dept. OT, Örebro, Sweden

Appendix presentation 16.2.4.
An Erasmus experience of intercultural dialogue
Ana Costa, Ines Abreu, Escola Superior de Saúde do Alcoitão, Alcabideche (Estoril), Portugal

Appendix presentation 16.2.5.
East meets West: meditation
Angelo Dhont, Simon Meersman, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Appendix presentation 16.2.6.
Intercultural dialogue within health care practice – increasing cultural competency
Roisin Lynch, Katie O'Sullivan, University College Cork, Department of Occupational Therapy, Brookfield Health Sciences Complex, Cork, Ireland
Appendix presentation 16.3.1.
A student from a different culture, studying at a regular college
Aline Oorts, Zonhild Caluwe, Marijke Bouman  Hogeschool Antwerpen, Antwerpen, Belgium

Appendix presentation 16.3.2.
Intercultural quartet
Diane Ras, Savanne Scholten, Lysanne van Oostrom, Cornelis de Brujin, Bart Bierenbroodspot, Mr. Wiebke Maass, Hogeschool Rotterdam, FGZ, Dept. O.T., Rotterdam, The Netherlands

Appendix presentation 16.3.3.
Working with refugees and asylum seekers in the UK in West Yorkshire
Ruth Wensley, Leeds Metropolitan University, School of Allied Health Professions, Leeds, United Kingdom

Appendix presentation 16.3.4.
Intercultural dialogue and influence of culture on occupational therapy practice in Georgia
Ann Gurgenidze, Guram Cheishvili, Ivane Javakhishvili Tbilisi State University, School of Allied Health, Tbilisi, Georgia

Appendix presentation 16.4.2.
Questionnaire about different cultures and occupational therapy in Belgium
Lorenzo Billiet, Bart Deneire, Charlotte Dalle, Elke Waeyaert, Katholieke Hogeschool Brugge-Oostende, Dept. OT, Brugge, Belgium

Appendix presentation 16.4.3.
Problems during the treatment of clients from a non-western culture
Maaike Greveling, Jessie van der Heijden, Simone Robben, Inge Louwinger, Hogeschool van Arnhem en Nijmegen, Dept. OT, Nijmegen, The Netherlands

Appendix presentation 16.4.4.
Multicultural work at the Helsinki girls house
Shadia Gaily, Helsinki Polytechnic Stadia, Degree Programme on Occupational Therapy, Helsinki, Finland

Appendix presentation 16.4.5.1.
Appendix presentation 16.4.5.2.
Appendix presentation 16.4.5.3.

Culture cooking evenings
Fien Vens, Valerie Stragier, Ruth Valcke, Hogeschool West-Vlaanderen, Department Hiepso, OT, Kortrijk, Belgium

Appendix presentation 16.5.1.
The well-being of aged people independent of/ dependent from culture

Appendix presentation 16.5.2.
Personal experiences
Anne Blomer, Hanna Richardus, Marlies de Wilde, Hogeschool van Amsterdam, Dept. OT, Amsterdam, The Netherlands
Appendix presentation 16.5.4.
Concert of the children from different cultures and nationality
Elitsa Goranova Velikova, Petia Nikolaeva Dimova, Angel Kunchev University of Rousse, Faculty of Kinesitherapy, Rousse, Bulgaria

Appendix presentation 16.5.5.
Creating partnerships with asylum seekers at an induction centre to facilitate cultural and practical orientation that challenges the occupation injustices they face
Anna Morgan, Leeds Metropolitan University, Leeds, United Kingdom

Appendix presentation 16.6.1.
How a prisoner communicates with the society outside of the prison
Filippa Mariah Rasmussen, Charlotte Engelhardt, CVSU-Fyn (Centre for Higher Educations Funen) Ergoterapeutuddannelsen, Odense, Odense SØ, Denmark

Appendix presentation 16.6.2.
About which intercultural projects exist in the Netherlands
Jaco Tentura, Edna Kuley, Laura van Slooten, Annemarie Bouwmeester, Marielle Brommet, Hogeschool van Amsterdam, Dept. OT, The Netherlands

Appendix presentation 16.6.4.
Ekram’s problems
Ilse Lelie, Wencke De Wolf, Brenda Colman, Ilse Lelie Aurélie Mullens, Elien Vanguchte, Artevelde Hogeschool Gent, Dept. OT Gent, Belgium

Appendix presentation 16.6.5.
Support for refugees in Hildesheim, Germany
Kristina Kräft, Julia Katrin Kruse, Maren Hentschel, Annika Niebuhr, Frauke Ackenhausen, Fachhochschule Hildesheim-Holzminden-Göttingen, Studiengang Gesundheitsberufe, Hildesheim, Germany

Appendix presentation 16.7.1.1.
Appendix presentation 16.7.1.2.
Appendix presentation 16.7.1.3.
Cajón-project in partnership with an occupationally deprived group
Clara Beutelspacher, Julian Geibel, Ina Hafner, Elisabeth Heilemann, Eva Maisch, Andre Block, Vanessa Budig, Michaela Hannen, Manuel Ruopp, Nina Müller, Judith Röder, Katharina Vielsack, Mirjam Nothdurft, Anna Völker, Lena Ilgenfritz, Jennifer Kübeck, Fachschule für Ergotherapie der VHS Reutlingen, Germany

Appendix presentation 16.7.2.
Children of the Heldringschool; an occupational therapy perspective on inclusive employment
Danielle Bouman, Roos Brens, Hogeschool van Amsterdam, Dept OT, Amsterdam, The Netherlands

Appendix presentation 16.7.3.
Accessibility for individuals who are blind or visually impaired in a main street in Esbjerg
Rikke Hansen, Signe Banke, Ergoterapeutuddannelsen i Esbjerg, School for Occupational Therapy Esbjerg, Denmark

Appendix presentation 16.7.4.
How Austrian OT’s deal with multiculturalism
Country: Austria
Institutes:
(1) Akademie für Ergotherapie Linz:
Cornelia Draxler, Cornelia Bruckner, Christina Hein, Kerstin Fasching, Elisabeth Koller, Astrid Stanzel, Michaela Much, Esther Renoldner, Leo Thauerböck
(2) FHG Studiengang Ergotherapie Innsbruck, School of Occupational Therapy Innsbruck, FHG Tirol, Akademie für Ergotherapie, Ausbildungszentrum West für Gesundheitsberufe: Marion Collesselli, Verena Fuchs, Karin Gasteiger, Stephanie Gritsch, Lisa Guggilberger, Christine Hammer, Sabine Huber, Elisabeth Koler, Julia Lindner, Caroline Mälzer, Marina Mair, Katherina Mangott, Elisabeth Münzer, Sandra Perfler, Maria Pöschl, Katherina Prock, Sandra Schett, Bernadette Schneider, Claudia Schuster, Elena Seidner, Maria-Magdalena Siller, Caroline Starjakob

(3) FH Campus Wien: Julia Pils, Martina Sadlonova, Corinna Fallmann, Alexandra Schnabl, Claudia Meixner, Doris Moll, Veronika Salzmann, Mona Greimel, Christine Ehrlich

(4) Fachhochschule Wiener Neustadt, University of Applied Sciences: Matthias Sommer, Beate Mair, Silvia Schachner, Katharina Gruber

(5) FH Joanneum Bad Gleichenberg: Petra Holzknecht, Julia Vermeer, Victoria Allabauer, Cornelia Hackl
INTERCULTURAL DIALOGUE BETWEEN
OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY

Thursday 25th of September

1. Plenary sessions

1.1. Welcome
Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Hanneke van Bruggen opens the meeting with words of welcome for everybody, especially the guest speakers of this Thursday: Dr. Alison Wicks, Dr. Chris Mayers, Fenna van Nes and Sue Griffiths.

1.2. Introduction – Occupational Science and its relationship to occupational therapy
Hans Jonsson, PhD, Associate Professor, Occupational Therapist (reg), Head of the Master Program, Division of OT Karolinska Institutet, Neurotec Department, Stockholm, Sweden, member executive board ISOS

Per Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

“Occupational scientists study doing, occupational therapists enable doing; together we make the world do better”. With these sentence, based on a text of Ann Wilcock (1998), Alison Wicks starts the speech of Hans Jonsson.

Hans Jonsson follows the definition accepted by ISOS (2007) when he says that occupation must be considered as the various everyday activities people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life, and that this includes things people need to, want to and are expected to do.

Occupational Science must be considered as the study of occupation and the influences that shape occupation.

Occupational therapy is a profession concerned with promoting health and well being through occupation (WFOT, 2004).

Occupational therapy the primary goal of occupational therapy is to assist people to participate in the activities of everyday life. Occupational therapists achieve this outcome by enabling people to do things that will enhance their ability to participate or by modifying the environment to better support participation (WFOT, 2004).

Occupational Science provides foundational knowledge, articulates an occupational framework, focuses on the profession’s domain of concern, informs professional reasoning & evidence-based practice (CSOS, nd; Zumas-Tan & Townsend, 2003)

Occupational therapy is the practice of maximizing occupational potential (Forwell, 2008).

Effect of Occupational Science on practice can be that it sharpens our occupational lens and expands our thinking.

Hans Jonsson mentions several issues that make the scope of Occupational Science, like the relationship between occupation and development, how occupation changes over the life course, how people organize daily occupations, the personal and socio-cultural meanings of occupation, the individual and societal functions of occupation, the relationship between occupation and people’s contexts, the way people experience the things they do, the way occupations influence and are influenced by health and well being and the effects of disruption to occupation, occupational injustices, occupational deprivation and occupational apartheid.

Hans Jonsson concludes with the question whether Occupational Science is a basic science or an applied science. In his opinion it is both, and this means that Occupational Science has to be
considered as a translational science.

Appendix presentation 1.2.

1.3. Developing the potential of Occupational Science through intercultural dialogue

Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

The aim of the speech of Alison Wicks is to ‘set the scene’ for the subsequent workshops on Occupational Science in education and research and to inspire intercultural dialogue in Occupational Science.

Alison Wicks first gives some definitions of terms:

- Dialogue is the interaction between people with different points of view, intent on learning from one another (Phillips, 2008)
- Culture is considered as systems shared by a group or society (Wiktionary, 2008)
- Intercultural is something between different cultures
- Intercultural dialogue is enriching and open interaction which encourages the respectful sharing of ideas and an exploration of thought-processes and points of view from different cultures (International Association of Universities, 2008)

As characteristics of intercultural dialogue she mentions: differences and multiple viewpoints within individual cultures, between cultures, respectful sharing of ideas, opportunities for deepened self knowledge and worldview, recognition and questioning of boundaries (International Association of Universities, 2008).

The goals of 2008, the European Year of are: enlargement of the European Union, deregulation of employment laws and globalization + internationalization (www.interculturaldialogue2008.eu/).

Mission of ISOS, the International Society of Occupational Science, has a relationship with these goals because the aims are the facilitation of a world-wide network of individuals and institutions committed to research and education on occupation and to promote occupation for health and community development.

Intercultural dialogue is important in Occupational Science, because of the facts that we live in a global and interdependent world, it strengthens and deepens our knowledge, pluralistic approaches are needed to understand the complexity of occupation and there is a need for synergy.

In her ideas about dialogue, Alison Wicks follows Freire (1970), who mentioned as principles: learning, humility, mutual respect and critical thinking.

Alison Wicks concludes with a statement on the potential of Occupational Science: “In 2016, Occupational Science will be a cohesive, dynamic and diverse science which transforms practice, is mainstream, socially and ecologically responsible with innovative partnerships & is socially and politically influential.”

Appendix presentation 1.3.

1.4. Research in occupational therapy and occupational science in Europe

Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS

Chris Mayers presented, as a member of ECOTROS, (European Cooperation in Occupational Therapy Research and Occupational Science) the results of a survey on research in occupational therapy in Europe.

ECOTROS aims to bring together occupational therapists interested in research in order to promote and facilitate international cooperation by:

- linking occupational therapists interested in occupational therapy research, Occupational Science or interdisciplinary projects
- enabling sharing of information about research projects within the occupational therapy profession
• enabling the communication of the needs, difficulties, funding, plans and results of undertaking research projects throughout Europe

The objectives of the survey were:
• to identify occupational therapists undertaking research in Europe; their place of work and their qualifications
• to identify the research projects being undertaken by these occupational therapists
• to discover the range and type of research being undertaken so that new researchers could make contact with experienced researchers and that experienced researchers might enhance the international exchange of knowledge within Europe

Data were only collected from occupational therapists undertaking post-graduate research and those who were willing for their name and study details to be placed on the ECOTROS website.

The results

Countries and numbers of the studies:
• UK number of studies: 92 individuals: 67
• Sweden number of studies: 26 individuals: 21
• Germany number of studies/individuals: 15
• Switzerland number of studies/individuals: 3
• Ireland number of studies/individuals: 3
• Austria number of studies/individuals: 2
• Belgium number of studies/individuals: 2

Total responses & highest qualification
• total no of studies 143
• no of individuals 113
• PhD/PhD student 53
• Masters/student 48
• post-graduate diploma 1
• Bachelors/diploma/German Rehab 11

Place of work (n = 113)
• health care (community or hospital based) 29
• higher education (usually a university) 78
• research unit 16
• working at more than one site 10

Supervisor:
• occupational therapist 40
• doctor 10
• educationalist 8
• physiotherapist 5
• psychologist 5
• other, eg. nurse, ergonomist 17
• not named 6
• no supervisor 12

Funding:
• university 42
• health body 20
• charities/voluntary body 12
• self funded 12
- research bodies 7
- OT associations 4
- other 2

Environment as a topic of research:
- community based (inc home) 19
- work based 16
- hospital based 1
- school based

Professional issues as a topic of research:
- assessment 31
- professional development 29
- OT interventions 25
- outcome measures 25
- professional education 22
- OT/OS theory & philosophy 21
- health promotion 19
- physical environment & assistive technology 18
- social environment 16
- carers 3

Users as a topic of research:
- neurological disorders 29
- mental health problems 20
- older people 19
- musculoskeletal disorders 12
- children 9
- learning disabilities 5
- pain 3
- healthy subjects 2
- palliative care 1
- other: amphetamine & rehabilitation 1

And finally Chris Mayers gave some examples of Occupational Science research studies:
- the meaning of music-making to Maltese band musicians
- the community occupations of mental health service users; a quantitative study of engagement and social inclusion
- older adults as occupational beings
- what do the narratives of serious leisure participants reveal about the construction of identity?
- lifestyle matters; occupation for health and well-being of older people
- developing occupation based interventions in stroke rehabilitation in Teheran, Iran
- participation from a citizen perspective. The population is persons with learning disabilities
- perception of daily occupations of Albanian male blue-collar workers living in Switzerland
- meaningful occupation in acute mental health
- adolescent time use and health in contemporary Ireland
- ageing couples [in transition]: changing their everyday activities
- active ageing: occupation in sheltered housing
- retirement: An occupational transition with consequences for temporality, balance and meaning of occupations
- the construction of identities through narratives of occupations
- work and mental health and well-being
1.5. Introduction to research workshops: developments in Occupational Science.
Research: towards more synergy and long-term strategies in European research
Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS

Fenna van Nes stated research projects were not very well connected all over Europe there are islands of research. She stated that mutually reinforcing research actions were to be stimulated as acting together has greater effect than acting separately. She questioned how more synergy could be reached and presented an example of a cooperative project on research of three Hogescholen in the Netherlands.

Fenna introduced four questions to be discussed in the workshops:
1. What key topics should be part of a European long-term research strategy in Occupational Science?
2. How do we promote specific contributions of Occupational Science to the body of knowledge of occupation and health?
3. How do we progress to long-term research strategies in Europe?
4. How do we progress to a strong network or infrastructure facilitating collaboration links and joint projects?

1.6. Introduction to education workshops: Occupational Science in occupational therapy education: e.g. University of Northampton, UK
Sue Griffiths, Senior lecturer in Education, University of Northampton, United Kingdom

The discipline of Occupational Science has much to offer the profession of occupational therapy. Occupational Science can contribute new knowledge and theory about occupation to occupational therapy education programs. Enriched education will facilitate effective occupational therapy practice. Currently, the contribution of Occupational Science to occupational therapy education varies from country to country around the world. There are countries in which there is an increasing awareness of Occupational Science but Occupational Science is not yet incorporated into their occupational therapy curricula. Some countries already have occupation-based curricula. In other countries, the symbiotic relationship between Occupational Science and occupational therapy education and practice is acknowledged and Occupational Science symposia and societies support occupational therapy education.

Sue Griffiths gave an example how the University of Northampton has recently radically changed the whole curriculum. And how Occupational Science was integrated and the curriculum was made more occupational based on all levels.
She gave an overview of all the components and modules with their ECTS and gave all points that had to be considered while making a curriculum change.

She introduced the workshop. The purpose of this workshop is: to encourage and support development of occupation-based occupational therapy education programs throughout Europe. This purpose will be achieved by:

- increasing understanding of the role of Occupational Science in occupational therapy education
- sharing strategies and resources for developing occupation-based programs
• developing networks between participants

Appendix presentation 1.6.

2. Parallel sessions – research and education

2.1. Parallel sessions research

For all research workshops: Appendix presentation 2.1

Morning

2.1.1. Research workshop 1
Workshop leader Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS

The group was divided into groups of 4, each group being asked to address one of four questions. The intention being that each of the groups would provide some key recommendations by the end of the session.

Question 1. What key topics should be part of a European long-term research strategy in OS?
• focus on meaning for the individual culture lifespan: why do people handle change the way they do?
• adaptation leading to a coping process

Question 2. How do we promote specific contributions of OS to the body of knowledge of occupation and health?
• implementing a basis module of OS into curricula and interdisciplinary
• influence of outcomes of research on policy

Question 3. How do we progress to long-term research strategies in Europe?
This group began to explore how it tapped into European agendas to attract funding that involved OT researchers. OT’s need to convince politicians of the contribution that OT can make in providing solutions to social and health issues. Bigger access to interdisciplinary networks around issues of social concern or topics may attract greater levels of funding. Also must be acknowledged that in order to be involved in interdisciplinary work, any OT is required to be very secure in their own discipline. OT’s will need to understand both societal and political issues in order to know where best to put their efforts. Increasing intercultural issues in each of the EU countries have implications both for OT as practitioners but also about using an occupational perspective to address intercultural issues. Leaders who have both vision and who can therefore influence policy may then have a positive impact on accessing research opportunities. Build on successes that have already been achieved. Promote the contribution that OT’s can make but also how that’s evidenced and also what they cost benefits are. This will mean that OT’s keep better data/documents to promote their value.

Question 4. How do we progress to a strong network or infrastructure facilitating collaborative links and joint projects?
There is a need for an increased knowledge base for ongoing research. Discussion took place if it should be European or global and decided was that it could only be achieved through internet and so that students, OT clinicians and researchers from academic and clinical backgrounds should be involved. Funding for research was found very significant.

Key recommendations:
• we need to link our core skills with societal needs and our research needs to look at how we do this
• we need research mentors at all levels so that there is the support for researchers from beginners to expert
• research capacity building at both ends of the continuum to build numbers of novice OT researchers into competent researchers, and those already competent to build them into topflight researchers
• we need to promote ourselves better and demonstrate leadership so we can influence policy

2.1.2. Research workshop 2

Workshop leader Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS

Chris Mayers is working in York St John University, United Kingdom. She has been active member of ENOTHE’s ECOTROS project group.

First Chris Mayers made on introduction to topics. She highlighted how until now people have done research mostly alone and she asks how we can change this more collective work? One problem is how to get grants? And another how occupational therapists can make research in line about European 2010 Framework? How can we connect our power and knowledge?

In research workshop participants continued discussion about research questions which arose from ECOTROS introduction in the morning.

Questions were:
1. What key topics should be part of a European long-term research strategy in occupational science?
2. How do we promote specific contributions of occupational science to the body of knowledge of occupational health?
3. How do we progress to long-term research strategies in Europe?
4. How do we progress to a strong network or infrastructure facilitating collaborative links and joint projects?

After that the group was divided in four sub groups.

Recommendations from the workshop:

**Question 1 - Key topics:**
• occupations of active older people in Europe. How to activate old population.
• occupational transition
• successful adaptation in occupational transition
• measurements of tool for participation
• community participation in all age groups
• transcultural comparative studies for participation (emigration, employment, religion, family)
• E-accessibility for all

Also this question arose discussion about participation, marketing and how to avoid be too defend more proud of occupational therapy. Also group discussed issues about class and power.

**Question 2 - Occupation and health:**
• identify the “system” agenda for health (cultural differences and also harmony) in all levels on decision making
• common cross-cultural programme for one population group (Creating a European work group – maybe ENOTHE?)
• hold a programme for health promotion based on occupational science knowledge and research
• take into consideration that has already done (open consultation papers, research)
• education project pool of experts (curriculum which promote occupation)

Also this question arose discussion about how participants felt how common is occupation-based curriculum in Europe? And how to promote more occupation-based programmes?

**Question 3 - Long-term research strategies:**

- networking
- common goals
- web based communication (low cost)
- beware what are goals of EU Commission and other important papers (research ideas in occupational therapy)
- participation and engagement (old people and IT, psychosocial clients)
- unique source of information (OT journals, books etc.)

Discussion took place about how to really be client centered and not research centered. Networking at a local level.

**Question 4 – Network:**

- problems concerning language (multilingual and recognition of each others, class issues)
- dialogue
- funding
- non-dependency
- joining ENOTHE and COTEC together?
- student and teacher change
- ENOTHE meetings
- meeting with users and other organizations
- more intercultural practice
- map to EU policy
- examples of best practice

### 2.1.3. Research workshop 3

*Workshop leader Åsa Lundgren-Nilsson, PhD, OT, The Sahlgrenska Academy at Göteborg University, Institute of Clinical Neuroscience, Rehabilitation Medicine, Göteborg, Sweden*

In this workshop 4 written tasks were given to each subgroup.

**Group 1** discussed the question what topics should be part of a European long-term research strategy in Occupational Science.

**Outcome:**

- understand the relationship between OS and the sources of different knowledge regarding occupation
- make clear how to use information from other disciplines/professions
- make clear what occupation and occupational needs mean in different EU countries

**Group 2** discussed the question how we can promote specific contributions of OS to the body of knowledge of occupation and health.

**Outcome:**

It is important:

- to bridge the gap between scientists and OT practitioners
- to integrate other professions in the education
• to integrate courses about how to get funding for research and other activities

Group 3 discussed the question how we do progress to long-term research strategies in Europe.

Outcome:
• by participation in long-term interdisciplinary research projects (e.g. ICF-care sets of occupations, guideline development)
• by building block model (teachers collect themes to give them to students).

Group 4 discussed the question how we do progress to become a strong network or infrastructure facilitating collaborative links and joint projects.

Outcome:
• teach students about networks, evidence of OT, of results of OT research
• foundation is more effective if there are made links with scientific high standard networks
• expand the existing OT-networks to OT-networks of excellence on certain subjects

General suggestions that were formulated are:
• we have to make ourselves as OT’s more visible
• we have to communicate en correspond more and better with other professions and disciplines

2.1.4. Research workshop 4
Workshop leader Tanja Stamm, Dr., MSc, MBA, Vienna Medical University, Dept. Of Rheumatology, Vienna, Austria

The workshop was divided in 4 groups, addressing 4 questions about the future research agenda, specific contributions, strategies and networking.

The following suggestions were formulated:
• Occupational Science should be a multidisciplinary approach. Involvement of other disciplines is important.
• Occupational Scientists need to show what they can contribute to the knowledge base on occupation and health
• working together (networking) is important; not only electronically, but also face to face because the social aspects must not be denied
• the societal perspective is important. We need to convince institutions, decision makers and stakeholders of the societal effects of OS-research.

2.1.5. Research workshop 5
Workshop leader Sebastian Voigt-Radloff, MSc.OT, Klinikum der Albert-Ludwigs-Universität, Zentrum für Geriatrie und Gerontologie Freiburg, Freiburg, Germany

The group was divided in four sub groups and were asked to make recommendations on the four different sub-topics:
1. Current key topics of Occupational Science
2. Contribution on Occupational Science
3. Methods of developing long-term strategies
4. Networking

The workshop leader emphasized concerning the recommendations to be as concrete as possible and think of steps to be taken in the near future.
As not all the participants had an Occupational Science background, lively discussions on different levels took place in the groups.

Recommendations:

**Current key topics of Occupational Science**
It is better to start defining domains, not to be too restrictive. Topics might be distilled from the domains and can bridge different domains.

Domains mentioned were:
- immigration
- risks
- power (gender e.g.)
- health
- ageing
- context (cultural e.g.)

**Contribution on Occupational Science**
Developing contributions to Occupational Science should be enhanced from the schools. Try to promote and stimulate BSc students to focus with their BSc dissertation/thesis on 2 - 4 EU topics (suggested was poverty and loneliness). Important is to have the OT focus and work interdisciplinary at the same time.

**Methods of developing long-term strategies**
Group members emphasized they did not belong in any way to the Occupational Science ‘in crowd’.
- networking beyond boundaries geographical and professional
- try to find more connections national and international for more potential funding
- addressing established EU and world priorities and connect them to society
- synthesis and transformation of knowledge
- keep students, practitioners and researchers in the OT community
- enable students to make a career in OT and OS
- get other discipline researches into the OS and OT, be inclusive

**Networking**
Mentioned was there are many levels of networking, European, worldwide.
To ECOTROS suggested was:
- change the name
- make an EU emails extension to the email address
- make a newsletter
- make an OT face book (internet)
- charismatic person is needed to bring it all further

**Afternoon**

**2.1.6. Research workshop 1**
*Workshop leader Fenna van Nes, MSc, OT, Amsterdam School of Health Professions, Hogeschool van Amsterdam, The Netherlands, project group leader ECOTROS*

See above under 2.1.1.
2.1.7. Research workshop 2  
Workshop leader Dr. Chris Mayers, PhD, OT, York St John University, York, United Kingdom, project group member ECOTROS

See above under 2.1.2.

2.1.8. Research workshop 3  
Workshop leader Åsa Lundgren-Nilsson, PhD, OT, The Sahlgrenska Academy at Göteborg University, Institute of Clinical Neuroscience, Rehabilitation Medicine, Göteborg, Sweden

The workshop was dedicated to the formulation of recommendations towards 4 topics on Occupational Science, contribution of OS, methods of developing long-term strategies, networking.

Outcomes:
- OS should challenge politicians to put occupational justice on the agenda. OS should define the term ‘occupational needs’.
- Networking must be considered as very important for sharing experience and to develop an identity as an occupational scientist. Knowledge of international networks must be broadened. Actions can be made like the building of an e-group and an OS part in every OT-journal, and, very important: to give presentations of OS-research in non-OT congresses and to build up collaboration with client groups. Institutional leaders must be challenged to give priority to OS or occupational related research in the curriculum.
- OS can contribute to the learning process of students about the meaning of occupation for health and OS can provide OT’s with a theory and language that supports OT and research.
- Long term strategies should be linked to priorities of the WHO (e.g. ICF), EU challenges, interdisciplinary research, international collaboration. Important is to build up an OS-network and to follow OS-projects all over the world, to share knowledge of ways to get funding for projects. We have to realize that the bigger the projects, the bigger the impact the projects may have.

2.1.9. Research workshop 4  
Workshop leader Tanja Stamm, Dr., MSc, MBA, Vienna Medical University, Dept. Of Rheumatology, Vienna, Austria

The workshop leader welcomed the participants.

Handouts with 4 questions for discussion were given out. The aim of the workshop – to provide a recommendation list on 4 subtopics – current key topics of Occupational Science, contribution of OS, methods of developing long-term strategies, networking.

The participants were divided in two groups and each of them had to discuss and give recommendations on two of the subtopics. At the end both groups came together to share their recommendations and conclusions.

Final outcomes/recommendations:

Current key topics of OS:
The group discussed about elderly; the big topic should be health promotion in all ages. An important question is if – no conclusion was reached, maybe both. Impact of social policy on research was outlined. Some questions discussed where no conclusion was reached:
- Should research be funding driven or motivation driven?
- Science for science or science for application?
- OS research or OT research?
Contribution of OS:

- awareness of previous and current research in other disciplines
- making research useful/accessible to other disciplines
- give insight to the complexity of occupation – it makes OT’s stronger in MDT’s
- make research projects collaboratively with other disciplines from occupational point of view
- publish results in different magazines

Methods of developing long-term strategies:

- find out research institutions connected to each other
- develop knowledge about funding, research agenda, priorities
- influence political development and research policies, e.g. funding
- need of research experts to supervise the researchers
- courses on OT instruments, e.g. AMPS
- how to develop research methods – usually when you have a research question that cannot be answered by existing methods

Networking:

- a staff member responsible for OS to make contacts
- multidisciplinary research projects
- Internet, news groups, media networking, videoconferences
- research group – sharing and discussions

2.1.10. Research workshop 5

Workshop leader Sebastian Voigt-Radloff, MSc.OT, Klinikum der Albert-Ludwigs-Universität, Zentrum für Geriatrie und Gerontologie Freiburg, Freiburg, Germany

Number of participants: 12 persons

Group is divided in three groups that discussed the following three topics/questions:
1. What are key topics in occupational science?
2. What are specific contributions for occupational science?
3. Methods of development of long term strategies for research to overcome the fragmentation of research in Europe

The subgroups were asked to formulate one or two recommendations (one or two relevant issues regarding the discussed topic), that has to be done in the next year or next two years.

1. What are key topics in occupational science?

Elderly in our societies.
Answers have to be found on questions about the meaning and purpose of OT with elderly.
Occupational justice in relation to changes in perceived occupational needs has to be taken in consideration. E.g. initiatives like child care by elderly could be a good idea and would solve occupational problems in more than one point of view.
Relation to health and how can OT be supported must be better articulated.

2. What are specific contributions for occupational science?

The occupational aspects of health in a broader sense have to be better defined and then this will have impact on policy and partnerships.
OT’s are the specialists/experts to inform interdisciplinary research; the relation between occupation and health is of great complexity and this must be made explicit and communicated to all stakeholders of OT.
OT’s are the specialists/experts to provide evidence/evidence based practice.
3. Methods of development of long term strategies for research to overcome the fragmentation of research in Europe

Recommendations of the group:
- bring the expertise in other partnerships: other disciplines, sciences, research institutions, health assurance
- focus more on cost effectiveness in research. They might be more effective in getting funding.
- take EU priorities into account is a must
- communicate outcomes in OT-research (on a educational, professional, political level)

2.2. Parallel sessions education

Morning

2.2.1. Education workshop 1

Workshop leader Dr. Gaynor Sadlo, University of Brighton, Brighton, United Kingdom, ISOS

The workshop started with creating an environment for a “dialogue as a powerful tool of learning”. The participants introduced themselves and discussed the “occupational” nature of their programmes.

Description of the process:
- introduction in a big group and discussion of the morning key lecture
- ‘line up’ of occupational programme
- 3 small groups to dialogue on ‘how’ and ‘challenges’

The objectives were outlined, but as they were too many, they were restricted to HOW we have tried to create an occupation-based curriculum and the obstacles, ‘challenges’. In the UK, The Netherlands, Sweden the curricula are occupation-based. In Denmark there is a new national curriculum, focused on occupation and participation in everyday life. In Finland the curriculum is moving towards occupation-based, but in Czech Republic it is still too medical.

Main concerns – gap between education and practice, research can be done only in cooperation with universities, which is a problem for health professionals coming from colleges. Also a big issue is translation.

The importance of creative activities was discussed – it they are too old or ultra modern. In the past we knew mainly how, but not why, and now we know why but not how.

The participants were asked to line up in a row starting from ‘medical’ to ‘occupation-based curriculum’. Most of the curricula were valued over 50% occupation-based. More medical based are the curriculum’s from Eastern European countries - Czech Republic, Bulgaria and Greece.

The participants reflected shortly on the curriculum in Northampton – more information on how it is implemented in necessary, need and some limitations of the occupation-based methods were outlined.

In the second stage the participants were divided into three groups to make the dialogue easier. They were asked to discuss the following questions in relation to occupation-based or occupation science based curriculum: WHAT, WHY, HOW, CHALLENGES.

Final outcomes:

How?
- use case-studies or PBL
- decrease the number of medical teachers or educate them
- use ICF constructs (it could also be a danger)
- move to more community public health approach to curriculum content instead of individual problem-focused studies
- build evidence base for occupations to increase our confidence in teaching
Challenges

- lack of connections between theory and practice
- occupations are always changing and developing – so needs to be the teaching
- gap between education and practice – inevitable, universities need to have leading role
- how best to teach occupation?
- how to grade the quality of occupation?
- language and integration of EBP
- the new curriculum should fit the specific contexts
- still quite fragmented – how do we make the whole and help students make links?

2.2.2. Education workshop 2

Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

The workshop was attended by 8 participants from 7 different EU-countries and 5 questions were answered.

Main difficulties that are mentioned by the participants are:

- the change from a medical perspective to an occupational perspective
- the way occupational justice can be incorporated in the curriculum
- the way Occupational Science and occupational therapy can be introduced to students

Outcomes:

How to introduce occupation?

- go through self experience = experiential learning = importance of experience; this develops professional identity
- use more case studies through PBL
- invite “volunteer” patients to describe their experience
- make use of simulation patients and teach them how to give feedback to students

What is Occupational Science?

- seems to be part of psychology and sociology
- gives answers to questions why occupation is important for health, gives a better life
- gives a theoretical bases to OT-education and evidence

What are challenges and solutions?

- students have to learn a lot of medical components, sometimes fundamental for practice and clinical placements
- practitioners and fieldwork educators can be invited as guest speakers for students and to have discussions with them about OT-models
- the fieldwork educators have to be coached to understand the goals of the universities
- PBL provides in possibilities to get a lot of knowledge, but this is mainly basic knowledge and that is often not enough (e.g. anatomy)
- it is critical to keep occupation in the curriculum. OT’s that are not involved in continuing education are difficult to change and often not critical enough towards the way they are working

What do students need?

- experiential learning, simulation, mentoring
• reflection: models and concepts learned in the university differ from practice, so students are confronted with gaps that have to be closed, e.g. by workshops before and during the fieldwork placement
• knowledge and practice skills: students need both and students need to understand why they are using the skills
• question is how to keep essential skills and at the same time, develop OS-knowledge to enable occupation. Answer: by adequate fieldwork placements and theoretical training at school.
• case studies provide in means to integrate skills and theory
• life long learning enables OT’s in critical thinking and working at different levels
• balance of academic knowledge and skills = balance of critical thinking and hands on
• fieldwork is important for enabling reflection and the clinical reasoning
• clinical training centers are of value when fieldwork only takes place at the end of the education program

Dreams?
• more creativity, more doing, more ‘body of knowledge’
• experiential learning
• challenges in education
• continuity in experience
• projects
• opportunities for life long learning
• intercultural dialogue
• networks between theory development, practice, occupation, physical, sociology etc.

When back?
• keep and use energy you get from the meeting
• establish collaboration with other universities
• provide supervision for supervisors and practitioners
• use one case study during the whole semester in depth
• develop more clinical reasoning after fieldwork
• develop more fundamental occupation based theory
• 1 year of study: focus on student as an occupational being

2.2.3. Education workshop 3
Workshop leader Dr. Erna Blanche, Ph.D., OTR/L, FAOTA, Associate Professor of Clinical Occupational Therapy, University of South California Division of Occupational Science and Occupational Therapy, Los Angeles, USA, member executive board ISOS

Introduction
The following discussion took place:

The occupational base of the curriculum was explored with the participants and different methods and educational issues were considered:
• sharing teaching ideas
• moving towards an OS-based curriculum
• implications for practice
• implications for service users
• value added and costs. Students are better informed about their identify as OT’s – difficulties when presenting it to practicing OT’s

Sharing teaching ideas
Best way to present material on occupation:
• problem based learning
• lecture
• combination
• students feel they do not yet know enough

Conclusion: Problem based as a way of teaching occupation is very suitable.

Moving towards an OS based curriculum
OS/OT/Occupation based, evidence based – What are the differences? What is the relationship between OT and OS? How do they support each other?
Can OS help in practice? Is OS multidisciplinary? And are we helping others to develop ‘their’ profession? Are OT’s their own worst enemies?
Above mentioned questions were all discussed however not in depth answered. Preliminary conclusions were:
Most educators included occupation and OS in their curriculum, sometimes OS literature is used, however not often not recognised as such. There is a need to learn to look at OS research and apply it to practice. OS may help with the identity of the profession.
Ownership of OS from the staff is important and need staff development in OS.

Implication for practice
Difficulty communicating with other professionals, clinicians and employers who often see the world from a different perspective. We need to prepare our students to present and defend their position. We also need to work with our professional bodies (associations) and the practitioners to use the same terminology and philosophy.

Implication for service users
Better explanation of the services provided:
• our graduates need to explain what they do
• learn to make alliances, networking and marketing. Getting out with good examples.

2.2.4. Education workshop 4
Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town, South Africa
The workshop was attended by 11 participants from 7 different EU-countries: Germany (3), Cork (Ireland) where OS is being implemented in first year program, Carlyle (UK), Sweden, Austria, The Netherlands (2 Amsterdam, 1 Heerlen), Denmark (3).

The following 3 questions were answered.

What is occupational therapy, what is Occupational Science?
In short: when it is about interventions, it is OT, if not, it is OS.
When it is about impact of environment, poverty, lack of employment etc., it is more OS than OT.

What is the difference between an “occupational based” and an “Occupational Science based” curriculum? Is there a difference?
• what is underlying the curriculum, that is Occupational Science
• the knowledge of occupation is the science part; the way you learn to apply this knowledge, is the occupational therapy part
• it is necessary to teach students the meaning of occupations because that makes you understand your patients
Might there be more value to determine whether the knowledge is more basic science or applied science? Is there an added value that can be identified when we introduce OS in our curriculum? For whom? For students? For OT-practice? For service users?

- it is needed that knowledge about occupation develops and that the understanding of occupation grows in order to get more foundations for OT. This is a strategic point, because this is needed in negotiations with policy makers, service users and insurance companies.
- in Germany is a need for an Occupational Science based curriculum because OS gives structure to plan OT interventions and gives arguments to work otherwise than function based. It gives the theoretical foundation for the OT-approaches, just as psychology and sociology provides in theoretical foundations.
- insurance companies ask for evidence otherwise they will not pay

Considerations: we identify a tension between pro’ and con’s.

Pro’s:

- OS gives us a language and helps to prevent confusion and prevents us from duplicating knowledge
- OS may be a guard against confusion
- OS is the chance of OT to make our focus known and why it belongs in academic institutions. This has to do with identity.
- OS is needed to define terminology, because OS and OT are new disciplines and then you cannot survive without definitions
- OS gives our profession a more positive profile and the opportunity to grow, and allows us to make connections with other researchers
- OS-research can be done for other reasons than giving foundations for OT

Con’s:

- there is the danger of over-generalization and that the knowledge does not say anything. So there must be a focus in OS.
- OS only is very young and difficult to delineate. Occupation is all-encompassing, and therefore difficult to focus on.
- will it really help to answer questions like: what is meant by ‘occupation’

Discussion:

- the many PhD’s will help us to answer many questions and contribute to occupational knowledge
- wouldn’t it be better when the focus would be put on the applied science in OT and the impact OT has in the life of individuals and communities?
- OS must be seen as interdisciplinary, because when you don’t see it like that, other scientists (psychologists, sociologists) will say that they have the same expertise as occupational scientists
- OT ’s have often had an defensive position. OT’s need to identify their interests: what kind of knowledge is needed by OT’s and OT-teachers; what do we need as OT- practitioners, or as an OT- teacher since, in the teaching process, we have to make connections between (OT-) practice, theory and knowledge. Students must be taught to use occupation as a tool, and therefore teachers feel the need for knowledge and for a broader scope.
- be careful not to push OS too fast, because concepts need to develop. Knowledge only can develop in practice.

Facilitators and barriers: what makes it difficult, what makes it easy to incorporate OS in the curriculum?

There can be identified two kind of questions: the questions for definitions, relation to other disciplines, meaning of OT etc., and the questions about the content: what do we need as teachers, what do we need to learn our students?
What makes it easy to incorporate OS in our curriculum is:
- to determine the knowledge we need
- to discuss content
- to make definitions clear
- to have enough time to change

What makes it difficult to incorporate OS in our curriculum is:
- that definitions can get in the way
- that discussions are essential
- that we find ourselves in a process
- that the outcome is not clear
- that it needs critical thinking
- that we are in, not in an outcome

Lana van Niekerk said the discussion was energizing. During her Master study, Lana van Niekerk was unhappy with the profession because nothing was clear. In the universities she talked with students and then gradually she became very happy with the profession, just because of this reason.

Appendix presentation 2.2.4.

2.2.5. Education workshop 5

Workshop leader Sue Griffiths, Senior Lecturer in Education, University of Northampton, United Kingdom

The group discussed the balance between Occupational Science and traditional science and between occupation and interventions. Clinical reasoning is seen as a key topic in this issue, and that OT has to start with an OT occupational approach to come to an occupational diagnosis of the problems of clients.

Main questions that were discussed in the workshop were:
1. What is the difference between an occupation based curriculum and an Occupational Science based curriculum?
2. How do we manage our staff and educate them in OS and EBP?

Outcomes:

The difference between an occupation based curriculum and an Occupational Science based curriculum is:
- occupational based curriculum: uses materials which are informed by Occupational Science and incorporates OS-thinking
- occupational based curriculum requires teachers and students that have knowledge of Occupational Science, consume results of OS and use results of OS
- Occupational Science is the research underpinning our evidence base
- trust in OS in the curriculum is influenced by the educational background teachers are coming from (practice, Bachelor or Master degree, education in other disciplines)

How to manage our staff and educate them in OS and EBP:
- lack of knowledge of OS is a difficulty to develop an occupation or OS-based curriculum
- knowledge can be developed in the context of MSc-modules in collaboration with teachers and OT-practitioners
- staff needs time to get used to the new ideas from OS. An open discussion facilitated by an outsider could be helpful to find the own position towards OS.
- study of OS literature, e.g. the Journal of OS
• terminology is important to develop a common understanding within the profession and to know how to communicate as OS or OT with other disciplines
• networking and inviting other schools to exchange experiences in how to incorporate OS in the curriculum or in interdisciplinary projects is important

Afternoon

2.2.6. Education workshop 1
Workshop leader Gaynor Sadlo, Dr., University of Brighton, Brighton, United Kingdom

All participants were asked to introduce themselves with their name, university and focusing on how they felt their curriculum was occupational or Occupational Science based. Gaynor Sadlo proposed to talk about Occupational Science based and leave concepts as occupation based and competence based for this time, as it might be confusing and impedes the discussions.
After the introduction all participants were asked to line up and show how they felt their curriculum was placed in the spectrum of fully Occupational Science based to non-Occupational Science based.
Lot’s of curricula seemed to have been redesigned lately to implement the Bologna process. TUNING was implemented and along with that curricula became more OS based.
Stated was, it was clear curriculum development is an ongoing process. Members of the emerging countries said they were struggling to get their curricula more occupation based, being ‘caught’ in the medical model.
In different countries and universities Master programs were developed.
One participant of the USA told about their curricula of special programs and (founding) courses on Occupational Science. Also the Master level as entry level of the profession was mentioned but not discussed.
It was mentioned new school in old countries had learned from the other existing programmes and could relatively easy build a balanced and OS based program, while old schools struggled with inflexible traditions, teachers and routines not easily to be changed.
An example of an effective way of getting (medical) teachers to change their content of their modules was given: by changing the name of the module, e.g. in stead of calling the module Neurological issues rename it in Neurological issues as the relate to occupational performance. The teacher had to move.
The workshop leader gave another example from the university of Brighton. They dropped all medical subjects and made the five Occupational Science constructs as their core business and realised they could fit all the former subjects under this umbrella.

Talking about the way how Occupational Science was practically organised in the curricula, examples were given out of the OS founding course by the participant from the USA, it was felt IOT’s of curricula have much OS in their curricula but do not name it Occupational Science.

2.2.7. Education workshop 2
Dr. Alison Wicks, President of ISOS (International Society of Occupational Scientists), Director Australasian Occupational Science Centre (AOSC), West Nowra, Australia

Alison Wicks is Director Australian Occupational Science Centre (AOSC), West Nowra, Australia. She is also the president of the International Society for Occupational Science.

Participants were from different countries. Present in the workshop were 5 students, 2 practioners and 18 teachers. The participants were asked to evaluate the occupation based level of their curriculum. Most of the participants (n=12) thought that their curriculum was quite occupation based. Only one participant thought his curriculum not at all curriculum based.
This workshop was really participant-centred. Alison Wicks asked the audience to find out the most “burning” issues. What came up in the group was listed. Then the workshop concentrated to solve those problems and help participants how to continue their developmental work. As such, the workshop was a good example how to use ideas from Occupational Science.

Issues that arose and some tips and recommendations for working this out:

- in Estonia the curriculum must be changed in 2008 from medical-based to an competence-based curriculum
  - TUNING book and other resources, network with other universities
- in Switzerland education is changing from 4 years to 3 years. How to solve this problem?
  - more Occupation-based curriculum can help to concentrate to important issues
  - how to change attitudes and convince other staff about the importance of Occupation?
  - outside Educator?
  - curriculum revision?
  - ongoing speak with practitioners and employers
- in Portugal: if activity is changing to occupation what impact is to more theoretical subjects in curriculum?
  - everybody needs consistent language
  - cultural differences must be considered also purpose and meaningful
  - occupational therapists must teach audience and all people and always talk about occupations not about activities
- debate between Occupational Therapy and Occupational Science: are they parallel or separated?
  - we must remember that employment is changing
  - both of them are important
- we need optional courses about Occupational Science

In the end of the session participants also discussed about:

When you start in your curriculum Occupational Science studies, the take care to share good practice too:

- narratives, reflective diaries, observations, self as occupational being, top 10 favourite occupations and how they had changed? Posters, bring some object from home, what is the meaning of these objects for you?

Second question deal with your “dream curriculum” and it’s content:

- play and engagement, multidisciplinary skills, occupation research, multicultural team, real clients, debate about interesting topics, more history of science and occupational therapy, problem solving skills, reintroduction of crafts, how to influence politically and socially, entrepreneurship.

2.2.8. Education workshop 3

Workshop leader Dr. Erna Blanche, Ph.D., OTR/L, FAOTA, Associate Professor of Clinical Occupational Therapy, University of South California Division of Occupational Science and Occupational Therapy, Los Angeles, USA, member executive board ISOS

The workshop started participants introducing themselves and describing how universities incorporate OS into their curricula.

The workshop leader described how curricula at USC, USA is differentiated into levels of awards that are an undergraduate Occupational Science course, leading into entry level Masters which are occupation based and OS based, PhD which are OS based. Entry-level curricula for OT are likened to ‘riding 2 horses’ – occupation based and Occupational Science based.
Delegates then briefly described what their universities were doing to incorporate OS and occupationally based aspects. It is evident that every delegate’s university is at a different stage. There was a strong feeling that all programs are occupationally based and embedding OS within a more generalized curriculum. In the workshop it appeared that there are different ways of presenting the OS material. One delegate from France highlighted the impact that the Ministry of Health has on the level of education and the specific curriculum. The same delegate recognized however that the French diploma is a mix of OS and occupational base.

Bologna competencies are being embedded into a number of curricula which, to the facilitator, seemed to infer OS background.

The workshop began to make distinctions about the terms that were being used, and to make clearer the differences between:

- occupational therapy based
- occupational science based
- occupationally based
- science based

The group were then asked to consider value added and costs, implications for practice and service users, issues and facilitators, sharing teaching and learning ideas, how to move OS agenda forward. Further discussion ensued about the ideas around blended approaches to OT/OB/OS and their effectiveness. An example of PBL delivery models was discussed.

The discussion became more widespread to discuss some of the concerns of delegates about the complementary nature of occupation based and OS, who should use Occupational Science and which discipline’s way of working it informs. It was a far reaching discussion that really didn’t reach any real conclusions.

The meeting drew the conclusions that OS had positive implications for practice, for identity and for service users, it provides words to explain what OT’s do and opens arenas for practice

2.2.9. Education workshop 4

Workshop leader Lana van Niekerk, B (Occ Ther) UFS; M (Occ Ther) UFS; PhD UCT Head: Division Occupational Therapy, School of Health and Rehabilitation Sciences, University of Cape Town, South Africa

Aim of the workshop was to discuss the advantages and disadvantages, the facilitators and barriers of intercultural dialogue to uncover the issues in an Occupational Science focussed curriculum.

<table>
<thead>
<tr>
<th>Advantages of having a strong OS focus in the curriculum</th>
<th>Disadvantages of having a strong OS focus in the curriculum</th>
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<tbody>
<tr>
<td>- provides a theoretical foundation, that allows critical thinking and academic reasoning</td>
<td>- danger of over generalisation or duplication of concepts</td>
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<tr>
<td>- assist to identity creation and takes away the need to defend our reason of being</td>
<td>- OS body of knowledge is all encompassing and can be difficult to delineate</td>
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<tr>
<td>- provides the basis for development and broadens the scope of practice opportunities</td>
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<tr>
<td>- stimulates research activities</td>
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</table>
### Facilitating a strong OS focus in the curriculum

- ensure staff (lecturers and clinicians) is adequately informed and comfortable with OS
- accept that building on OS is a process. Therefore be happy to deal with unfolding and evaluating theory
- maintain the balance in your curriculum (theory vs skills / competences)

### Barriers for a strong OS focus in the curriculum

- concepts are forced on people when not enough time is given to conceptualisation
- resistance felt from traditional lecturers or those form medical model
- lack of role models in practice

#### Appendix presentation 2.2.9

2.2.10. Education workshop 5

*Workshop leader Sue Griffiths, Senior Lecturer in Education, University of Northampton, United Kingdom, ISOS*

Workshop leader Sue Griffith started by initiating a presentation of all participating, including a request from them to describe how occupation based their respectively curricula is on a scale from 0 (meaning non-existent) and 10 (meaning fully). In general the Danish, Norwegian and Swedish participants describe a level of approximately 6, The Netherlands an 8 and Austria, Switzerland and Germany around a 4-5.

The workshop had a brainstorming on issues they would like to address, and decided to discuss:

**What is the new concept of Occupational Science in the curricula, and how does it come visible in student work?**

A discussion was held on whether, in the workshop-group, there is experience on student-examinations papers on Occupational Science. Experience was sparse and workshop-leader Sue Griffith was asked to provide with examples on what topics they would for example have. Examples were: “Transition from work to retirement on occupational identity” and “Experiences of redundancy”.

An interesting insight in the North-American discussion was provided by the Canadian association of occupational therapy representative Sue Fowler, who problematized that in the US not all are for the OS definition from University of Southern California, where Occupational Science originate. Rather ‘studies of occupation’ is the suggested substitute terminology to Occupational Science. Sue Fowler also emphasize that whatever we call it, a successful approach to schools, educators and practitioners is suggested to be to assist students to reason on “How therapy is informed by studies on occupation”.

Further, the discussion went on to concern implication for practice using - as Sue Griffith’s school in North Hampton, England has done - terminologies like occupational diagnosis and occupational disruption.

A Norwegian participant described that, in Norway, with fewer OT’s in the hospitals, and the wish to send out more OT’s in the community, it becomes tough for them to say they are health-professionals. With a move to the community they cannot use the biomedical terminology they have been taught, hence they try to use the same language as the healthcare workers and thus, are less demanded on the work market. We were informed that in a short while, a Danish paper on what practicing OT’s think students need in the work market today is coming up.

Sue Griffith described that in Britain, there is a discussion if the former educational field task called ‘role-emerging’ should perhaps be exchanged towards a more appropriate ‘setting-emerging’. In these tasks the students visit a community setting where they do not have OT’s –often interviewing with the Canadian COPM-assessment - to then suggest what role an OT could have, or how the setting could be altered to benefit the persons working there.
Hence, we concluded by underscoring the continued need to found occupation in our curricula to a larger extent, and also provide and use definitions and terms relevant for it.

2.3. Discussion forum

Chair person Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Hanneke van Bruggen introduced the session by proposing firstly a summary of workshop discussions followed by discussion.

Research workshops feedback

Chris Mayers formulated the feedback as follows:

There were 4 questions discussed:

1. What key topics should be part of a European long-term research strategy in Occupational Science?
2. How do we promote specific contributions of Occupational Science to the body of knowledge of occupation and health?
3. How do we progress to long term research strategies in Europe?
4. How do we progress to a strong network or infrastructure facilitating collaborative links and joint projects

Comments of the participants:

- uncomfortable with the suggestions that OS / OT is so important that it is taking over the world
- global collaboration on OS is astonishing quickly bee build up. We can all see this. But it is too much to suggest that OS and not OT is taking over the world. We have to be careful about a too inclusive agenda because it may not be believable by others.
- but we have to consider also: we have a very ambitious agenda and many of us want to go for it
- our priorities have not been set and were not part of the agenda
- effects of occupation – same study but with different societies would keep us busy for 200 years
- prioritization is very important in keeping a realistic view of what possible given cultural and political difficulties
- issue from the 1st think tank in OS was: should we really be setting a research agenda? Diverse interests made it impossible to select something specifically.
- we need also to look at things that are more specific to cultures; we have to develop cultural sensitiveness
- universities are competitive in US therefore multiple collaboration is challenging, academics also compete in US which may also work against collaboration. Academic freedom is everything, researchers can’t be told what to research. These 3 issues may be difficult to overcome. Research labs may be possible but collaboration may not be.
- therefore follow the money!

Education workshop feedback

The workshop outcomes are rather different because of the diversity of the educational programs. Main issues were there challenges to establish occupational based OS curricula and the challenges to overcome that practitioners are not practicing OS occupation based, and because of the resistance to change.
Recommendations:

If no challenges what would be the ideal curricula? Strategies for intercultural exchange?

- many courses still are driven by medically oriented curricula making it difficult to move towards OS and occupation based. Many programs changed titles of modules towards a more occupational perspective with OT’s teaching more.
- occupation based, OS, EB curricula etc – we’re talking about different things. Not aware when using OS research papers as evidence for what we do. What is the best possible way to teach OT’s to practice occupation based practice – OS first, OT first via PBL.
- the level to which OS can be seen as a foundational science for research and participating in academic life. Struck by how many people identified staff issues as a challenge e.g what is taught and what is practiced and how to get round it.
- how do we manage and develop staff? Lack of knowledge about what OS is: what is it and how does it fit with what we already do? Develop knowledge through Master modules delivered in a variety of ways. Staff needs time to take on ideas. It won’t happen overnight. Tutors need to explore OS and OT identities. Share literature from OS journals in a non-threatening environment. Terminology is important – use term strategically so that it doesn’t become a barrier to others and remains accessible. Use networking – visit other programs that have developed OS curricula and share ideas information to support the development further.
3. Opening by the president of ENOTHE
Dr. Sofia Vikström, PH.D, OT, Karolinska Institutet Neurotec Department, Division of OT, Huddinge, Sweden, president of ENOTHE Board

Sofia Vikström opened 14th meeting of ENOTHE with the following words:

Meine Damen und Herren. Hertlichen willkommen zu diesen Vierzehnte treffen von ENOTHE.

Ladies and gentlemen. Warm welcome to this fourteenth ENOTHE meeting hosted so generously by the Alice Solomon Fachhochschule, the Wannsee Schule and the Evangelisten Wald Krankenhaus. I would like to start by informing you all about the fascinating reminders of our joint history in-capsulated in the Walls of this building. In fact, it was in this very room, the Willy-Brandt Saal here in the Rathaus Schöneberg, that the American president John F. Kennedy stated the world famous line: “I am a Berliner”. And, as a matter of fact, we wouldn’t have had the opportunity to attend this beautiful building if it wasn’t for you all. You made this possible by showing such big interest in joining this meeting that we could not fit in any of the appointed educational settings. Even though we are spoilt with experiencing that ENOTHE meetings mostly are well-attended, this year’s figures amazed us. We are currently 475 participants here today!!!

But I would like to be serious for a minute and speak about the benefits of meeting like this, and start by citing the famous poet John Dunne: “No man is an island entire of itself”. It being the European year of intercultural dialogue, I think we should have this in mind. That still being a fairly young, constantly developing profession, we need a common language to communicate with each other in fruitful ways, but also to build on each others knowledge. And of course we need arenas such as this one, to meet and have critical debate, and to facilitate us to make new contacts and to support the maintenance of old ones. I would also like to take the opportunity to inform you that there are quite some interesting books on sale or display outside in the hallway. Just to mention a few, there is the TUNING book, The Activity and occupational analysis book, and also a very recent publication on ‘A political practice of occupational therapy’. The latter focusing on occupational therapy and everyday activities from a human rights perspective. The three writers of this book are around during these days, and I encourage you to find out who they are. I also would like to remind you that we have a person in the board, Liliya Todorova from Bulgaria, whose period of office has run out. Liliya is however willing to stand available for an extension of her board commitment for an extra 2 years. We haven’t up till this point received any other nominations. However, as pointed out in the letter to you, we would like to encourage anyone who have knowledge of a member representative that might be interested of board work, preferably one from the Eastern-European region, to nominate him or her. I hereby declare the 14 meeting of ENOTHE officially open, and leave you to listen to some music of Klang-Holz. Welcome.

4. Welcome

4.1. Welcome by Prof. Dr. Heinz Cornel
Vice Rector Alice Salomon Fachhochschule Berlin, University of Applied Sciences, Germany

Heinz Cornel opened this meeting and said all welcome to the Alice Salomon University of Applied Sciences. In Alice Salomon occupational therapy and physiotherapy education is rather young and
ENOTHE helped to start occupational therapy education. ENOTHE also makes it possible to have new networks around Europe.

Heinz Cornel highlighted that in Germany the situation in education – to have degree level education – has been possible only since few years. He also pointed out some important issues:

1. Alice Salomon University is celebrating its 100 years anniversary. Alice Salomon was a remarkable person. She was a woman and women’s rights were important to her. Also she was first doctor in social work in Germany. She thought the importance of women’s education. Still occupational therapy and physiotherapy are very feminine professions, most of workers are women. In Alice Salomon there are Bachelor programs for occupational therapists and physiotherapists, social work and physical health. Germany is still hesitating to raise the educational level for female-dominated professions to academic level. Research work is increasing slowly. The level is academic but still all these educations have close connections to practice. In 2008 started Master’s courses for occupational therapists.

2. International orientation is important. Alice Salomon University have many international contacts and also contacts with ENOTHE:

In the end of his speech Dr. Cornel wished great success to the ENOTHE congress in Berlin.

4.2. Welcome by Nina Parra - European Year of Intercultural Dialogue 2008

Nina Parra asked what occupational therapists are doing with the European Year of intercultural Dialogue. The answer is – occupational therapy is strongly affected in that. In Germany and other parts of Europe there are many people with emigrant background. People come here and have families and children here. Some years ago it was not so important if emigrants learned or not German language and settled down properly in country. And now people have problems with experts. For example doctors in health services cannot communicate with those people.

Nina Parra was especially happy that so many students joined this meeting. We have to take responsibility for the new challenges of the society in enlarging Europe, enlarging markets and also in local education.

People must have good intercultural skills and this is the aim of the European Year. At European level, there are seven so-called “flagship projects” in six of which Germany is a co-operating member state. Eight large projects are being sponsored in Germany whereby a broad range of topics, events, projects and other activities associated with culture, youth, education, migration, minorities and religion will be covered. Further information is available at: www.bagw.de and www.dialogue2008.eu.

4.3. Welcome Katrin Lompscher,

Katrin Lompscher highlighted the exchange of knowledge and dialogue in all levels and also cross-border networking. Here responsibility is supervising university collaboration and also the influences to legislation.
Katrin Lompscher said that biotechnology and medical technology is increasing rapidly. Nearly 250,000 people are working in Germany connected with health sector. After 1991 the number of hospitals has decreased and the length of the days in hospital has decreased 15%. That means occupational therapists and physiotherapists have moved to the community sector away from hospitals. Also social problems have changed and increased.

The topic of this ENOTHE meeting is good: Multicultural Environment. Especially in Berlin there are large amount of emigrants. Also occupational therapy students must be from different backgrounds. In Germany the education system is not so university centered. Katrin Lompscher emphasized skills how to meet social problems. Patient and client must be the winner.

5. Developments of occupational therapy within the German higher education area

Elke Kraus, Professor, Head of the Faculty of Occupational Therapy, Alice Salomon Fachhochschule Berlin, University of Applied Sciences, Germany

Elke Kraus made a historical journey in Germany. She told how differently the educational system developed in West and East Germany. These differences had great impact also to occupational therapy education. After the reunion of East and West Germany in 1990 there was a joined development of occupational therapy education. In 1994 they became ENOTHE member and 1998 new legislation allowed Bachelor programs. In 2001 started two universities of applied sciences and now 2008 there are eight universities. Elke Kraus also described the whole education system of Germany and also problems which arise from the quite rigid economic structure of the state, laws and regulations of workforce. Still there are 3 years programs at occupational therapy schools which allow working as occupational therapists, but they are not academic. Some facts about Germany: there are 35,000 occupational therapists, 12,000 are member of the DVE (German OT association), 180 training schools, 8 universities, 1000 Bachelor degrees and only few Master’s programs.

ENOTHE supports the harmonisation of OT education in Germany. ENOTHE did also help to develop the curriculum. In training schools there are still many arts and craft in curriculum. Elke Kraus introduced the curriculum in Alice Salomon University. Students can also work part time during their studies and then continue the education. Same system is for physiotherapy education.

Quality assurance is developed in close collaboration with the WFOT, DVEZ, ENOTHE and in local level with VEDS.

The next steps in development in future is to start PhD programs, to length education to 4 years, raise the educational level of teachers, establish international networks and connections and new places for clinical practice.

Appendix presentation 5.

6. ENOTHE activities

Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Since it is the last meeting of this thematic network period Hanneke highlighted the achievements of ENOTHE from 2005-2008. In 2005, the European Year of Citizenship through Education the 10th year celebration of ENOTHE took place in Vienna, Austria. Further remarkable milestones in 2005 were the opening of the occupational therapy institute in the Armenian State Pedagogical University in Yerevan, Armenia and launching the first student CD-Rom: Perspective on traditional European games in Occupational Therapy. In 2006 a combined annual meeting and intensive programme on occupational therapy and community development took place in Ankara. Extra attention was given in the Ankara programme to the 7th framework programme and research in occupational therapy.
Other highlights in 2006 were the opening of the occupational therapy school in the University of Rousse, Bulgaria and the opening of the school of occupational therapy in the Tbilisi State University in Georgia.

In 2007, the European Year of Equal Opportunities, the annual ENOTHE meeting took place in Cork. Other achievements in that year were the approval of two intensive courses, in which twelve member institutions were involved. The TUNING results were successfully presented and validated at the end of 2007.

In 2008 four project groups presented their work in the COTEC Congress in Hamburg. A curriculum development project on European Education-Employment for ALL (EEE4All) of five ENOTHE members was approved by the European Commission.

See for further achievements of the network the following presentation.
Appendix presentation 6.

7. “The world is / not / flat”: globalisation and cultural diversity. The Sinus-Milieus® as an approach to international social segmentation

Michael Schipperges, M.A.I.A., director Research & Consulting, Sinus Sociovision GmbH, Heidelberg, Germany

Michael Schipperges is director Research & Consulting, Sinus Sociovision GmbH in Heidelberg, Germany. He studied political science, philosophy and mathematics at the universities of Heidelberg, Berlin and Urbino (Italy) and completed postgraduate studies in international affairs at the Bologna Center of the John Hopkins University. He has been working with Sinus Sociovision since 1988 and is in charge of the institute’s socio-cultural research. In this context, he deals with the monitoring of social change, with international milieu and target group research and with the dynamics of the global modernization process. Additional areas of expertise are studies on historical awareness and national consciousness as well as intercultural, comparative approaches in marketing and in social research. Michael Schipperges advises clients in international target group strategies and when implementing socio-cultural trends. He is member of the executive committee of Sinus Sociovision. From 1992 to 1993, he taught ‘Methods of Empirical Social Research’ at the University of Mainz in addition to his occupation at Sinus Sociovision. Michael Schipperges was born in Bonn in 1958 and has been living with his family in Heidelberg since 1990.

Not all people live in a similar way – this simple truth holds not only when comparing different countries or cultures, but also when looking into a single nation. Therefore, sociologists as well as market researchers study different groups within a society and describe social structures by distinctive population segments. However, traditional segmentation criteria like age, income, education or social class have lost its discriminating power in modern societies: Too often, we come across “socio-demographic twins”, i.e. individuals which have a lot of formal features in common, yet, if we learn more about their daily life, their goals, their values and tastes, their hopes and fears – they are completely different. Also, the fashionable lifestyle typologies just construct out of a number of arbitrarily surveyed and rapidly changing surface phenomena “types” which are – in most cases – as contingent as abstract. Hence, we need a holistic observation of people’s life in order to arrive at a realistic description of social reality, and to social segments that really exist. The Sinus-Milieu approach to social segmentation starts from the observation and analysis of normal people’s everyday-life. Thus, the Sinus-Milieus group together people who are similar in terms of their attitude to life and ways of living. Basic values and aesthetic preferences are relevant here, along with attitudes towards work, family, leisure, culture, media, consumption etc. etc. In other words, the Sinus-Milieus describe “groups of like-minded people”. By now, Sinus Sociovision has realized this concept for a number of countries in Western and Eastern Europe, North America and Asia. In doing so, it is clear from beginning that we cannot “transfer” findings from one country to the others. Socio-cultural idiosyncrasies which have evolved out of history and which are due to different habits, customs, much loved traditions, understanding of symbols, and even language play a persistent role in everyday-life of each nation – and from time to time they even produce effects that conflict with the tendencies towards globalisation. Thus, the task is to first arrive at valid country-specific shown that social support networks in their own
community and a feeling of awareness of one’s own cultural identity have a positive impact on the study success of ethnic minority students.

Michael Schipperges gave with a very visually supported PowerPoint an overview of his company and the methods they used to make ‘profiles’ of social groups in society. He highlighted the cultural differences by easy to understand examples like having cheese or wraps in the mousetrap and showing the meaning of a well-known gesture that meant completely different things in different countries. Also an example of the different meaning of colours and names (cars) was shown. He explained the way common typologies (Yuppies, Wuppies) could be misleading with the examples of criteria, which put Prince Charles and Ozzy Osborne at the same group. He emphasised the importance of the holistic view which I leaded to like-minded people. He explained the way they made their profiles and showed the graphs in which social status on the Y-axis (divided in low, middle and high) was correlated with the basic values of people in three groups A (traditional), B (modern) and C (reorientation/post-modern) on the X-axis. Differentiation was according to values, goals and lifestyles. In social status the education was the most powerful issue less then income as that can change during the lifespan.

Groups that can be found in all countries were e.g. traditional, intellectuals, well-established, bourgeois middleclass. He gave cross cultural examples of the emerging countries in Central and Eastern Europe were, because of all the historical changes on the X-axis the values were defined as: A: to belong, B: to advance and C: to enjoy. In China two value issues are combined and result in two groups with could be defined as the Harmony and Slow move group and the Dynamism and Hurry group on the X-axis. The answer of there was a age correlated factor in this was that in some groups there was a age group focus but far less then one would expect. In gender focus it was explained the traditional older groups had more a women focus as women do live longer and the post-modern/modern performers had a more women focus too.

Appendix presentation 7.

8. Explaining study succes in a diverse student population. An overview of research on differences between ethnic minority and majority students

Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

In the appendices a summary of a published article of Sabine Severiens and Rick Wolff, Risbo, Erasmus University Rotterdam about the subject she presented:


Appendices presentation 8.1.
Appendices presentation 8.2.

9. Parallel sessions on the core themes of the European year 2008

9.1. Workshop on the Sinus- and Sinus-Meta-Milieus®

Workshop leader Michael Schipperges, M.A.I.A.director Research & Consulting, Sinus Sociovision GmbH, Heidelberg, Germany

At first participants were asked what their expectations of the workshop were. Michael Schipperges noted this down and showed with this mini survey how he collected his information. Conclusion was that most people came with ‘an open mind’ attracted by the morning lecture, and next groups were interested in methodology, occupation and application.

Michael Schipperges started to give information about the methodology used and spread upon the philosophies of positive thinking, German idealism and Romanticism and social sciences.
The method of the making of questions for qualitative studies was explained. The three phases were described:

First in depth interviews were held, videotapes recorded at peoples’ own houses. It was stated the interviewer had to be an expert in open listening.

Range of themes are identified and selected and put into (120) statements. These statements were put out to agree/disagree.

Field questionnaire is put out and analysed on similarities, groups are identified by person and not by computer. After setting out find matches and mismatches, repeat in a second run and more till no mismatches are found.

In other countries a team of experts with questions around cultural specific things is gathered to do the work. They have to understand the methodology, be native speakers and be able to do these interviews.

The model was discussed in depth explaining within the social status education (in context of generation) is the most powerful and important issue in social status. The issue of the correlation between taste and (symbolic) values was explained and discussed.

The overlap between groups and changes over the time span was explained and discussed.

Question was raised who needs/uses this information: in general all who are dealing with people: commercial firms, political and governmental institutes.

The basis modules of these groups can be adapted to specific questions as political, cooking, fashion, health and so on.

While society can change, people stay "similar minded" sometimes the name of the group changes. How you live your life may change, in basic orientation people stay the same.

Theories of evolution and adaptation philosophy were shortly addressed in relation to the changing society.

Different types of society changes were predicted by making different scenarios. “What would happen to the other groups and society when one of the groups gets more dominant?” is the leading question by writing these future scenarios.

9.2. What can programmes of occupational therapy education do to improve student success in a divers student population?

Workshop leader Sabine Severiens, Dr., general director RISBO (social science research institute allied to the Faculty of Social Sciences, Erasmus University Rotterdam), Rotterdam, The Netherlands

The workshop was attended by 21 persons – 8 teachers, 12 students and 1 other. The goal of the workshop was that participants leave with ideas about their own programme to improve study success of minority groups.

The workshop started with introduction of all persons. The workshop leader asked the group about the diversity of the programmes in their schools. The main findings are:

- diverse client population
- student population not quite so diverse (except some as high as 50%)
- those students from minority groups tend to fall out more quickly

The second question addressed was: How diversity friendly is your university?
• no ME role models
• all students are mentored
• some make special arrangements for food (e.g. hotel)
• not many, if any, have prayer room

A point of view was that diversity is partly an issue of individual perception and perspective changes as your position does.

In the third phase the group was divided into small groups where people who had one perspective wanted to move towards a preferred position and were asked to discuss how to get there. Each small group gave feedback.

Final conclusions
• when the demand of a programme are different to a student’s expectations, then demands must be very clear
• at staff interview – talk to staff about their approach to diversity
• programmes can provide a context by which students can get to know each other
• attitude to diversity is key factor – if attitudes aren’t addressed, then approaches to diversity won’t change

Appendix presentation 9.2.

9.3. WFOT- Guiding principles on diversity under construction: the consequences for OT education in Europe

Workshop leaders Astrid Kinebanian, chair of the board of the European Master Course in Occupational Therapy, Amsterdam, The Netherlands and Marjan Stomph, trainer and advisor in education, care and diversity, Amsterdam, The Netherlands

The workshop leaders started by initiating a presentation of all participating, including a request from them to describe how their educational settings acted on issues of diversity. We started with a ‘beehive’ in groups of two or three on: “The perspective of your school on incorporating diversity and culture – including acknowledging questions and dilemmas.”

Amongst others the workshop problematized and discussed: “How to alter entrance criteria without breaking the legislated law?” and “How to set up positive discrimination?”. But also, some students brought up that we must be aware that, too much integration risk affecting the quality/high standards of the educational programmes. As a consequence of that, we continued discussing and sharing support-ideas for persons with extra need for support. Also, several workshop participants perceived that their universities are aware of the importance of diversity issues although they might not fully address all aspects of diversity, e.g. we have different criteria for different groups, and might exclude some marginalized potential students at the same time.

After this introduction the two workshop leaders Astrid Kinebanian and Marjan Stomph gave an short introduction to the request they have received from the World Federation of Occupational Therapists (WFOT) to set up some guidelines on diversity issues for practicing occupational therapists and educational settings.

The explicit aim of their work was: “To encourage OT’s worldwide to discuss, appreciate and incorporate diversity and culture into their daily practice, education and research to meet the occupational needs of all persons throughout the world”.

And the mission was described as: “An occupational therapy practice, education and research which considers the diversity of cultures and socio-economic contexts of all people with occupational needs in order to contribute to the development of an inclusive society”>
The workshop leaders described how different countries and even different areas within a country have different issues to address. Hence, they have decided to alter the aim to do guidelines and instead make a booklet. The idea is that the booklet should include a general introduction and then have reflections chapters, e.g. a practitioner reflection chapter and a student reflection chapter. The booklet might be available perhaps in March 2009, and is also planned to be presented on the WFOT website.

As a first data collection they have made a literature review from the history, focusing on the past reasoning on diversity within OT and OT education. They have also set up a feedback group to make sure that data findings mirror OT perceptions despite cultural diversities.

In the continuation of the workshop we addressed the other questions and dilemmas found in the first ‘bees-hive’ discussion.

Some of the questions were:
- how are we to reason on students’ differences of background and social status and experience? What is necessary to know about students’ background?
- how much do you adjust as a student to the field workplace?
- how to figure out meaningful occupations for your client, do you need to know about cultural interests?
- aiming for, but how to positively discriminate without breaking the laws?
- how to incorporate cross-cultural learning?

Some of the dilemmas:
- organisations have strict rules which do not offer client centeredness
- how much diversity in language skills is acceptable?
- not addressing dilemmas of minority groups during education
- monitoring discrimination fully
- students are often viewing beyond their own culture and just see the “strangeness” in other cultures
- how supportive can we be on aspects of diversity?

The workshop had a brainstorming on issues they would like to address, and decided to discuss and in the end addressed most of the above. The workshop was well attended, generated good and important discussions. The participants agreed that they look forward to the WFOT-booklet.

Appendix presentation 9.3.

### 9.4 Curricular innovation Based on Competences in the Escuela de Terapia Ocupacional, Universidad de Chile

*Workshop leaders Vivian Villarroel Encina and Paula Soto Reyes, lectures at the Escuela Terapia Ocupacional, Universidad de Chile, Facultad de Medicina, Santiago de Chile, Chile*

The presentation started with introducing the presenters and the school (history and study programme).

The aim of the workshop is to analyse the weaknesses that participants appreciate in the presented methodology of curricular construction.

The workshop leaders presented the work that is being made in the process of curricular innovation of the school of Occupational Therapy of the University of Chile, from year 2006 to 2008.

This curricular innovation was inspired by the guidelines of ENOTHE. This is an experience without precedents in Chile, including from the rise of the learning requirements, the declaration of the professional profile, the configuration of domains, competences and sub competences, to the organisation and curricular structure.

Contents of the presentation:
- background of the process
methodology of work: research in practice
professional profile
competences and sub competences
organisation and curricular structure
system of transferable credits
projections and challenges

The background of the process at faculty and OT school level was described. The school is founded in 1954 and provides a 4-year programme for Occupational Science graduates. In 2003 the school became a member of ENOTHE. In 2006 a national commission on OT higher education was established, and a 5-year study programme. The school began developing innovation experiences in education methodologies since 2002 in order to improve integration of contents. The methodology included analysis of documents, discussions, focus groups.

They designed their own model for the construction of the curriculum. Competences are built on the basis of theoretic content, performance and context.

The stages of the process were outlined:
- redesign (2007-2008)
- installation (2009)
- implementation (2009-2010)

The main characteristics of the process are: participative, permanent dialogue, reflexive, recursive.

Appendix presentation 9.4.

9.5. Occupational therapists - practical persuaders in emerging roles?
Workshop leader Nick Pollard, BA, PGCE, Dip COT, MA, MSc , Senior lecturer in Occupational Therapy, Faculty of Health and Wellbeing, Sheffield Hallam University, Sheffield, United Kingdom

There is a notion that OT’s are client centered. How client centered can you be when your job is in discussion?

Gramsci says that occupation produces passive revolution. Townsend and Wilcock pleaded for a social revolution.

Cost effectiveness of care was discussed. Who pays for the OT services? Who are OT’s bowing for? A doctor? A hospital? A client?

The thing of OT is telling stories. Nurses (a big population) know normally what OT’s do. Only when you meet an OT, than you can understand want OT is, i.e. ‘action speaks louder than words’.

Diversity is one of the aspects of OT. We need to have eyes for community centered initiatives. The kind of opportunities we have shape the kind of narratives we have. Sometimes opportunities cannot be felt when you do not feel deprived. The reason for Gramsci was because of community based actions.

OT’s deal with narratives; it is their work to deal with. Listener must understand the other by knowing the language/way of communication the other uses. Gramsci’s points out that life as it is lived, is not the same thing as the understanding. Real history is not what OT education teaches, nor real life history.

N.B. vernacular = experienced.

Evidence is in doing stuff, in changing things. We must not wait for evidence before we start. We need a set of metaphors to intrude the common/popular awareness and language and everyday communication.
The workshop ended with the conclusion that diversity is also an opportunity, not a threat. You can help, but not alter things. Intercultural dialogue – you can enter it and that is very important.

Appendix presentation 9.5.

9.6. Discussion on learning, teaching and assessment methods to achieve competences in intercultural dialogue

Workshop leader Jet Lancée, MSc, Senior lecturer Hogeschool Zuyd, Heerlen, The Netherlands
Imke Winkelmann, lecturer ETOS Ergotherapieschule Osnabrück, Osnabrück, Germany

The workshop was attended by 27 participants from Denmark, Switzerland, Germany, Austria, Israel, Belgium, Czech Republic, Ireland, USA, Finland, Norway. They introduced themselves shortly.

The workshop leaders explained their plans and the idea behind the workshop, as well as the planned procedure. They outlined the content and the expected outcomes and that the results of the discussion will be included in the PowerPoint presentation.

The workshop leaders presented – as a reminder and link to the abstract – the EU definition of intercultural dialogue and the ENOTHE specific competences N19, which address intercultural dialogue. All participants agreed on this basis for the workshop. There were no additions.

Then the participants were invited to share their own experiences from their everyday work. Guideline questions were provided. There were two main directions:

- What do we do at home?
- What do we want to take home?

Due to the number of participants in relation to the small room the group had to be split and worked in two working groups for 45 min.

They started to concentrate on the exchange concerning the content of their everyday working life. The variety of practice examples showed that there is a variety of ways of teaching, learning and assessing. In some countries it is difficult to address intercultural dialogue due to the homogenous structure of the country (e.g. Finland). In other countries, in German cities like Frankfurt and Berlin, it is more or less ‘normal’ to address the issue because these places in Europe are so multicultural. There was an interesting discussion about the issue: “Does the majority teach the majority?” And: “How can we change this?”. All results have been gathered and included in the PowerPoint presentation.

The participants discussed similarities and differences within European countries and educational institutions. There were also discussions about possibilities to use student resources because they come from different cultural backgrounds and can be a very helpful enrichment (with own presentations) for the programmes.

Conclusions:

- there is a variety of good practice examples around Europe done by institutions to create a learning environment
- the participants received/will receive comprehensive literature references and a summary of all examples as working document/basic/stimulus for their everyday practice
- there was a clear vote for starting at the very beginning of the education programme
- cooperation between institutions and the exchange of didactical methods, as well as students and lecturers, should be increased
- the concept of discussion on teaching, learning and assessment methods is well appreciated in the ENOTHE concept. We learn from each other, with each other and are able to take home examples of good practice – as stimulus and concrete examples which can be implemented.
Things to take home:
- The need of an underlying concept of cultural competence in sensitivity as a clear overall concept for the curriculum
- The need of exploration and “learning by doing”, more teacher-qualifications and exchange

Didactical examples to take home:
- presenting students by poster presentation of themselves that will stay in the classroom
- by interviewing grasp the big story, but essential is the small one (cultural identity)
- example of Switzerland by PBL
- interest in cultural background
- student and teacher exchange
- use a language interpreter
- participants exchanged contact details
- increase the awareness, focus on intercultural dialogue in the programme
- use the resources of the students (research, focus-groups) and implement their ideas in the curriculum “from the beginning” (1st semester)
- get minority-students into the programme
- use of case-studies with different ethnical, cultural backgrounds, genders etc., reflection on the results
- clarify at your workplace: What is the right time?
- migrants in practice
- are there assessments addressing cultural diversities?
- for critical reflection: What are your experiences with OT-models?
- as ‘red thread’ in the whole programme: case-studies considering different cultures
- implement seminars about meeting of OT and different clients from different cultures
- efforts in recruitment of students from other (minority) cultures
- be aware of the complex demand of addressing cultural awareness, sensitivity and competences
- cultural adjustments of assessments
- critical reflection: background of the teachers (“mainstream): The majority teaches the majority!
- clinical affiliations
- teachers from other cultures, e.g. France: education in a country with different cultures
- use of case-studies, reports, stories from students’ placements
- focus on the client
- placements abroad
- BUT: How to know about the different cultures around me? Idea: course about cultural sensitivity.
- give students the possibility to bring the results into practice, to try out (during their placements) what they have learned
- coaching students in placements. Idea: let the always include the information about the client’s cultural context in their reports.
- example Ireland: homogenous country
- invite experts
- and: don’t to hesitate to ask!
- necessary: knowledge in broad spectrum for all stakeholders, Sensitivity, knowing own values.
- learning by doing
- PBL-cases
- posters, interviews
- work interdisciplinary (richness, values)

Recommendations:
- workshops on OT models and their perspectives on intercultural dialogue and their recognition of cultural diversity and needs
to have the same workshop again but more in depth and with more time
workshop of the relation between intercultural competences and competence-based learning

Appendix presentation 9.6.

9.7. Community and home based rehabilitation - cultural perspective. A way of understanding each others culture by using different exchange systems

Workshop leader Hélène Fitinghoff, MSc, International coordinator, lecturer Karolinska Institutet Neurotec Department, Division of OT, Stockholm, Sweden

The objective of the session was to share with colleagues the development of a new inter-professional module in community and home based rehabilitation and to stimulate discussion regarding the applicability of the module and the practise of community based rehabilitation in countries across Europe.

Having shared the rationale for the development of the programme and set the context Hélène Fitinghoff used a power point presentation to give an overview of this programme of learning. This programme is an elective component of an existing undergraduate programme. It is open to students from occupational therapy and other professions at the Karolinska Institute, as well as students from the rest of the world.

The programme was developed in collaboration with the OT school in Uganda; this built upon an existing partnership and resulted in an exchange programme for both students and tutors.

The programme focus is on theory of community based rehabilitation and practical application strategies. Ethical considerations are incorporated throughout. The first cohort consisted of students from Norway, Uganda, Sweden, Czech Republic, United States of America, and Finland. Some of the students were funded through ERASMUS. Together and through their studies they became a cohesive group.

The delivery of the programme makes the most of a flexible approach to cooperative learning. Students were able to contextualise their local experience with the situation worldwide. They also examined the roles of other workers such as health care assistants, and differences in the delivery of services.

Assessment of the module uses a range of strategies; group examination, individual case studies, short answer questions, and ethical discussions.

The programme was evaluated at the end by students and tutors.
Students:
- valued the student – teacher interaction
- valued the assessment strategies
- some wanted more information at the beginning
- suggested extending the pool of teaching staff to include nurses and teachers

Tutors:
- thought a good start had been made
- agreed with some of the student feedback
- saw a need to harmonise marking for ‘pass’ and ‘pass with honours’

From this evaluation a number of future actions were identified by the programme team:
- revision of the programme based on the evaluation
- finding teachers from ERASMUS and NORDPLUS to participate
- finding teachers from other professions to participate
- finding students from other programmes to participate
- to continue to improve and offer an excellent learning experience
• following this introduction the group were invited to break into smaller groups and discuss how community based rehabilitation operates in their own countries, sharing experiences and identifying issues.

There was lively discussion and debate.

Each small group contributed to a whole group debate focussed on the following three points:
1. Laws and regulations for health services in your own country.
2. What does community based rehabilitation look like in your country?
3. Ethical dilemmas of practising community based rehabilitation.

Discussion and conclusions

The following points were discussed:
• is there a difference between home based rehabilitation and community rehabilitation? For some there is no difference only a matter of semantics.
• in some countries social workers undertake this role
• for some insurance dictates what can be done in the community
• perhaps there is more community based rehabilitation for people with psychiatric problems
• empowerment is an important aspect of community based rehabilitation
• universal design is an important aspect of community based rehabilitation
• in some countries OT is not seen a beneficial in the community by the insurers, therefore it is only funded in hospitals
• some participants were concerned that the move into community based rehabilitation would take away or dilute their role
• some participants thought that community based rehabilitation was the way forward and would strengthen our role

Examples and discussion were from the following countries:  The Netherlands, Austria, Germany, Norway, Denmark, Finland, Belgium, Portugal, Czech Republic, Switzerland.

In addition issues were discussed about how we define our practice, where we work, changing practice, the implications of shorter stays in hospital, when does rehabilitation end, and the value of occupational therapy.

The group concluded that these were important issues to be debated within individual countries in Europe, as well as between countries at events such as this. Appendix presentation 9.7.

9.8. Widening participation in the learning and teaching environment

Workshop leader Nichola Gadsby, lecturer and Anita Steed, Senior lecturer Faculty of Health and Life Sciences, Coventry University, Coventry, United Kingdom

The structure of the workshop included PowerPoint presentation, small group discussions and large group feedback. Handouts and scenarios were given out to guide the discussion.

The workshop leaders introduced themselves and their roles. The participants were asked to introduce themselves including their roles (educators/students) and their country of origin. Setting scene – context to widening participation amongst minority groups to increase diversity of student population as well as equality and opportunities.

Objectives:
• to relate issues of diversity and equality to OT
• to present research into disabled students’ experience of OT training and to focus on practice placements
• to share good practice, particularly in area of disabled students

Some definitions of diversity and equality and self concept of widening participation within UK policy and Higher Education Funding Council’s aims and their relevance to OT.

The participants were asked to share legislation related to equality in small groups with “country” groupings and sharing in large group to compare and contrast. There was a discussion where it stems from a lead to EU legislation e.g. Disability in Higher Educational Institutions. Forms into legislation for disability – definition, duties under Acts plus perspective of the College of OT in UK.

Some quotations from qualitative research in Coventry. Key issues – legislation and professional requirements, disclosure, confidentiality, reasonable adjustments.

Process of practice placement planning for disabled students in Coventry.

Small group discussion using scenarios from actual stories of ex-students.

Key themes emerging from discussion:
• communication
• interaction
• flexibility
• solutions/problem solving
• assessing ability, not disability
• choosing the right course

Overarching acting point: look at each student as an individual, including their disability/culture/gender/age etc.

Appendix presentation 9.8.

9.9. Life history approach and narrative interview in occupational therapy – a valid focus in transcultural practice?
Workshop leader Franziska Heigl, Uta Jakobs, Zürich University of Applied Sciences, School of Health Professions, Institute of Occupational Therapy, Zürich, Switzerland

Both leaders had made their Master’s education on European Master of Science programme. They introduced their Master’s thesis based on life history approach using narrative methods. The focus of this session was the concept of culture.

Presentation started with introduction of the speakers and the timetable. After that there was a presentation “Culture and Occupation in Europe seen from the EuMSc-graduate-perspective” and a presentation of a thesis “A life History Approach on Employment Transitions”. Also there was an introduction to key points and definitions about culture (by Townsend, Kielhofner, Polatajko and Wells).

After introduction there was time for individual work. Everybody could choose an interesting article about culture and there was ½ hours time to reed the article. After that there was small group discussion about one question which was given to the groups. The answers were collected to papers, but there was not enough time to discuss all recommendations.

Below are the questions and also recommendations:

1. What aspects of culture might be covered through narrative interviewing?
   • people tell things that are important to them (personal and cultural aspects)
• discover all family relations, roles and expectations  
• discover the occupational history and occupational identity, being, engagement  
• lifestyle  

2. Is it meaningful for OT’s to use the life history approach with clients from different cultures and if yes why?  
• enables discovery of subcultures with some individuals  
• provides a tool for relationship building where client’s cultural boundaries are respected  
• prioritises the subjective experience of the individual’  

3. Are there any existing alternatives to embrace cultural aspects in OT practice and education?  
• watching  
• meeting the family  
• read something about the culture  
• interact with people of the same culture  
• show videos with personal content of the client  
• making a collage where the patient chooses pictures that he/she defines is giving an  
important view of their life  

4. How might narrative interviewing/life history approach with a focus on culture be incorporated in OT curriculum of higher education?  
• give opportunity to students to experience narrative interviewing (ophi ii)  
• give opportunity to students to be aware of cultural differences perhaps for final thesis  

Appendix presentation 9.9.1.  
Appendix presentation 9.9.2.  

Workshop leader Diederik Aarendonk, Coordinator of the European Forum for Primary Care  

The overall structure of the workshop included ½ hour presentation, questions, small group discussions and working on case studies. 

The presentation was focused on the European Forum of Primary Health Care (EFPHC).  

The main objectives of EFPHC were outlined – providing and sharing information, advocacy towards policymakers and politicians, supporting research development. The activities include a website, newsflash, position papers, study visits, biannual conferences, training seminars, official journal. Primary healthcare was characterized as a first point of contact, easy to access, within community, multidisciplinary. The ideal primary care set up is a triangle between patients, team and insurance.  

Challenges to primary healthcare are related to its becoming increasingly long-term, ambulatory, bad collaboration between doctors and nurses, lack of interdisciplinary training, e.g. studying case studies together with different professions in a training environment.  

In conclusion the need of strong primary healthcare in Europe was stressed.  

Several examples of good practice throughout Europe were presented. The participants were invited to ask questions. An issue about the difference between PHC and Community Based Practice was raised – communities are involved in setting the PHC.  

The second stage was small group discussions on case studies. The groups received vignettes and guiding questions, e.g.:  

1. How would the problem be brought to health care attention in the first place?
2. Which type of health care facilities would be most likely to provide initial health care?
3. Where would the patient be likely to go on discharge and what level of support could be available?

For the second case study the participants changed the groups. The discussion was focused on who takes the initiative, coordination of the application, for what services is eligible, who will assess the needs of the particular patient from the vignette.

These discussions gave the participants opportunity for sharing experiences and comparison of differences and similarities between countries.

The workshop ended with the conclusion that each participant should take home food for discussion about primary health care in own environment.

Appendix presentation 9.10.

9.11. Basics for European intercultural dialogue in the health sector. Paving the way for a European Health Archipelago

Workshop leaders Winrich Breipohl, Dr., Institut Arbeit und Technologie, Wissenschaftspark, Gelsenkirchen, Germany; Vestische Kinder- und Jugendklinik Datteln, University Witten Herdecke, Germany and Hanneke van Bruggen, Executive Director ENOTHE, Hogeschool van Amsterdam, Amsterdam, The Netherlands

Introduction of Winrich Breipohl – interdisciplinary and social health focus:

1. Introductory comments:
   - the budget for the western healthcare sector is very high (higher than the car industry)
   - life expectancy has increased enormously (30 years in western world over past 100 years)

   The question is if this is due to medicine or social factors.

Basic resources of life would include water and food, health, life expectancy, energy, information (education and knowledge), dignity (personal rights, security, safety), healthcare access, work/employment. Access is a major issue.

2. Overriding concepts:
   - UN Millennium developmental goals
   - WHO – 1977 Goal and Health for all by 2000
   - healthy cities (certain criteria of how they deal with social, health etc. problems)
   - settings concept (health factors in settings such as workplace, kindergarten)
   - Ottawa Charter 1988 – socio-economic and socio-psychological conditions of life improving physical/psychological health and thus targets for health support policies and concepts
   - Bologna – Lisbon Declaration
   - EC major targets for the years ahead – intercultural dialogue, fight against hunger and poverty, care for minorities, specific health related programmes
   - NDPs of participating partner countries and respective institutions

3. Selected facts and features in health economics.
   - need to look at health needs and economics of countries
   - need to move medical service from treating sickness to preserving health
   - need to look at inequalities in healthcare within countries

4. Who can be included?
   - care networks and sectors – ENOTHE, EUROPET, CLIO, Human Plus Archipelago, Health Service Experts (to countries needing service developed). International curriculum for health care assistants for the elderly.
   - a large number of archipelago health/social care partners
Discussion
What could be achieved by an archipelago in the health/social care sectors?

ENOTHE should be part and these initiatives need to ensure our voice is heard.

Archipelago for EU year 2010 – focus on building health communities. We have to be careful about transferring concepts of health to other countries and other communities.

Service user groups and disability organizations should also be included. Regarding building healthy communities perhaps other disciplinary areas will be helpful, e.g. architects, universal design, engineers.

A question was raised: “If we are trying to build healthy communities, how to identify community that has to be involved?”

Winrich Breipohl stressed the need to look at really what can be achieved by the Archipelago. He gave further information regarding several projects in which he is involved around the medical sector. He expressed the opinion that a steering group is required to further work on the issues.

Appendix presentation 9.11.
10. Pushing the boundaries of practice: a Canadian perspective on occupation-based enablement

Dr. Helene J. Polatajko, PhD, OT reg. (ONT.), OT(C), FCAOT, The University of Toronto, Faculty of Medicine, Department of Occupational Science & Occupational Therapy, Toronto, Canada

Biography
Helen Polatajko is an internationally respected researcher, educator and clinician with extensive experience in paediatric practice and intervention research. She is Professor in the Department of Occupational Science and Occupational Therapy, the Department of Public Health Science and the Graduate Department of Rehabilitation Science, University of Toronto. Helen Polatajko is one of the most published occupational therapists in the world; having well over 150 publications; including books, chapters, and peer reviewed articles. She has given over 250 presentations at conferences and has been an invited lecturer in over 14 countries, including: Australia, Brazil, England, Germany, The Netherlands, Hong Kong, Iceland, Korea, New Zealand, Scotland, Singapore, Sweden, Switzerland and the USA. She has received numerous honours and awards, including the Muriel Driver Lectureship, the top award given by the Canadian Association of Occupational Therapists; is a Fellow of the Canadian Association of Occupational Therapists; and an inductee of the American Occupational Therapy Foundation Academy of Research. Helen Polatajko has been a strong advocate of evidence-based practice for many years and has conducted a number of randomised clinical trials. Helen Polatajko is one of the authors of the well-known Canadian Occupational Performance Measure, now published in 20 languages and used extensively by occupational therapist and other health professionals in over 35 countries. She is also an author of Enabling Occupation: An Occupational Therapy Perspective, and one of the two primary authors of Enabling Occupation II: Advancing an Occupational Therapy Vision for Health, Well-being, & Justice through Occupation.

Pushing the boundaries of practice: a Canadian perspective on occupation based enablement

Occupational enablement is the new frontier for inter-practice that extends occupational therapists’ leadership in client centred practice. The new Canadian guidelines for occupational therapy launched in July 2007 celebrate occupation and enablement as two core concepts of occupational therapy. With the introduction of this latest iteration of the practice guidelines, Canada has pushed the boundaries of occupational based enablement, embracing both individualized therapy and social change as bone fide practice. This presentation will provide an overview of the rationale for this expansion and will highlight the key features of the practice mosaic that constitutes occupational-enablement. The three models that form the basis for all practice will be introduced: CMOP-E, CMCE, and CPPF. Using case examples, the expansion of the Canadian Model of Occupational Performance to include the concept of engagement will be explained; the concept of enablement as captured by the Canadian Model of Client centred Enablement will be discussed and the specifics of the Canadian Practice Process Framework will be described.

Notes of the presentation

Helen Polatajko emphasized that a model of today is not the model of tomorrow. Models are always a simplified representation of reality and have the purpose to assist the understanding of the underlying dynamics of a complex system. She explained the different sort of models:

Ionic: least abstract, physical look-alike, like a (Barbie) doll or a toy car.
Analogous: more abstract but having some resemblance to what it represents, e.g. graphs, map
Symbolic: most abstract, no resemblance, but an approximation of what it represents, e.g. math equation.

She explained the symbolic models in Occupational therapy and their subtypes:
Conceptual models: simplified representation of a complex phenomenon or concept e.g. occupation MOHO, PEO, CMOP-E.
And process models: simplified representation of a complex flow process, e.g. practice OPPM, OT practice framework CPPF.
She gave a short overview of history of Occupational Therapy coming from therapeutic use of activities (fix and use), through enabling activity and function to enabling occupation. Essentially the difference is occupation was used as means and now is used as ends. In 2007 enabling occupation part 2 was published and promoted the advancing vision that occupations are needed for health, well-being and justice.

In a very high pace Helen Polatajko went through the content of the newly published book explaining the core concepts and the differences between the CMOP and CMOP-E and the OPPM and the CPPF. She also mentioned shortly the CMCE as being three models of the Canadian trio.

In CMOP-E she highlighted the importance of the part of occupation in the model and the concept of engagement. Engagement is appended in the model as many of our clients cannot actually perform, but still be engaged in occupation.

She explained quite shortly the CPPF and the importance of the societal and practice content and highlighted the fact frames of reference are used during the whole process and hence were in a different place in the new model.

11. The European Conceptual framework (EN)  
Johanna Stadler-Grillmaier, lecturer Fachhochschule Campus Wien, Department Gesundheit-Fachbereich Ergotherapie, Vienna, Austria, project group member Terminology

The speaker introduced the project as the second of two projects. This project built on the previous Terminology project, with the objective of describing the relationships between various terms. The development and time line of the project was described and the need for it emerged from the realisation that there was no common understanding of terms used across European languages e.g. the word ‘occupation’ has different meanings in different countries and in some countries it is not part of the vocabulary at all.

The project set out to define 23 key terms and propose a consensus definition from which a concept could be derived. The concepts arrived at are consistent with the language used in the ICF which has a common language used worldwide.

The speaker then went on to describe further the methodology of the project that enabled similarities and boundaries between terms to be identified and clusters to be formed.

The presentation clarified the meanings of words and phrases such as ‘concept’, ‘framework’, complexity and complex systems, perspective that influences how a concept is understood, dynamic relationships and dimensions of activities.

The speaker ended by stating that the conceptual framework clarifies the complex way in which occupational therapists think about people’s actions. She stated that it would only be useful if practitioners across Europe find it of value in explaining their practice.

12. Presentation of the final products of the project groups

The following projects were presented:
- TUNING
- ECOTROS
- E learning
- Older Age
- AOATL

Each project introduced the project members, gave a background to the reason for the project and then went on to describe the aims and objectives, the range of activities undertaken, the methodology,
products and achievements, the impact in Europe, the added value and recommendations for the future.

It was clear that each project group had worked particularly hard to achieve the project outcomes on time and within budget. It was also evident that there had been some difficulties for some groups around issues such as finding publishers and disseminating outcomes so that more universities and occupational therapists engage with and use the products.

It was pleasing to note that a number of articles had been published in peer reviewed journals as well as books, and electronic web pages and databases for e-learning and research. There have also been a number of conference presentations at local, national, European and international events of at least half of the projects.

Students report Cork
Mairead Cronin and Joanne O'Shea of the University College Cork, Department of Occupational Therapy, Brookfield Health Sciences Complex, Cork, Ireland

The last presentation of the session was from last year’s students’ presentations in Cork – the European Year of Occupation for All, by It was clear that the students’ presentations had covered a wide range of topics including homelessness, integration of disabled people, public transport, university without barriers for disabled students, ex-prisoners, youth associations, employment for people with learning disabilities, playgroups, older people and groups experiencing occupational deprivation.

The impact of these presentations addressed each of the four themes within Occupation for All, i.e. Rights, Responsibilities, Recognition, Respect and Tolerance.

13. Parallel sessions

13.1. Discussion about the European Conceptual Framework – sessions in EN, DE, FR, ES

The aims of the following workshop were to:
- introduce participants to the English version of the European conceptual framework for occupational therapy
- explain some of the key features of the conceptual framework, including its relationship to the ICF (WHO 2001), its non-hierarchical organisation, how the terms are clustered, how action occurs in the interface between the internal and external worlds, and the performer perspective
- provide an opportunity for people gain an understanding of the structure and characteristics of the conceptual framework
- facilitate discussion about how it might be used by occupational therapists

The workshop will begin with a brief presentation of the framework, followed by time for questions. Most of the session will then be devoted to discussion by participants.

Reference:

13.1.1. Ein Europäischer Konzeptrahmen der Ergotherapie (DE)
Workshop leader Johanna Stadler-Grillmaier, lecturer Fachhochschule Campus Wien, Department Gesundheit - Fachbereich Ergotherapie, Vienna, Austria, project group leader Terminology

Process
Introduction of all participants.
Brief presentation: Appendix presentation 13.1.1.

Goal of the workshop: to discuss the relevance and utility of the framework and to get familiar with its structure.

Each cluster has been presented: the terms that are comprised within it and the name of the clusters. The structure of the three levels was explained. Questions were asked and discussed in the big group.

Discussion in small groups:
A paper was prepared for each of the 8 clusters with questions to lead a discussion in order to capture the content of the cluster and to structure feedback (slide 20). Notes were taken directly on this poster paper. Participants could change the clusters whenever they liked. So it gave them the possibility to engage with more clusters.

Comments and experiences were discussed together in the last 20 minutes of the workshop.

Conclusions and recommendations
Participants made the experience that dealing with one cluster in depth resulted in intense discussions about links with other clusters and questions. So the framework can be seen as a basis to discuss occupational therapy.

The translation of the names of the clusters was discussed: the word „action“ cannot be translated into „Aktion“ – one possibility could be the word „Tätigkeit“. The group recommended strongly to change the German translation of occupation into „Betätigung“.

Professional language issues were discussed: should we only be considered about communication within the OT community or rather with communication with other disciplines. The participants wish the framework to improve communication among other disciplines.

The group found the work of the terminology group very helpful to clarify the terms. However the special contribution of the framework was discussed because the links between terms are not proved. It is recommended to clarify the difference between a framework and a model and to make clear what the purpose of the framework is about.

Questions and comments of the workshop will be discussed with the other terminology group members and will be incorporated in the finalisation of the workshop.

13.1.2 The European Conceptual Framework (EN)
Workshop leader Joachim Faias, Head of the OT Program, Escola Superior de Tecnologia da Saúde do Porto, Porto, Portugal, project group member Terminology

Participants: 17

Goals:
- to explore the relevance of ECF in practice and teaching
- to become familiar with the framework

Process:
- introduction
- short presentation
- answers to questions about the ECF: Is there missing terms? Is the framework useful in practice or teaching?
- work in small groups (4) to discuss one of the cluster (chosen by the group). Each group has the definitions and the clusters. Participants were fully engaged in the discussion.
Conclusions

- all groups found that the ECF will be useful in practice and in teaching
- all groups could see clear relations between terms in the cluster explored with other terms in other clusters
- schemata of the ECF must be reviewed so that occupation comes in the centre
- look carefully if there, are not some terms still left

13.1.3. Abstract del taller: marco conceptual europeo (ES)

Workshop leader Miguel Brea Rivero, lecturer Universidad Rey Juan Carlos, Facultad de Ciencias de la Salud (Edificio Departamental), Terapia Ocupacional, Madrid, Spain, project group member

Terminology

Participantes: 7, todos ellos profesores de universidades españolas excepto una terapeuta ocupacional alemana.

Se presentan todos los asistentes al taller y a continuación se plantean a los participantes los objetivos de este. Se pretende dar respuesta y debatir acerca de diversas preguntas:

Los participantes se dividen en dos grupos. Cada uno de ellos escoge uno de los grupos (clusters) presentados en el marco conceptual europeo para responder las preguntas y se debate sobre un ejemplo de la práctica clínica. Dado que los asistentes al taller están poco familiarizados con el trabajo realizado por el grupo de Terminología, se hace una breve introducción del proceso seguido.

En relación con las preguntas formuladas para el taller estas son las ideas sugeridas por los participantes:

1. Es relevante el marco conceptual para la práctica profesional?
   En términos generales, hay un sentimiento positivo acerca del uso de un marco conceptual común en la terapia ocupacional, se indica que es relevante porque está compuesto por términos esenciales en nuestra disciplina. Se hicieron diferentes comentarios al tema:
   - Permite consensuar el lenguaje profesional lo que contribuye a consensuar también la intervención o el tratamiento.
   - Favorece la consolidación de la profesión lo que proporciona una continuidad y un consenso en la intervención propuesta al paciente, tanto en términos de diferentes ámbitos clínicos como en diferentes zonas geográficas.
   - Permite el acercamiento desde distintas perspectivas, lo que lo hace flexible. Esa flexibilidad enriquece además la comprensión de la persona y a la vez añade complejidad.

2. Están todos los términos o se echa alguno en falta?
   No se consideró que hubiera términos o conceptos no presentes en el marco conceptual propuesto, por tanto se piensa que están los términos fundamentales.

3. Qué otras conexiones se encuentran además de las propuestas?
   En general se plantean dos aspectos básicos:
   1. se proponen nuevas conexiones entre los grupos de términos que no aparecen (ej. Ocupación con participación, rol ocupacional y contexto / entorno con dependencia) y
   2. se indica que existe una falta de información sobre la forma en la que se han establecido las conexiones propuestas en el marco conceptual.

Por otro lado, varios participantes indican que la visualización del marco se presente de otra manera. En concreto se comenta que la mayoría de los conceptos podrían estar sobre un fondo de contexto, entorno y participación. Es decir se plantea de alguna manera que todos los demás conceptos o términos presentados en el marco conceptual se establecen en el marco de estos tres.
4. Es importante el marco conceptual, ayuda a comprender mejor la terapia ocupacional?
   En términos generales, los participantes aprecian que el uso de este marco conceptual puede ser positivo en este sentido.

Appendix presentation 13.1.3.

13.1.4. Cadre conceptuel européen de l’ergothérapie (FR)
Workshop leader Sylvie Meyer, lecturer Haute école de travail social et de la santé, Filière Ergothérapie, Lausanne, Switzerland, project group member Terminology

This workshop was cancelled.

13.1.5. Een Europees conceptueel framework (NL)
Workshop leader Hilde Pitteljon, lecturer Katholieke Hogeschool Brugge-Oostende, Belgium, project group member Terminology

Comments workshop Terminology with the Dutch people:

- nice work is done. There seems to be a long way to go yet.
- nice fact is that within Europe we can understand each other. But we must be aware that there will always be researchers who use a model and therefore not speak about the same concepts.
- there is a question about the value for practice. We are not clear enough about the fact that what we present is not a model. What is the difference with a frame of reference? The fact that we make it visual causes confusion.
- we make it more complex for students in that way.
- missing terms are: being, belonging, becoming, enabling, occupational justice.
- in the naming of the clusters people don’t feel comfortable. Why is this important, why give a name or make clusters?
- for example: boundaries for action: is not an OT way of talking. We are describing the possibilities more then problems.
- very fundamental problem: starting from the perspective of the doing person is ok.
- talking about the theory of occupational performance is already done in different models. Why we repeat it once more and not complete?
- the step from that to the usability for OT practice is a big step. Is this necessary? Who will read this and in which context?

Appendix presentation 13.1.5.

14. Understanding the new Canadian practice framework: a workshop on using the CPPF
Workshop leader Dr. Helene Polatajko, PH.D., OT REG. (ONT.), OT(C), FCAOT, University of Toronto, Department of Occupational Science and Occupational Therapy, Toronto, Canada

Helen Polatajko introduced the workshop:
“The new Canadian guidelines for occupational therapy launched in July 2007 celebrated occupation-based enablement. With occupational therapy practice framed in the new models from Enabling Occupation II, there is a need to reframe clinical practice reflecting the ideas of occupation-based enablement as proffered by these models. This workshop offers participants an opportunity to explore the potential benefits of this framework in facilitating and rationalizing their practice. This workshop will help practitioners examine the new Canadian Practice Process Framework (CPPF), reflect on how it can be used in combination with the other key models found in occupational therapy, and consider its benefits in the practice context. Building upon their expertise, participants will gain an appreciation of this new practice framework and its potential to enhance their practice. In this interactive session, participants will be provided with an overview of the CPPF and its relation to other models through lecture format. Guided discussion and a small group exercise will be used to help demonstrate the
application of the framework. A final open discussion will address specific questions and comments. Occupational therapy practitioners, students, educators and researchers will gain an appreciation for the potential benefits of this new practice framework in facilitating and rationalizing their practice."

There were many participants of the workshop. Helen Polatajko asked the audience not to make notes, as she strongly believed what you remembered was also the most important to you. She pressed the audience to ask, as many questions as they liked during the workshop, as she believed teaching and questioning should be done at the same time to reach the most effective learning results. She explained more in detail the concepts and models presented in the keynote lecture of the morning. At different times participants were asked to work in small 'buzz' groups to explore a concept or discuss a question.

The relation between ICF and occupation was explored. ICF being more a conceptual model on health, while occupational therapists use a model centred on occupation. The items of activities and participation out of the ICF are the core interests of occupational therapists. It was mentioned ICF was important to occupational therapists as they had to be able to communicate in this language with other disciplines.

The participants were asked to discuss in small groups to identify a personal example of occupational performance and occupational engagement and to discuss how they impact your experience of occupation. Hence lively discussions were held on the meaning of engagement. It happened about five different explanations and meanings were given for this concept, but this was not to be discussed to a final conclusion. The concept of flow was mentioned in this discussion but not explored in the plenary group.

As to the CMCE Helen Polatajko explained the difficulties to define a specific skill set, for easy remembering she wanted only 5 or ten. The participants were asked to come with examples of the ten skills mentioned in this model. Conclusion was most of the skills did overlap with other skills. Some skills like communicating and negotiating were felt missing.

As to the difference between the OPPM and the CPPF, and the reasons the OPPM was changed, Helen Polatajko highlighted again the importance of flexibility. While the OPPM suggested by the visual image you had to go through the whole process again and again, the CPPF gave visually more space for taking other routes and to end the process. Furthermore the frames of reference will change continually during the OT process and it is important to make that visible in the model. Also the importance of a real and in-depth understanding of the societal and practice context by the occupational therapist and the need to explore and communicate this with the client was highlighted. Because of lack of time the discussion in groups about the fact how the CPPF model can guide the practice was not carried out. Conclusion was the participants felt they liked the CPPF model more than the OPPM being it more flexible, more interacting (visualised by the shading) and the step set the stage was felt to be very clarifying and important, because it made a good start for the whole process.

Question was raised why the model was named Canadian. Discussed was the core of the CPPF model was the client centeredness and the interaction aspect, so Helen Polatajko thought perhaps it would be a suggestion to rename the model in that way.

Appendix presentation 14.
15. Discussions on future directions of ENOTHE

15.1. Progress report of strategic course/development of new projects
Workshop leaders Sofia Vikström PH.D, OT, Karolinska Institutet, Stockholm, Sweden and Ruth Zinkstok, Drs, OT, Hogeschool van Amsterdam, Amsterdam, The Netherlands

In introduction the workshop leaders raised some questions:

1. What is the reason of this strategic thinking course?
   • acquiring insight and tool to identify current and future goal on the European agenda about its priorities regarding political, social and health issues.

2. What is the course teaching more?
   • to develop skills to connect goals of projects on Occupational therapy education with the goals of the EU.
   • actively looking partners
   • Erasmus Life Long Learning - curricula development

3. Why an application on the development of a European module?
   • Bologna declaration
   • demand to bring students all over the Europe in contact with each other in order to learn from and with each other
   • more diversity in OT higher education
   • demand for implementation of TUNING competences
   • development skills in occupational justice/social inclusion
   • entrepreneurial

New module is
   • community based serve learning
   • focusing on diversity
   • focusing on social inclusion
   • focusing entrepreneurial skills
   • promoting the mobility

And the new module also must be innovative and meet priorities of the EU. It must be big enough 18-30 ECTS and bringing at least 30 students from different European countries together. It must be supported and disseminated by ENOTHE.

Time schedule of this project is first composing project group in September 2008 and the Erasmus application will be ready in February 2008. If the application is accepted the development, writing and evaluation of module and manuals for students and teachers will be next September-November 2009. For times an annual meeting of the project group will be held. The pilot module is at 2010 and 2011 and evaluation and revision of the module after that.

Sofia Vikström and Ruth Zinkstok describe the challenges to be met:
   • to formulate criteria for access of students (competences)
   • to secure the community oriented part in the module
   • to secure the fit of the module in the curriculum

The audience discussed lively about the project. Long discussion was about who can join the module. Is it available only to occupational therapy students or will it be also multi-professional module? Also question arises about how to find projects to this module? Demographics must be known and the needs of the local population
Conclusion was that Sofia Vikström and Ruth Zinkstok and Sakia Hofstede continue to make a good application and the other partners can later decide if they are joining to project.

**Appendix presentation 15.1.**

**15.2. Development of new projects and participation of ENOTHE in Archipelago’s and other projects**

*Workshop leaders Hanneke van Bruggen, Executive Director of ENOTHE and Barbara Piskur Msc OT, Hogeschool Zuyd, Heerlen NL*

At this moment ENOTHE is developing new projects through a strategic course. The aim of the course is to learn strategic thinking and application writing in a European context. The course consists of 4 weekends seminars and workshops and self study in between (participants are supposed to work 4 hours a week on their own project development).

The results of the first course until now are aiming for:

- Two Grundtvig Learning Partnership applications
  These are small-scale European cooperation projects focused on the process of establishing exchange on specific themes and with the active participation of adult learners

- One ESF application on Social inclusion and Ecological Sustainability

- One Curriculum Development application (under ERASMUS) on community based occupational therapy

- One Local Research Application on ‘The lived experiences of older gay men: Experiences of health and social care’

- One National Application on CPD e-learning packages

- One application under the programme COST for a research network (by ECOTROS)

Most of the projects are looking for partners and if you are interested you can approach the ENOTHE office: enothe@hva.nl

Barbara Piskur then explained how the concrete process of development of the EEE4all-European Education: employment for all went.

Important is that all participating institutes have mentioned in their ERASMUS charter that they are intend to develop international modules. Other issues are the amount of partners-preferable more than three what is the minimum, to work very effective-there is always very little time to develop, speaking and writing the language of Brussels and then to fill in the forms exactly related to the questions and keywords stated in the form.

Negotiate about the content and the money, so that later on no surprises will occur.

In this project each institute will work with an expert group (experts from the field). However the comments from Brussels are that at least one expert group is missing and that is in this case the group of employers or employment officers. In a project about employment it is weak not to have employers. Innovative aspects about e-learning are included and the international component is built in.

**Summary of the workshop “How do we progress towards a strong network with an infrastructure that facilitates collaborative links and joint projects”:**

- students should learn about all international networks like ISOS, WFOT, COTEC, ENOTHE, ECOTROS in their education
expand or connect these networks to other non OT networks (subject specific like aging, health promotion e.a, like 7th framework expert networks or Archipelago's

methods of developing

funding will be more effective when we make links with high standard research networks

students should learn about evidence in OT and key research outcomes in the OT and OS field

Appendix presentation 15.2.

16. Student parallel sessions – Intercultural dialogue

16.1. Session 1

16.1.1. More knowledge about mental illness creates more understanding – expand young student's knowledge of the field of psychiatry, so prejudices can be reduced

Lise Skovlund Pedersen, Carina Evershed, University College Lillebaelt, Ergoterapeutuddannelsen i Odense, Odense SØ, Denmark

Abstract

The Power Point presentation starts with facts about mentally ill people in Denmark. After this we introduce our partnership with PIO – Psychiatric Information Centre in Funen and what PIO’s purpose, goals, present and future plans are to reduce myth and prejudices against mentally ill people. Then we inform what PIO offers to the population in the council of Odense. After this we will introduce our project together with PIO – our “Lecture-Corps” which purpose is to expand young student’s knowledge about the life with a mental illness. During the lectures the OT will ask questions to the “User-teacher” and inform the students about how you as a relative can be helpful to a person with a mental illness. At the end of our presentation we will have a discussion about what can be done to expand young people’s knowledge about mentally ill people so prejudices can be reduced. We will also debate which possibilities the audience see to reduce prejudices among the younger generation or population in general.

Report

At the beginning of the presentation everybody got a handout. The presentation was about how prejudices can be reduced by creating “lecture- corps” with user teachers. It is a new idea but not yet brought into practice, because the government has to pay and decide if it is worth the money or not.

The goal of the project is to reach big groups and to give them the opportunity of getting help, information or a place to exchange experiences.

The conclusion of the discussion was that it is a good idea which should be put to practice.

16.1.2. Inclusion for young adults with psychological disabilities

Annemarie van Dijk, Roxanne Jacobs, Lieke Grassère, Sabine Förster, Joeri Reintjens, Hogeschool Zuyd, Dept. OT, Heerlen, The Netherlands

Abstract

The strategy that’s going to be discussed in the presentation is the view on inclusion in Europe and the Netherlands and furthermore the view of OT on inclusion. The target group consists of young adults with psychological disabilities in the age between 18 and 30. By interviewing two occupational therapists from different institutions and interviewing an organization that provides leisure activities for people with psychological disabilities, the targets and aims of this institution as well as the relevance and importance of occupational therapy becomes clear. In other words: is there a role present for occupational therapy or not? The chosen organization is named “Stichting OASE”. In short, this foundation provides support for participation in society and provides people with a range of (social) activities to improve their level of participation. By mapping their goals and visions, the relation to the Dutch strategy of OT is pointed out. The figures used are all linkable to the “CBS” (Dutch Central...
Bureau of Statistics) and the Dutch ministry of Public Health, Welfare and Sports (VWS). Consequently, the findings of the research results will play a significant role in encouraging a discussion about the functionality of such organizations and initiatives and in particular if they are beneficial to the target group and to society in general.

Report
Two students presented the so called ‘buddy’ system. One of the presenters worked as a volunteer at a project for eight months.

The one of the problems that occurred was that the organisations who provide support for people do not always work together.
One of the questions in the discussion was how OT’s can help improve participation of young people with mental disabilities.
One of the ideas was that OT’s can act as advisers to services like this ‘buddy’ service.
It was noted by the key speaker that there is no funding from the government in the Netherlands.

Appendix presentation 16.1.2.

16.1.3. A workshop with elderly people
Rahel Kruse, Andrea Walther, Saphira Schlesinger, Julia Wille, Julia Kösling, Katharina Würfel, ETOS Ergotherapieschule Osnabrück e.V., Osnabrück, Germany

Abstract
Our project 2008 is a workshop with elderly people from the “Küpper-Menke-Stift” (an old people’s home) with the topic “Der Apfel fällt nicht weit vom Stamm” (similar to: He’s a chip off the old block). Four of us spend two afternoons with a group of 12 people and discussed differences and similarities of our two cultures. In this case we understood culture as different ways of life and thinking between generations.
After getting to know each other we introduced our topic with an association game. The group members combined several objects (for example: bible, old family-fotos, records, knitting, mobile phone) with their individual meaning of culture and shared there experiences with each other.
On the second day we interviewed the elderly people about their way of life and experiences (childhood, war, escape…) with focussing on the changes from the past to the present.
The project was for them as well as for us very interesting and enriching!
In addition to this we interviewed people of different ages about their wishes, circumstances and expectations of life to have more results to compare and to include them in our future work as occupational therapists.

Report
They started with an overview of the presentation and the introduction of their project.

The project implementation were two afternoons in a home for elderly people, they discussed about the differences and similarities between the cultures.
The purpose of the project was to get to know our cultures, deal with differences and conflicts and to reduce prejudices.
The conclusion was that with this project a better understanding between the cultures, an awareness of differences and similarities can be created. With this a connection between praxis and theory can be made.

As OT’s we should reduce disadvantages, we should keep in contact with elderly people and see and understand the individual needs. We must understand that cultural differences are shaped by time and development of society.

Appendix presentation 16.1.3.
16.1.4. Immigrants in nursing homes for elderly people
Jessika Eklund, Susanne Assander, Linköpings Universitet, Faculty of Health Sciences, O.T. Programme, Linköping, Sweden

Abstract
In Sweden there are many different cultures because of immigration from many countries. This has made most part of Sweden quite multicultural. In Sweden we start to see more immigrants to be in need of nursing homes for elderly people. Many of them expect that their children will take them in to their home and live as the tradition has been in their home country, but because some the second generation has adapted a Swedish lifestyle, they are not able/willing to take their parents into their home. We can see that there are more elderly immigrants moving to nursing homes, and this demands that we as occupational therapist have in mind that we adapt our work to this new situation. In an assessment situation it is very important to have in mind that many other cultures may not see this situation as acceptable and also their ways of doing things as well as the value they put in different activities differs from what we expect. There is also a risk that these elderly immigrants are feeling more rejected from their children than the inborn Swedish elderly. Language can be a barrier for good communication and hinder rehabilitation and good care of the patient.

Because of this we think it is important to investigate the conditions in nursing homes for elderly people in the near region, and also investigate if they have recourses and plans if they get one or more elderly immigrant to live in their facility.

Report
The session was about how to handle the different cultures in nursing homes as an OT. This problem grows more and more in Sweden. The discussion was about how it is in other countries. Appendix presentation 16.1.4.

16.1.5. Occupational therapy and cultural integration
Melinda Caforio, Johan Aerts, Provinciale Hogeschool Limburg, Department of Health Care, OT, Hasselt, Belgium

Abstract
Problem: Europe is expanding year by year. Due to international borders being taken down, migration is increasing which leads to an increased variation in cultures within countries. As occupational therapists we can not avoid paying focussed attention to this inter-culturalisation. (De Coninck, et al., 2008). Problems do not only arise regarding obvious elements, such as language and religion, often the different cultures suffer also from a negative image that our society seems to associate with them. (Maly, in: Ergotherapie in de gerontology, 2008) In this article we will explore these cultural problems in a case-study of a Spanish man who has been living in Belgium for the past 40 years. He was forced to re-adapt after regressing to his native language, Spanish, and to the cultural habits he grew up with due to a traumatic brain injury.

Approach
As research form we opted for a case-study. The subject of this case-study is a 74 year old, Spanish; man who we will name R. and who suffered a traumatic brain injury. Mister R. is currently residing at a day-care center. For our research we conducted a structured and a semi-structured interview. The structured interview provided us with a narrative life story while the semi-structured interview was used to gain more detailed information on mister R’s cultural integration, both before and after the TBI. It also gave us info on the way the OT deals with the communication and cultural barriers. Mister R.’s family was called upon to act as interpreters when the language difficulties proved to be too difficult. The goals are to map out cultural and language problems from a clients perspective and to find effective OT Strategies to improve these problem using information obtained from our interviews.
**Report**

The project was about how language issues can occur after a brain injury. They presented a case study of a Spanish man that lived in Belgium, after his brain injury he could only speak Spanish. They discussed how language issues between OT’s and their clients can be handled. One approach was to make a booklet with the client that the other employees can also use to continue to try to communicate with the patient. The therapy worked on him and the OT-student and the patient started to understand each other.

Conclusion: the project is a great idea but in real life it is too hard to do because of the time and the economic.

**Appendix presentation 16.1.5.**

16.1.6. **A critique of the Kawa model as a method of assessment in adult mental health rehabilitation: a case study**

Jennifer Arnot, Hanna Baechle, Eadaoin Donaldson, Alexandra Moss, Queen Margaret University, Edinburgh, United Kingdom

**Abstract**

Intercultural dialogue is a complex notion that exists on many levels amongst cultures and subcultures. The Kawa model is an emerging theory that offers occupational therapists a subjective method of providing a framework for practice that considers a myriad of issues relating to culture.

This presentation aims to offer a critique of the Kawa Model as a method of assessment in an adult mental health rehabilitation unit in Scotland. Using this framework, cultural issues of diversity, safety and relevance should be considered on an individual level. Initially statistics relating to multicultural Scotland will be offered, followed by our own informal exercise in intercultural dialogue. The question ‘Why use the Kawa model?’ will be discussed in relation to culture, language and context; and a brief overview will be given of the structure and concepts of the Kawa model.

The Kawa model promotes discussion between the occupational therapist and the client on a variety of levels. The client’s river’ could be created through written, verbal or illustrative dialogue, always in a culturally safe environment where cultural diversity should be respected. Using a complex case study of a Turkish asylum seeker who has relocated to Scotland, this will be illustrated more in-depth. A critical analysis will finally be offered, discussing positives and negatives of using the Kawa model in practice.

In conclusion we aim to discuss the importance of embracing cultural diversity, whilst promoting a reflective understanding of intercultural dialogue in Scotland. Our presentation is illustrated with images of Scottish highland ‘burns’.

**Report**

They started the session with pointing out the different countries and different neighbours, without understanding that we can not understand cultural differences.

One of the problems in Scotland is that it is a multicultural country with high alcohol consume. They presented a case study which was put into the Kawa River Model. The water represents the slow flow. The river stands for social isolation, family, currently being in a hospital, ready for discharge. The river rocks represent the return to Turkey or other events. The driftwood can stand for motivation, intelligents, money, interests or historic events.

In conclusion the Kawa- River- Model is dynamic which makes it easier to use on the other hand it is very subjective.

For the future we should be open for the Kawa River Model. Keep an open mind.

**Appendix presentation 16.1.6.**

16.2. **Session 2**

16.2.1. **OT student belonging to different cultures, languages, ethnic groups and religions**

Julie Kieffer, Solenne le Corre, Aurélie Rainotte, Christelle Ramos, Institut de Formation en Ergothérapie, ADERE, Paris, France
Abstract
It seems that there are very few occupational therapy students in OT education belonging to different cultures, languages, ethnic groups, and religions. We suppose that the entry procedures in the OT institutes in France limit the possibility to access. Therefore we would like to study the different ways of entry into the Occupational Therapy education for student belonging to different cultures, languages, ethnic groups, and religions. That's why we chose the action n°1.

Purpose of the project; objectives to be achieved
We want to find out what the limits are and if there are possibilities of changing them in France. We will refer to the current legislation concerning Occupational Therapy education and compare admission requirement in the different OT institutes.

Appendix presentation 16.2.1.

(No report available)

16.2.2. Raise awareness of people with a different culture
Hanne Dezegher, Tille Vanrobaeys, Esther Declercq, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Abstract
The proposal is to raise awareness of people with a different culture, to participate in the occupational therapy training by making posters/ flyers, addressed to our audience.

The final proposal is a small-scale research, according to the number of students from foreign origin within the occupational therapy training at the Hiepso. Thereby investigations of the interest to the occupational therapy training. More specifically to the occupational therapy training.

Report
The project they presented was quit similar to the France project. They did an investigation how many students of foreign origin follow the OT trainings. And their other question of interest was how many students of foreign origin want to follow OT?

They presented the answers of the students who cooperated to the surveys. The survey showed that there were only very few or no students at all from foreign origin.

Appendix presentation 16.2.2.

16.2.3. Occupational Therapy in community health for persons with ethnic backgrounds case Örebro society
Moa Ericsson, Sofia Andersson, Örebro Universitet, Dept. OT, Örebro, Sweden

Abstract
This rapport will inform you about what it is like for an occupational therapist to practice his/her line of work in this city. To achieve this we conducted two interviews with practicing occupational therapists and chose to present this in a case description.

The Swedish population consists of 1.4 million people with a different ethnic background. Taking this number of people into account it is important for us to have knowledge of this different groups of people and to have mutual respect and understanding, so that we can avoid conflict and instead build a dialogue.

When the occupational therapists meet people from other cultures in their work, it is different then meeting people that have been brought up in our Swedish society. The cultures both have similarities and differences. One of the biggest problems that the occupational therapist has to deal with is the language barrier. As a solution the occupational therapists uses an interpreter in their first meeting with the client. The continuation of the use of an interpreter in their future meetings with the client is based on the understanding between the occupational therapist and the client. The occupational therapist

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avoids using relatives as an interpreter because of their emotional attachment to the client and the lack of an objective perspective that a professional interpreter possesses.

Another problem that the occupational therapist encounters is the fact that different cultures have different views on how sickness and rehabilitation should be conducted, as an example is the caretaking of elderly people. In Sweden our elderly have home-help service or live in old people’s home, but in another culture it is custom to take care for the elders within the family.

The occupational therapists that we interviewed had strong beliefs that it is important to have knowledge about other cultures habits and values.

Appendix presentation 16.2.3.

This project was not presented.

16.2.4. An Erasmus experience of intercultural dialogue
Ana Costa, Ines Abreu, Escola Superior de Saúde do Alcoitão, Alcabideche (Estoril), Portugal

Abstract
This presentation will explore the ERASMUS Student Exchange programme through the experiences of two Portuguese students who went on a student exchange to Edinburgh, Scotland, where they undertook a psychiatric/mental health placement. The focus will be on intercultural dialogue and this presentation will explore how culture can influence the occupational therapy process. It will also discuss strategies and behaviour the students used as well as highlighting opportunities and barriers experienced whilst undertaking the exchange.

Report
The presentation started with the two Portuguese girls taking about their experience with the ERASMUS Student Exchange Programme in Scotland.

By this workshop they wanted to transmit how they overwhelmed the barriers of this experience, talking about the strategies they arranged to have a successful experience.

The conclusion was that it was a very enriching experience. Share their ERASMUS experience with other students was very important and very useful to make friends and establish relationship.

Appendix presentation 16.2.4.

16.2.5. East meets West: meditation
Angelo Dhont, Simon Meersman, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Abstract
On the 8th of May 2008, there was a meditation evening at the FunKafee Zwevegem. The evening was organised by 2 students Occupational Therapy from the HIEPSO Kortrijk in Belgium: Simon Meersman and Angelo Dhont. The evening was based on ‘East meets West’, and took place motivated by the ENOTHE-congress in Berlin this academy year in September.

Although the average Belgian doesn’t spent a lot of time meditating, the evening was a great success. All the people were very motivated in participating. During the meditation evening, we unlighted tree great forms of meditation. The evening started with a warming-up and ended with a cooling-down. On the background, there was meditation music, especially composed for this evening.

Now if you’re asking yourself: “what is meditation?” Well, meditation teaches us to be more alert, and because of that we spent more and more time in the present, and that improves our quality of life. We achieve our goal by being ourselves. Meditation is also good for the human body: we achieve a better blood circulation, and the possibility to concentrate better. In the Western countries, meditation is
mostly used to decrease stress. Concrete: in meditation, we can focus our mind on an object, to the music, or on our breathing.

The meditation evening was accessible for everyone who wanted to learn meditating. We want to thank the team of FunKafee Zwevegem for their support. And we ended the evening with a nice fresh beer.

**Report**

They started with a quote they have based there presentation on. A link to occupational therapy was also given and a link to multicultural diversity.

They explained what meditation is and talked about the tree main techniques. They also pointed out the need for it in OT work.

In their research they discovered that meditation is becoming more in all schools in Europe and they hope it will also become a part in the education in Belgium.

[Appendix presentation 16.2.5](#).

### 16.2.6. Intercultural dialogue within health care practice – increasing cultural competency

*Roisin Lynch, Katie O'Sullivan, University College Cork, Department of Occupational Therapy, Brookfield Health Sciences Complex, Cork, Ireland*

**Abstract**

This presentation describes and reports on a seminar that two BSc (Occupational Therapy) students organised and facilitated in September 2008 at the School of Medicine and Health, University College Cork, Ireland.

The seminar was entitled ‘Intercultural Dialogue within Health Care Practice – increasing cultural competency’, and was open to all staff and students within the faculty.

A variety of speakers from professionally and culturally diverse backgrounds spoke on their understanding of what it means to be culturally competent and ways to promote and enhance intercultural dialogue.

As health care professionals we have a responsibility to offer the safest and most appropriate service we can to service users, their families and to other agency staff. In order to do this we must strive to appreciate and respect cultural difference, including race, ethnicity, religion, gender, age, ability/disability and lifestyle. Also aspects of culture such as: academic, practical and social/personal.

“Cultural competence is an evolving and developing process that depends on self-exploration, knowledge and skills” (Wells & Black, 2000).

The main aim of the seminar was for participants to learn the value of cultural competence and sensitivity within health care education and practice and to have the opportunity to challenge limiting beliefs, whilst increasing awareness and knowledge.

A self rating form was distributed to attendees for completion at the beginning and end of the seminar to assess whether perceptions/attitudes/knowledge had changed in any way.

**Report**

The goal of their research was to find out what intercultural dialogue means. They realised the importance of intercultural dialogue to cultural competency.

They organised a seminar to teach their classmates about it. Afterwards they did an evaluation to find out if there lesson was effective or not.

Their objective was to increase cultural competency through education on the matter of intercultural dialogue.

They than discussed possible projects that they could do, to raise awareness and educate about intercultural dialogue and cultural competency in healthcare with the OT department staff. They decided to do a seminar called - intercultural dialogue with healthcare education and practice- increase cultural competency.

They decided who they would like to invite and invited many speakers. Once they had a final line-up they discussed with them what they should speak about.

They invited the students to attend. They gave out attendees before and after the seminar to analyse the impact it had on the students.
From oral and written feedback they know that many people found the seminar to be beneficial to their future practice.

People were now able to state what intercultural dialogue meant to them, the broadened their opinions of what culture is. They now valued cultural diversity within their community even if they did not agree with an aspect of a person's culture they would still be prepared to work with them. 

Appendix presentation 16.2.6.

16.3. Session 3

16.3.1. A student from a different culture, studying at a regular college
Aline Oorts, Zonhild Caluwe, Marijke Bouman, Hogeschool Antwerpen, Antwerpen, Belgium

Abstract
As a student from a different culture, studying at a regular college of higher education, it is not always that easy to blend in.
We chose to find out what difficulties would occur to such a student. Therefore, we questioned a student from our school. She comes from the large community of Hasidic Jews that live in Antwerp.
We asked her what problems she came across while she is at school, and what difficulties she expects to have on the labour market.
She told us there certainly are some difficulties, for example when it comes to clothing, contact with the other sexes, and certain ideas the school has. Problems on the labour market might consider clothing as well, and the fact that the Jewish community does not like its members to work anywhere else than within the Jewish community.
Another problem that occurs in both school and work is the fact that the Jewish resting day Shabbat is to be respected at all times.
Mostly, the solution to these problems lies in one single word: communication.
The school and the student should try to express their problems and must think of a solution together. If you listen to each other, and if you are prepared to listen to what the other party has to say, problems can easily be solved.
Adaptation from both sides is also important. The school as well as the student should try to be flexible where it considers rules or principles.

Report
The students talked about a Jewish community in Antwerpen, Belgium: the background of the community and how many people live there. They also discussed the basic Jewish principles in relation to the religion.
The students did a case study of Jewish student studying Occupational Therapy.
The student is married and has one child.
Outline of problems:
- there is a difference between Christian and Jewish holidays. The Christian ones are national holidays.
- communication is also a problem
- during a “project week” it has been difficult with food preparation, to respect the Shabbat, contact with men (the door has to be open all the time), cannot engage in physical contact activities or sleep
- misunderstanding of cultures with other students
- clothes are a problem, especially for OT uniform
- certain educational ideas clashes with Jewish ideas
- work is problematic, cannot treat male patients
They came up with some solutions: communication, altering of school rules, work in Jewish environment.
They concluded that both, adaptation and communication, are the key.

Appendix presentation 16.3.1.
16.3.2. Intercultural quartet

Diane Ras, Savanne Scholten, Lysanne van Oostrom, Cornelis de Bruijn, Bart Bierenbroodspot, Wiebke Maass, Hogeschool Rotterdam, FGZ, Dept. O.T., Rotterdam, The Netherlands

Abstract

We developed a Dutch quartet with disabled persons, about their cultural backgrounds. Before you begin your therapy, you have to know a lot about the background of your client, to give meaningful therapy. Throughout this game we found out what disabled persons think of as meaningful in life, looking at their cultures and interests. This information has a great value for our future occupational therapy practice. How to act client centred.

Report

The students made a quartet as their project: after a literature research on diversity within occupational therapy, they developed an intercultural quartet. You can play the quartet by asking questions to people with different backgrounds.

They concluded:

• be aware of your prejudice because of your treatment. Do not look at the outside but be curious of the inside. Everybody is unique.
• paying attention to someone is a great part of “client-centred-work”. You experience that if you pay attention to someone and show them you are interested in their background, they want to tell you their story.
• therefore you have to be curious and listen very well
• you will find out that every person has a different and unique story

The students summarised that with this quartet it was possible to have an intercultural dialogue.

Appendix presentation 16.3.2.

16.3.3. Working with refugees and asylum seekers in the UK in West Yorkshire

Ruth Wensley, Leeds Metropolitan University, School of Allied Health Professions, Leeds, United Kingdom

Abstract

The presentation is a reflective piece identifying the importance of cultural dialogue within my role emerging placement setting. The role emerging placement was based at one of the largest charities working with refugees and asylum seekers in the UK in West Yorkshire. Our University project was to take an occupational perspective of this population to develop and implement a sustainable occupationally focused project. The project we developed was titled ‘Restart Skills for the UK’ and involved cooking with the clients to improve their confidence in the local area and maintain their own cultural identity. In order to assess the occupational needs of this multi-cultural and complex service a therapeutic relationship was established with these service users, which in itself was challenging.

Using Gibbs Model of Reflection (1988) I will discuss my own personal cultural preparedness, how I felt my occupational therapy school prepared me before hand, and what else I or my occupational therapy school could have done in preparation for working with multi cultural populations. I will also explore how occupational therapy core skills and cultural sensitivity contributed to the development of my project in the placement setting and helped me overcome the challenges of intercultural communication.

Report

The student made a clear introduction of the project:

• what difficulties were there working with refugees and asylum seekers? Language and others.
• the aim is to increase confidence. By cooking (so the asylum seekers can learn how to take care of themselves)
• the students used the “model for reflection” (feelings: anxious or exited, evaluation: able to communicate)
• analysis: using OT-skills was invaluable sometimes, also words like leasure were irrelevant
The refugees and asylum seekers developed, they felt better about themselves. But reflection is important: it is the key to understand cultural differences. The students concluded that it is important to know yourself and your client.

Appendix presentation 16.3.3.

16.3.4. Intercultural dialogue and influence of culture on occupational therapy practice in Georgia
Ann Gurgenidze, Guram Cheishvili, Ivane Javakhishvili Tbilisi State University, School of Allied Health, Tbilisi, Georgia

Abstract

Aim
The main idea of this workshop was to explore how culture influence on occupational therapy intervention. We are interested in how occupational therapists deal with culture during the therapy process, if they have any difficulties regarding cultural differences when working with foreigners or ethnical minorities living in Georgia. In culture we deliberate difference between children and elderly, gender and roles, difference between villagers and dwellers of the main cities.

Methods used
For exploring the theme of our project we decided to organize the workshop. We invited our lecturers and second year students for the workshop, for this we made a PowerPoint presentation about the culture and prepared some questions to guide the discussion.

Results
The following main themes were identified as meaningful and important for practitioners when working in local context: cultural differences between young and elderly clients, cultural difference on therapy process while working with children and their parents, gender and roles, ethnical backgrounds, clients living in regions and main cities.

Conclusions
We think that this workshop was successfully implemented. We got all the necessary and interesting information. Therapists shared a lot of examples from practice. They talked about how to work with clients from different countries. When we share gained outcomes to the wider audience during the Berlin conference, it will help us to introduce Georgian culture to other countries and to present examples, how culture can be addressed in therapy.

Report
The students started by giving some background information about Georgia. A brief history of the OT: it is a young profession. The students gave an overview of their findings ranging from the impact of age to gender and roles. In Georgia therefor raise cultural awareness and assist them in future practice. The OT students have a role to play in the future development of the profession in their county. A continuation of this type of work is needed.

Appendix presentation 16.3.4.
16.4. Session 4

16.4.1. In what extent does a different cultural background of a client have influence on the occupational therapy treatment or the interaction between an occupational therapist and a client?
Svenja Preuß, Et al., Wannsee schule e.V., Schül für Ergotherapie, Berlin, Germany

Abstract
In our project we are trying to find out to what extent the cultural background of clients does have influence firstly on the occupational treatment, secondly on the interaction between an occupational therapist and a client if they have different cultures.

We started to collect a few questions which we think may be reasons for that and put them into a questionnaire. Furthermore we started to ask occupational therapists who are familiar in working with clients who have different cultures, to give us time for a short interview. By searching the occupational therapists we have in mind especially the districts of Berlin in where many people from other countries live. We are going to research that through trustworthy sources like the registration authorities.

We want to put our outcomes into a short movie to give every viewer the opportunity of getting their own impressions. Another decisive point of filming is the importance of transporting the emotions which are very combined with this topic.

With this project we want to collect personal impressions of occupational therapists who are involved in intercultural work and who can tell us about possible barriers and further behaviours to handle these.

Report
The presentation was about how the students had interviews with OT’s who work with clients who have different cultures. They selected three main questions:

- cultural barriers
- preparation for the work
- solutions

They did put the outcome in a movie which they presented followed by a discussion of the topic.

The final outcome was about how somebody can work with people who have a different cultural background and how to be prepared for possible barriers (language, religion, role, behaviours).

The conclusion was that everybody should be able to live their cultures and the OT’s should be flexible and tolerant.

16.4.2. Questionnaire about different cultures and Occupational therapy in Belgium
Lorenzo Billiet, Bart Deneire, Charlotte Dalle, Elke Waeyaert, Katholieke Hogeschool Brugge-Oostende, Dept. OT, Brugge, Belgium

Abstract
The four of us are interested in other cultures and travelling. We thought it would be interesting to make a little investigation about this subject. We made a questionnaire about inter-culturalisation in occupational therapy in the Flanders. We send the questionnaire by e-mail to different institutions in our country.
The purpose of our investigation is to make a conclusion about the specific situation in our country (the Flanders). We are still working this out.

Report
The students made a questionnaire which they sent out to different institutes. Out of the responses they combine the results and made their conclusions.
The problem was that they did not received responses from Brussels, where the most people with other cultural background live in Belgium. Because of that they missed some information.
Their objective was to learn about inter-culturalisation in Belgium.

The conclusions are based on the experiences of several OT's in the work field, who have some experience in working with people with other cultural background:
- communication problems
- understanding the goal of therapy is important
- respecting food habits
- 25% tell that there are sometimes problems in washing situations
- the importance of family
- refusing clients (for language, diploma, motivation)
- older clients hold more to their traditions
- flexibility and respect

Appendix presentation 16.4.2.

16.4.3. Problems during the treatment of clients from a non-western culture
Maaike Greveling, Jessie van der Heijden, Simone Robben, Inge Louwinger Nijmegen, The Netherlands

Abstract
In the Netherlands, occupational therapists have a lot of problems during the treatment of clients from a non-western culture. The important problems we discovered are:
- communication problems
- in the Netherlands the individual has a central position, in other cultures the family takes a more important place than the individual
- the meaning of sickness and health
- different habits
- the position of the occupational therapist

We want to give you a short abstract about the aspects which are important in Dutch occupational therapy. These are client centred service, evidence based practice and participation. With this case we want to talk WITH you about intercultural work between western occupational therapists and non-western clients; because we might overlook aspects while working with non-western clients. This discussion is very important in our presentation. This way we really have an intercultural dialogue.

Report
In the Netherlands are a lot of problems while threatening clients from non-western cultures. The problems are communication, meaning of sickness and health, independency, occupations (which and the meaning of them).

The students wanted to talk with the other students about how to deal with a client from a non-western culture. Before they started the discussion they talked about the Dutch version of occupations therapy. During the treatment of Mr. Hassad some of the above problems showed. The students wanted to know, if it would be possible to work client-centred with a client like Mr. Hassad because of his ‘wait and see’ attitude?

The conclusion the students came to was that they think it is possible to look at the whole picture, at the whole family and the other purposes. But OT’s also have to learn more about the other cultures. It turned out that other students had some more ideas.

Appendix presentation 16.4.3.
16.4.4. Multicultural work at the Helsinki girls house  
Shadia Gaily, Helsinki Polytechnic Stadia, Degree Programme on Occupational Therapy, Helsinki, Finland

Abstract

Motivation
The case report is a description of observations I collected while working with multicultural girls at the Girls’ House in Helsinki. Since culture plays a significant role in defining us as individuals, it is important to learn to take into consideration the role of cultural dialogue in an occupational therapy intervention.

Problem statement
The collected observations are from an open cooking group that I lead during 31.3 – 29.5.2008. The problem I have approached is how multicultural girls experience given instructions and how I as an occupational therapist should alter my actions to better suite the needs of multicultural girls.

Approach
I have approached the problem using Edwin Hoffman’s TOPOI-model created to examine intercultural communication. The group that I have observed met six times and consisted of 15 different girls.

Conclusions
The observations I have collected can be helpful for others working with multicultural youth. It is important to pay attention to factors such as the role of family, how one experiences feedback and what type of role one is accustomed to. Based on my experience, the key to successful intervention is in conscious self-observation.

Report
The student made a case report based on multicultural work done at the „Girls House Helsinki“. The objective of the presentation was to share encountered problems and situations using Edwin Hoffmans TOPOI-model created to study intercultural interaction. The presentation was divided into five categories: tongue, order, persons, organisation and intentions.

The presentation was done on PowerPoint, under each of the five categories a real life situation was introduced. The attention was paid to possible interventions.

Using the included interventions the conclusions were:
- giving and asking for feedback, both within the group and the organisation
- investigating the influence of the environment on how each person is seen
- exploring the concept of doing one’s best
- conscious and continuous self-observation

Recommended was to get accustomed to the TOPOI-model and most importantly encouraged to self-observe: trying to discover own prejudice and attitudes.

Appendix presentation 16.4.4.

16.4.5. Culture cooking evenings  
Fien Vens, Valerie Stragier, Ruth Valcke, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Abstract
We organized three (Russian, Nepalese and Belgian) evenings. At the Russian and Nepalese evening there was Russian and Nepalese cooking for Belgian people who wanted to taste the food and learn things about the Russian and Nepalese culture.

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During the Belgian evening there was Belgian cooking for people from all over the world who live in West-Vlaanderen (Belgium). They came to taste a typical Belgian meal and to learn something about the culture of the other participants and about the Belgian culture.

Report
The presentation was about a culture cook evening with a Nepalese, Russian and Belgium evening. The Russian and the Nepalese cooking was for Belgian people who wanted to taste the food and learn things about Russia and Nepal. The Belgium cooking was for all kind of cultures, to get to know each other and have a nice typical Belgium meal.

The students did not link the cooking event with the OT.  
Appendix presentation 16.4.5.1.  
Appendix presentation 16.4.5.2.  
Appendix presentation 16.4.5.3.

16.4.6. International exchange during occupational therapy studies
Barbara Dries, Mareile Stademann, Andrea Ander, Tina Bartsch, Europa Fachhochschule Fresenius, Abteilung Ergotherapie, Idstein, Germany

Abstract
The idea of the project is to describe a situation in which both occupational therapist and client benefit from the performance of intercultural dialogue. Out of many possible aspects concerning intercultural dialogue, the focus is set on the profits of international exchange during occupational therapy studies. A short idea shall be given of the play: Mr. Bones has already had several sessions with his occupational therapist. But something seems to block the process. Despite all her experience, Claudia really starts getting confused. Mr. Bones seems to have a quite weird problem which she finds herself incapable of to identify. She already tried several assessments and media but still has difficulties in finding a way to come up to Mr. Bones’ personality. The rather forlorn situation changes when Carlotta appears on the scene. Carlotta is an occupational therapy student from a foreign country. She decided to come to Germany for a placement. So what happens? While reflecting on the situation with Mr. Bones and his weird behaviour, something comes to her mind. Carlotta has of course followed her studies consequently! She remembers having heard about a malady which resembles to Mr. Bones’ case. Additionally, she remembers an assessment which seems to fit the situation. Mr. Bones, Claudia and Carlotta together finally seemed to work things out.

The message conveyed contains of the fact that different knowledge built up in different countries can perfectly complement one another in a way that every part of the scene can profit from.

Report
The students did a role play showing the benefit from student exchange for therapists, clients and trainees. In conclusion they tried to point out what is necessary to realize students exchange and to make it successful. They recommended that maybe a homepage (‘Ergo-wiki’) would be good with the possibility for institution to register if they are interested in having foreign students in their institution.
16.5. Session 5

16.5.1. The well-being of aged people independent of/ dependent from culture


Abstract

“Intercultural dialogue” – that is the topic of this year’s meeting of ENOTHE in Berlin. For this reason we, the students of the academy for occupational therapy in Ried im Innkreis, discussed and thought about this idea. We did some research in how far occupational therapy in our region is connected with humans in different cultures.

There was a two-day seminar where we discussed topics such as culture, migration, health, social needs with people working in the office for migrational matters of the “Volkshilfe Ried”. In this seminar we examined these topics from different points of view. Due to our research, discussions and reflections on these issues we created the following hypothesis of our project:

Each human feels, thinks, acts and lives individually independent of his/her culture.

Therefore we called our project “The well-being of aged people independent of/ dependent from culture”. Then we worked on the questionnaire. For being able to gain results we chose the interview over the quantitative method. We asked the people orally and wrote down their answers.

The following demographic data was found:

- target group: persons 40 plus living in Ried im Innkreis
- 6312 inhabitants of Ried im Innkreis are 40 plus
- 559 of them are migrants
- number of people asked: 57, Austrians as well as people who migrated to Austria, more than half the people asked are women
- most people asked between 40 and 50 years old
- most frequent religious groups: Islam, followed by Catholic
- one third of the people of non-Austrian origin have already lived for at least 11 (and maximum 20) years in Austria

Results

68.4% are satisfied with counselling at the doctor. 41.4% have an idea what occupational therapy is. Nearly half of the people were in therapy at least once. It was striking that Turkish and Bosnian people have hardly had any therapies. Most people had the opinion that being friendly/ respect shows a therapist’s competence. Moreover, it was stated that the therapist’s gender is not relevant in a therapy. 84.2% of the people asked said so. The final questions referred to aging 56.1% want to be cared for at home when they are old. The biggest concerns are physical problems and the biggest wish is being healthy when aged.

Interpretation

Due to the method chosen, the interview, some errors occurred, which we kept in mind when it came to our interpretation. On the whole we could not see any great differences in the answers given by people of different origins. So our survey clearly shows that our questions in regard to health and well-being when aged can only be answered individually. In every country there are different cultures and traditions, which everyone can interpret and live individually. Thus, our hypothesis Each human feels, thinks, acts and lives individually independent of his/her culture is true. This means for us as future therapists that every patient’s individuality has to be preserved.

Report

The students made a questioner referring to age, health and well being. They interviewed 57 people aged 40 years and older. Their hypothesis was: each human think, feels, acts and lives individually, independent of his/ her culture.
Their conclusion was that the project was a good practice for them in talking to persons from foreign cultures, understanding them better and get an overview about their problems, hopes and fears.

Appendix presentation 16.5.1.

16.5.2. Personal experiences
Anne Blomer, Hanna Richardus, Marlies de Wilde, Hogeschool van Amsterdam, Dept. OT, Amsterdam, The Netherlands

Abstract
This case report is based on our personal experience in an occupational therapy setting. In this setting (an academic hospital), the cultural dialogue played a role on various levels of hospital treatment. When a patient with a different cultural background enters the hospital, aspects as communication, discovering and understanding his habits/ values or applying a treatment, may differ from our ‘normal’ working method. To make this statement explicit, we would like to describe a few examples of what we experienced during our internship.

Marlies was working at the neurology ward, where she treated a man with a CVA. This African man was illegal in the Netherlands. Having no money, he got treated in the hospital on their expense. Because of this, the hospital chose to revalidate the man with more intensity than an average stroke patient. The sooner he got better, the less it would cost the hospital. A financial issue and also an ethical issue. Secondly the amount of time for preparing and working out an occupational therapy treatment for a patient with a different cultural background differed from an average treatment. Finding out what the different life habits, values and ways of thinking are, requires time and patience. Applying this in a treatment, demands even more time. Sometimes the patient had to clarify or explain his point again, before the occupational therapist really understood what the patient meant. Miscommunication influenced the effectiveness of the occupational treatment negatively, so understanding the patient was very important. This also involved the language barrier. The patient spoke only English and was sometimes difficult to understand.

Hanna was working with a Turkish lady in a poli-clinic setting. Both the shoulders, arms and hands gave the patient pain and therefore limitations in her daily life. A medical explanation or treatment was not found. As occupational therapist (student) there were several cultural aspects that made me adjust the treatment. The first cultural difference was the language. The woman could speak quite good Dutch, but when she tried to explain a difficult situation, I would sometimes completely miss her point. As said above, this requires more time and difficulty during the treatment. But besides this, the language gave reason for more barriers. The patient was asked to fill in a list with all her daily activities. Because the patient was not able to read or write in Dutch, her daughter had to be asked to translate and fill in the list. Later on I wanted to do a writing observation and exercise with the patient. But because she only was able to write in Turkish, it was necessary for me to prepare for this. In addition one last example of a cultural difference that influenced my interventions. When I was advising the patient how to sit on her chair, behind the table with a good posture of her body, I discovered the patient did not have a table at home where she could sit at. The patient did everything sitting on the floor (eating, writing, etc.), sometimes behind a low table. If I had not known this, I would not have been able take hold of the real problem that influenced her problems. Therefore it is very important not to assume the most logical interpretation of a situation (because it’s normal in our own culture), but always take the persons own culture background in account.

Conclusion
Due to a different cultural background, the occupational therapist sometimes has to adjust her/his interventions and approaches in order to help the patient as effective and significant as possible.

Report
During a internship in an academic medical hospital in Amsterdam the students discovered it is not possible to treat patients with a different cultural background without taking their culture in account.
Based on their field experiments, they described two cases where cultural dialogue played a role during the OT treatment. Each case had three points why OT’s would adjust the ‘normal’ (Dutch) way of treatment with foreign patients. So the difference of treatment between Dutch and foreign patients. The two main reasons are the language barrier (extra effort with communication) and the preparation time for the treatment. Each patient (Dutch or foreign) has his/her own approach but all are treated equally.

Appendix presentation 16.5.2.

16.5.3. Fly around the world
Sofie Duhem, Silvia Dumazy, Isabelle Swalus, Hogeschool West-Vlaanderen, Departement Hiepso, OT, Kortrijk, Belgium

Abstract
Our project is called: ‘Fly around the world’. By asking a few interesting questions to people of different origin, we want to draw the attention to the equality and diversity of people.

Main findings, outcomes of research or action
The purpose of our interview was to draw the attention to the equality and diversity of people. And we did. On some matters there were no differences, on others there were a lot of different opinions. In every culture family is very important. The education of children is a priority. A lot of people do not know what to think about life after death. On the other hand, the tradition of funerals and weddings are very diverse. In most countries people take more time to bury someone or to celebrate a marriage. In a lot of countries, the differences between men and women is bigger. Although family is important in each culture, in some cultures, it is a privilege to take care of the elderly.

Future recommendations/ implications
It would be interesting to do a more extensive analysis about the different cultures specific on occupational therapy subjects.

Report
The students started by telling everyone the goal of their project and giving information about a newspaper that they have made. They showed a video about different cultures: for all of them family is very important. Some people were very spontaneous others were reserved.

It would be interesting to do a more extensive analysis about different cultures on occupational therapy subjects.

16.5.4. Concert of the children from different cultures and nationality
Elitsa Goranova Velikova, Petya Nikolaeva Dimova, Angel Kunchev University of Rousse, Faculty of Kinesitherapy, Rousse, Bulgaria

Abstract
The project was developed in cooperation with the home for abandoned children ‘Raina Gateva’- Rousse. There are children from 4 nationalities in the home and between them there are a lot of cultural differences. A performance under the heading ‘Children from different backgrounds and languages are dancing and singing together’ was organized on the 15th of September – the beginning of the new school year in Bulgaria. The aim of the project is to develop understanding and positive attitude to cultural diversity by providing space for expression to pupils of various ages and form different nationalities. Children will learn more about their roommates’ culture. The OT students, children and all the team of the home will celebrate together the beginning of the school year and the European year of cultural diversity.
Information about the traditional songs, costumes and legends of Gypsy and Turkish people was gathered. Regular visits to the home were carried out for the preparation of the event. The whole staff was involved.

The main finding of the project is that children are eager to learn more about other cultures and nations and thus they become more tolerant to each other. Singing and dancing provide excellent opportunities for pleasure and space for self-expression.

This kind of performances could become a part of the daily routines in the home so that children have more fun and learn new things.

The project is a promotion of occupational therapy in Bulgaria, because it is a new profession in our country.

Appendix presentation 16.5.4.

16.5.5. Creating partnerships with asylum seekers at an induction centre to facilitate cultural and practical orientation that challenges the occupation injustices they face.

Anna Morgan, Leeds Metropolitan University, Leeds, United Kingdom

Abstract
This presentation will consider the occupational and cultural barriers experienced by asylum seekers at an induction centre in England. According to the Refugee Council, an asylum seeker is a person who has left their country of origin to formally apply for asylum in another country, but whose application has not yet been accepted. Most asylum seekers do not choose their destination country or whereabouts they will be living. Induction centres accommodate asylum seekers for approximately four weeks whilst they await housing and financial benefit as well as details of their new housing. Research by the Refugee Council, Refugee Action and Oxfam highlights that the accommodation offered is often ‘hard to let’ properties where other people do not want to live. As a result of the poverty they live in and they experience poor health and hunger and are fearful of accessing the community because of hostile prejudices towards them. Consequently asylum seekers lack opportunities for inter-cultural dialogue and experience a range of occupational injustices as they are deprived from accessing meaningful occupations and are alienated from their larger communities. Not to mention occupational imbalance as they are restricted from accessing productive occupations. Whiteford states that the need to re-engage in meaningful occupations, to re-establish familiar routines and connect with others has been largely unacknowledged in the planning and delivery of services. One way of sustainable addressing these needs is through providing opportunities for asylum seekers to voice their experiences and grade their orientation skills both culturally and practically to facilitate integration into their new communities. The presentation will look at how female asylum seekers utilised a focus group and subsequent social groups within the induction centre to express their needs. As a result of the needs they highlight, the presentation will show how an inter-cultural dialogue can aid orientating this deprived group into their new communities through creating partnerships.

Report
The students described the problem laced by asylum seekers in the UK in term and pre justice in the community, limitations set by the government and occupation risk seekers.

They described the project through the activity of cooking.

They concluded by comments made by the participants, as well as describing the problem and success at the group.

No recommendations were made.

Appendix presentation 16.5.5.
16.6. Session 6

16.6.1. How a prisoner communicates with the society outside of the prison
Filippa Mariah Rasmussen, Charlotte Engelhardt, CVSU-Fyn (Centre for Higher Educations Funen)
Ergoterapeutuddannelsen, Odense, Odense SØ, Denmark

Abstract
Danish prisoners have both duties and rights, for instance:

Duties:
• paid employment

Rights:
• education
• visits, phone calls and mail by post

Jan (anonymous) is a 42 year old male inmate in a maximum secured prison in Denmark. He has been there for 6 years. We have interviewed Jan, were we asked him what limitations he daily meets and what opportunities he has for getting in contact with the society outside the prison.

Jan is the father of 5 children, 3 teenagers who he seldom sees and 2 small children with his wife who visits him once a week. In addition they talk 2 times a week over the phone. He lost all contact with his friends when he was imprisoned.

He says that the things he misses the most are to participate in the every day life, being able to raise the children, help when they are ill and support his wife in hard times. He also misses all the events such as birthdays, weddings and baptises.

As occupational therapists we believe that we could help prisoners to get a more meaningful life in prison, and help them rehabilitate when they are released, with a special focus on the network, which is often damaged after a long time in prison.

The variety of activities in the prison is limited, and thereby there is a lack of meaningful activities. This can lead to psychological problems. Meaningful activities develop skills, which help the inmates to participate in the society like all other people when they are released.

Report
They started their presentation by explaining the background of their project. It is set in a maximum secure prison. The prisoners still have some civil rights. The prisoners are able to work but they also have to work, for a small amount of money. They are able to call other people but just 4 chosen ones.

Visits are allowed but just on hour per week. They can get some education there and one hour per day they are allowed to go outside.

The students presented a case study about a man that is married and has 5 children, he missed participating in the life of his family, he lost all contacts to his friends.

The question is what can OT’s do to make the criminal a part of the society? How can we make them participate in and contribute to the dialogue in the prisons as well as when they are released?

After two year of probation 35% is back in prison again.

OT’s should find: Meaningful work provided adapted to the prisoner. Support them in building a social network. A greater variety of activities as motivation factor and prevention of aggressiveness.

OT’s can help build a bridge between punishment and rehabilitation.

The discussion was about the importance of giving the prisoners responsibilities so that they can learn social skills. And that they need to learn to take responsibility for their lives.

Appendix presentation 16.6.1.
16.6.2. About which intercultural projects exist in the Netherlands
Jaco Tentura, Edna Kuley, Laura van Slooten, Annemarie Bouwmeester, Marielle Brommet, Hogeschool van Amsterdam, Dept. OT, The Netherlands

Abstract
In the Netherlands we are exposed to many different cultures. For this reason it is becoming more and more important to get a overview of pre-existing programs where occupational therapy is somehow involved.

In the future the results from these projects can be used to make progress and to improve the occupational therapist interventions.

From recent research it was discovered there are nearly no publications about intercultural projects that involve occupational therapy. Nevertheless we were able to find some information that deals with this subject.

In 1987 there was a research about intercultural occupational therapy which was repeated in 1997. According to this research we can say that the immigrant population in the Netherlands increased, but at the same time the use of occupational therapy (for this population) stayed the same. The use of healthcare is low, and the use of specialised healthcare is even lower.

Some reasons given for this include:
- unfamiliarity with the healthcare systems
- the manner in which these services are used
- the prejudice by the community worker/ social worker against the immigrants
- the different ideas about healthcare, illness and handicaps
- the lack of interculture approach by the healthcare provider

According to this information from our research there is a presumption that there is a significant problem with the healthcare given by the occupational therapists.

It is also important to know if the immigrants end up at the occupational therapy, and if they do so, whether they get the help they require.

Future recommendations/implications
It is important that occupational therapy increases its popularity, also in the social district/territory to reach the different kind of groups in the healthcare system.

More research is required about reasons why immigrants don’t make use of occupational therapy. And at the occupational therapy lessons there should be more interest for the intercultural occupational therapy.

Report
The students were presenting the situations of asylum seekers in the Netherlands, especially in Utrecht. Asylum seekers are not allowed to work. They are often less motivated and have no hope. What can occupational justice do? It can give OT’s a new perspective on the work there work. It shows us that everybody has a right to participate in the society.

Appendix presentation 16.6.2.

16.6.3. Client centred practise, related to intercultural dialogue
Randi Kongsted, Hanne Knudsen, VIA University College, Campus Holstebro, Ergoterapeutskolen, Holstebro, Denmark

Abstract
OT students from Via UC, Campus Holstebro, Denmark, are going to talk about client centred practise, related to intercultural dialogue. How do we, as occupational therapists student, with our basic values and view of human nature, relate to a society, which more and more is characterised by prejudices against refugees and people from foreign countries?
Report

Their presentation was about refugees in Denmark.
As OT’s we have an open mind and always treat people the same no matter what background they have.
In conclusion all the students agreed that Denmark is a very right (politically) country.

16.6.4. Ekram’s problems
Ilse Lelie, Wencke De Wolf, Brenda Colman, Ilse Lelie Aurélie Mullens, Elien Vanguchte, Artevelde Hogeschool Gent, Dept. OT Gent, Belgium

Abstract
In Belgium, we live in a multicultural society. The client population of health care services reflects our society and therefore the intercultural aspect will emerge there as well. As an occupational therapist, we examine the client as a whole. Many factors of human acting are culturally influenced. In every culture children are educated in a different manner, other values and standards apply.
Using a case study we’ve tried to figure out what could be the possible problems when we apply occupational therapy to foreign clients.
This research revealed a lot of problems. When different occupational therapists, interpreters and intercultural mediators were interviewed, these problems were acknowledged and more problems were added to the list.
This overview isn’t finished yet. The most occurring problems are those concerning law and documents, linguistic differences, illness insights, cultural differences like nutrition, domestic tasks, religion, independence, expectations, shame and relational problems. Mostly, problems concerning independence are solved by the family of the foreign client. In our presentation we will extensively explain these issues.
Just like the diagnosis and the treatment plan, the emergence of these problems will be strongly determined depending on the culture and the degree of integration.
Now we know what the most common problems are, it was logical too us to take a look at the possible solutions. Enabling an intercultural mediator can solve many problems. Other possible solutions are; giving a specific course to the employees and drawing the attention to the respectful association these clients expect. In our presentation we will also explain this part more extensively.

Report
The session started with possible problems of giving OT to foreign clients. A lot of foreigners live in Belgium and the numbers are increasing. The occurrence of mental health problems for Turkish or Moroccan are at higher risk.
OT’s must see clients as whole (holistic) for that they can use the CMOP, with a main focus on spirituality. The cultural background has a great influence.
The students presented a case study about Ekram (Turkish). They talked about the different problems that occurred for him. One of the problems was that the healthcare system is very complex. The communication is hard, because the knowledge of the language is not always enough to express themselves. Illness is considered a punishment of God. It is difficult for care workers to find out if the problem is physical or linked to mental problems. Women need permission of husband to go to therapy. Foreigners live in a Western-oriented community.
In conclusion OT’s should provide information about medical care. They should find out more about immigration process and about intercultural medical care.
Everybody should spend more time building therapeutic relationships and give attention and respect to values. No one should force a client.
Be conscious about the differences they have to trust you, or they will not tell you their problems.

Appendix presentation 16.6.4.
16.6.5. Support for refugees in Hildesheim, Germany

Kristina Kräft, Julia Katrin Kruse, Maren Hentschel, Annika Niebuhr, Frauke Ackenhausen,
Fachhochschule Hildesheim-Holzminden-Göttingen, Studiengang Gesundheitsberufe, Hildesheim,
Germany

Abstract

Background
There is an increasing number of migrants and refugees in Germany. Many of them are not sufficiently
integrated into German society. Social occupational therapy is still a relatively unknown working area,
but could be an appropriate approach for achieving better integration and participation of migrants.

Aim
The aim was to develop a project to enable refugees in Hildesheim to better participate in society. The
first target group were young men from Syria.

Methods
Project development was based on literature research and expert interviews.

Results
The city has already existing integration offers, but they do not effectively reach the inhabitants of the
two housing facilities for refugees or the refugees do not take part in them. In creating a partnership
with refugees, cultural differences present many challenges. Additionally, the refugees’ situation is
uncertain, because of their risk of deportation, which results in a lack of prospects and reduced
motivation. The target group needed to be extended to different nationalities. Group conversation with 3
to 5 participants seemed to be quite effective, allowing them to provide mutual support.

Conclusion
Supplementing and coordinating existing integration offers could be a task for occupational therapists.
This would mean more interdisciplinary work could lead to a better integration of refugees. It is
necessary to find out what would motivate the individual refugee to get actively involved in the process
of integration. The success of a project with migrants and refugees ultimately depends to a large extent
on political decisions and the legal framework resulting from them.

Key words
Social occupational therapy, refugees, migrants, support.

Report
The question they raised is what could social OT mean in Germany? And why do refugees not take part
in the offers of OTs?
Their target group was a group of young male refugees and they were trying to support them in finding
goals. They worked together with a municipal integration office which confirmed the problem and that
there are no projects like a migration café.
The conclusion was that the conceptualizing a project in social OT.
We need to meet the target group. We need to face the obstacles to get into contact with the refugees.
Finding a way to communicate and solve the limitations of the project. There is a necessary of
interdisciplinary work to overcome ethical obstacles.
The students want to continue having contact with the participants and investigating the target group
and may be even build a network.

Appendix presentation 16.6.5.
16.7. Session 7

16.7.1. Cajón-project in partnership with an occupationally deprived group
Clara Beutelspacher, Julian Geibel, Ina Hafner, Elisabeth Heilemann, Eva Maisch, Andre Block, Vanessa Budig, Michaela Hanner, Manuel Ruopp, Nina Müller, Judith Röder, Katharina Vielsack, Mirjam Nothdurft, Anna Völker, Lena Ilgenfritz, Jennifer Kübeck, Fachschule für Ergotherapie der VHS Reutlingen, Germany

Abstract
We accomplished our project in cooperation with the “Kreativwerkstatt Reutlingen”. This institution is part of the “Bruderhaus Diakonie”. People work there who are mentally ill or mentally handicapped. Together with the clients we built cajons. This is a kind of box drum played by slapping the front face with the hands and you can sit on it.
We split our cajon-project in 3 main phases:
In the construction phase, we screwed our cajons together and sanded them. Afterwards we started with the designing phase. The clients created their own cajons individually. In the final stage, we tried to communicate by different rhythms. This was so inspiring that we decided to make some performances with the clients.
After each phase we evaluated the work and the satisfaction of the clients.
Our ending of the project was the performance at the summer festival at the “Bruderhaus Diakonie”.

Report
The students made a project with the „Diakonie“. They built cajón-drums with clients who are cognitive or mental disabled. A Cajón is a wooden box with guitar stripes in it. The clients got to know the Cajón in the music-therapy.
The problems was how to finance the project.
The students concluded that all involved people had a lot of fun, they compared theory and praxis and that they know the clients are selling the Cajons in cooperation with an Hungarian workshop.
Appendix presentation 16.7.1.1.
Appendix presentation 16.7.1.2.
Appendix presentation 16.7.1.3.

16.7.2. Children of the Heldringschool; an occupational therapy perspective on inclusive employment
Danielle Bouman, Roos Brens Hogeschool van Amsterdam, Dept OT, Amsterdam, The Netherlands

Abstract
Our project is called ‘Active Together’ (Dutch: Samen Actief); a study group of students and teachers
We took a closer look at the opportunities of participation in society by intellectual disabled children, especially participation at work. We want to explore the possibilities of inclusive employment.
We used action research as a method. The participants were children between 12 and 20 years old with cognitive impairments.
The results are shown as the effectiveness of how children are coached towards a new job. The conclusion is shown as the opportunities for an occupational therapist.

Report
These students made a presentation about children of the Heldering-School, a secondary school for children with special needs (cognitive impairments, aged 12 to 20 years). An OT perspective on inclusive employment.
The students did a research and interviewed employees at the school, they also were present in the classroom to observe the children and participate in their daily routine at school.
The children learn practical skills concerning self-care, productivity and leisure; they are coached towards a job during several training periods. They concluded that there are a lot of opportunities for OT’s to improve and extend the educational program. OT’s can also adapt the working place (tools, furniture).

Appendix presentation 16.7.2.

16.7.3. Accessibility for individuals who are blind or visually impaired in a main street in Esbjerg
Rikke Hansen, Signe Banke, Ergoterapeutuddannelsen i Esbjerg, School for Occupational Therapy Esbjerg, Denmark

Abstract
This project concerns a study of the accessibility for individuals who are blind or visually impaired in a main street in Esbjerg.
The street in question is situated in the heart of the city and serves as a centre for the mid-town public transportation. At the same time the street is a centre for public life as it contains a daytime activity centre for the town’s citizens as well as a variety of cafés, restaurants and shops.

The key elements of the project concern the various constraints in activity which the focus group in question experiences in their movement in the street, and the various resources these individuals have available to accommodate these constraints, which to a lesser or greater extent challenges their ability act as individuals in the environment.

The study takes a starting point in the standard regulations of the UN, which contains seven principles for a common accessibility for all individuals – disabled or not disabled

Blind or visually impaired individuals
Appendix presentation 16.7.3.

There was no presentation.

16.7.4. How Austrian OT’s deal with multiculturalism

Country: Austria
Institutes:
(1) Akademie für Ergotherapie Linz:
Cornelia Draxler, Cornelia Bruckner, Christina Hein, Kerstin Fasching, Elisabeth Koller, Astrid Stanzel, Michaela Much, Esther Renoldner, Leo Thauerböck
(2) FHG Stuendiengang Ergotherapie Innsbruck, School of Occupational Therapy Innsbruck, FHG Tirol, Akademie für Ergotherapie, Ausbildungszentrum West für Gesundheitsberufe:
Marion Collesselli, Verena Fuchs, Karin Gasteiger, Stephanie Gritsch, Lisa Gugglberger, Christine Hammer, Sabine Huber, Elisabeth Koler, Julia Lindner, Caroline Mälzer, Marina Mair, Katherina Mangott, Elisabeth Münzer, Sandra Perfler, Maria Pöschl, Katherina Prock, Sandra Schett, Bernadette Schneider, Claudia Schuster, Elena Seidner, Maria-Magdalena Siller, Caroline Starjakob
(3) FH Campus Wien:
Julia Pils, Martina Sadlonova, Corinna Fallmann, Alexandra Schnabl, Claudia Meixner, Doris Moll, Ms. Veronika Salzmann, Mona Greimel, Christine Ehrlich
(4) Fachhochschule Wiener Neustadt, University of Applied Sciences:
Matthias Sommer, Beate Mair, Silvia Schachner, Katharina Gruber
(5) FH Joanneum Bad Gleichenberg:
Petra Holzknecht, Julia Vermeer, Victoria Allabauer, Cornelia Hackl
Abstract
2008 has been designated the European year of the Intercultural dialogue.
The number of foreign clients has been rising constantly during the last years. Therefore it is very important for OT’s to look into this issue and reflect it with a view to their own practical work. In order to work in a client-centered setting, OT’s have to look at personal lifestyles, cultural values, individual aims and needs – and all of these are factors influenced by ethnicity and culture.
45 OT students from all over Austria joined together to start a project. We wanted to know how Austrian OT’s deal with multiculturalism. This led us to the topic of the project, namely "Intercultural dialogue between Austrian occupational therapists and clients from other countries". We asked 52 OT’s from all over Austria about their experiences with clients from different cultures.
To gather this information we used half-structured interviews and questionnaires. Our project’s purpose is to offer OT’s and OT students the opportunity to reflect their work with clients of other cultures. In addition, it is a chance to exchange personal experiences and to make OT’s aware of this issue.
Furthermore we wanted to collect quantitative data as a basis for further studies.

Report
In this project five OT schools and 45 students were involved. They interviewed 52 OT’s about intercultural dialogue between Austrian OT’s and clients from other countries (in 2006 there have been 9% foreigners in Austria).
The students wanted to find out about the OT’s experiences, to sensitize OT’s for Intercultural Dialogue and to find out about further studies.
There are differences even between clients from Austria. There are various traditions, gender, roles, family and sense of pain.
OT’s use different definitions. There is a growing importance and more communication is needed. Insight into foreign cultures and client centred approaches.
Strategies OT’s are using are nonverbal communication, English, clear orders, reflexion, flexible therapy and inform about other cultures.

Appendix presentation 16.7.4.
17. Report in French : 14ème Conférence Annuelle d'ENOTHE
Marie-Chantal Morel, Director Technique, Institut de Formation en Ergothérapie du C.H.U. Bordeaux, France


Berlin, symbole du dialogue Est-Ouest, a accueilli 470 ergothérapeutes dont 250 étudiants, venant de 35 pays différents (Europe, mais aussi Tunisie, Canada, États-Unis, Australie, Afrique du Sud….). Deux IFE français étaient représentés : ADERE (Paris) et Bordeaux. La science de l'Activité Humaine et les modèles conceptuels, la formation et la pratique en ergothérapie ont constitué les thèmes d'échange fondamentaux entre ergothérapeutes de cultures différentes.

La Science de l’Activité Humaine

Allison Wicks vient de l'université Wollongong en Australie et a situé la science de l'Activité Humaine par rapport à l'ergothérapie.

La science de l'Activité Humaine s'intéresse à l'activité (occupation), à l'agir, et à son développement: comment elle évolue dans le temps, son organisation, le sens, le contexte, les expériences…en relation avec la santé et le bien-être, l'effet des ruptures, l'injustice…La science de l'Activité Humaine étudie la nature de l'activité (forme, fonction, sens, contexte) et propose un terrain de recherche à des personnes provenant de différents domaines scientifiques et professionnels.

L'ergothérapie est une profession qui s'appuie sur les travaux de cette science, a pour objectif de rendre l'activité possible, c'est une thérapie centrée sur le client et pour la pratiquer il faut avoir fait une formation d'ergothérapeute.

L'évolution du monde de la santé nous a fait passer d'une perspective biomédicale privilégiant l'utilisation thérapeutique de l'activité vers une perspective liée à l'activité où l'objectif de l'ergothérapeute est de rendre possible l'agir, l'activité signifiante et significative.

Le potentiel de la science de l'Activité Humaine doit pouvoir se développer par le dialogue interculturel. ISOS (International Society of Occupational Science) a été créé en 1999, il y a maintenant 270 membres venant de 18 pays à travers le monde. En 2006 et 2007, l'objectif était de promouvoir l'activité humaine pour améliorer la santé et le développement social dans les politiques. Le dialogue interculturel facilite la compréhension de la complexité de l'activité. Il existe un grand éventail d'approches pour générer des connaissances mais la recherche interculturelle est particulièrement utile.

En Europe, Chris Mayers a présenté une enquête réalisée dans le cadre d'ECOTROS (European Cooperation in Occupational Therapy Research and Occupational Science). ECOTROS est une groupe d'échange sur internet initié en collaboration avec ENOTHE et qui regroupe plus de 300 membres (dont moins de 10 sont français), intéressés par la recherche en ergothérapie et en science de l'Activité Humaine. 143 travaux de recherche ont été répertoriés dont 113 menés individuellement, 53 personnes ont un Doctorat, 48 un Master, 11 une Licence ou diplôme. Parmi les travaux de recherche individuels répertoriés, 78 personnes travaillent dans l'enseignement supérieur, 16 dans des Unités de Recherche et 29 sont dans la pratique professionnelle en santé. Les directeurs de recherche sont en majorité des ergothérapeutes (40), 10 des médecins, 8 des personnes dans les sciences de l'éducation, 5 n'ont pas de directeur mais ont déjà un doctorat. La plupart sont financés par l'Université ou le secteur de la santé. Les thèmes de recherche sont ancrés pour beaucoup dans des problématiques liées à la vie sociale et communautaire, en particulier le domicile et le travail.

De nombreuses écoles d’ergothérapie développent des programmes fondés sur l’activité et la science de l'activité humaine: se comprendre en tant qu'être d'activité, comprendre les liens entre l'activité et la
Les modèles conceptuels en ergothérapie
Concernant les modèles conceptuels en ergothérapie, Hélène Polatajko (Canada) a présenté le nouveau modèle canadien "CMOP-E" (Canadian Model of Occupational Performance-Engagement) et Johanna Stadler – Grillmaer (Autriche) a présenté un modèle conceptuel européen issu du groupe projet d'Enothe sur la terminologie.
Le nouveau modèle canadien de la performance occupationnelle a été publié en anglais en 2007. La publication de la version française a été reportée plusieurs fois en raison de difficultés de traduction. Le nouveau modèle s'éloigne de la performance occupationnelle pour s'intéresser davantage à l'engagement dans l'activité, au fait de rendre possible l'activité.
Le modèle européen en élaboration provient du travail du groupe terminologie (avec Jennifer Creek, Sylvie Meyer, Sarah Kantartzis, Hilde Pitteljon, Miguel Brea, Joaquim Faias et Johanna Stadler-Grillmaier) sur les concepts fondamentaux de l'ergothérapie dans l'objectif d'aboutir à des traductions pertinentes.
Le groupe a travaillé sur 23 termes couramment employés comme "activité", "fonction"…. Ces termes ont été regroupés dans un cadre conceptuel dynamique et non-hiérarchique, dans l'objectif d'éclairer la complexité de l'action humaine et la façon dont les ergothérapeutes pensent l'activité et agissent pour rendre possible l'activité.
Des ateliers de discussion et d'échanges ont permis également d'approfondir ces modèles.

La formation des ergothérapeutes en Allemagne:
C'est la première fois qu'une conférence annuelle d'Enothe a lieu dans un pays ayant près de 180 écoles et dans une ville où se situent 3 écoles d'ergothérapie!
Madame Pr Elke Krauss, ergothérapeute directrice de l'école d'ergothérapie Alice Solomon à Berlin, a évoqué le développement de la formation en Allemagne de l'Ouest et en Allemagne de l'Est.
En Allemagne de l'Est, ce sont des ergothérapeutes américaines et des ergothérapeutes allemandes formées aux USA qui ont crée les premières écoles. La première formation a été montée en 1959 et durait 5 mois. En 1974, la formation durait 2 ans et a été augmentée à 3 ans en 1980. A cette date, il n'y avait pas d'enseignement concernant la pédiatrie.
Il y a actuellement 35000 ergothérapeutes en Allemagne, 180 écoles, 1000 ergothérapeutes ont la Licence, très peu ont un Master ou un Doctorat.
Il y a quelques années, Enothe a été très inquiet de constater autant d'écoles à un niveau non universitaire: 180 écoles constituaient une menace pour le niveau de la formation en Europe, d'autant plus que de nombreuses formations ne demandaient pas le baccalauréat pour l'admission. Certaines de ces écoles ont mis en place un partenariat avec les Pays-Bas pour proposer une année de formation complémentaire aux ergothérapeutes qui le désirent.
Les contraintes légales pour ouvrir une école en Allemagne sont faibles: il suffit d'un ergothérapeute !
Le programme de formation compte 2700 heures de théorie et pratique et 1700 heures de stage. Les activités artistiques et artisanales représentent 500 heures, les fondements théoriques de l'ergothérapie 140 heures. Les programmes sont différents selon les régions.
4 Universités proposent un Master en Ergothérapie mais pas encore de Doctorat. L’assurance Qualité se développe avec la WFOT, l'association allemande DVE et ENOTHE.
Les défis à venir sont le développement des études à 4 ans, la mise en place d'études doctorales en ergothérapie, le développement d'une formation pour les enseignants. La profession est divisée du fait...
des différents niveaux de formation. De plus, les associations médicales s'opposent fortement au développement universitaire de la formation des ergothérapeutes.

Publications
Les groupes-projets 2004/2008 se terminent. Deux groupes ont abouti à une publication:
Le groupe TUNING: l'ergothérapie est la première profession de santé à publier un livre présentant la profession, les activités et compétences, des exemples de modules élaborés selon le processus TUNING et mis en place dans différentes écoles d'ergothérapie en Europe.
Le groupe d'analyse d'activité: une réflexion importante a été menée sur l'évolution de l'enseignement de l'analyse d'activité et un module d'initiation a été élaboré selon le processus Tuning. Une partie de ce livre a été traduite en différentes langues, il est donc accessible à un grand nombre d'ergothérapeutes.
Ces deux livres ont été très bien accueillis et on été de nombreuses fois commentaires très positifs. Ils sont disponibles sur le site d'Enothé : www.enothe.hva.nl

ENOTHE s'engage dans de nouveau projets. Le dynamisme de ce réseau est impressionnant.
La prochaine conférence annuelle aura lieu à Coruna en Espagne en 2009.
18. Participants List 14th ENOTHE meeting Berlin, Germany September 2008

KEY SPEAKERS AND GUESTS

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<td>Dr. Alison Wicks</td>
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<td>Canada</td>
<td>University of Toronto</td>
<td>Ms. Helene Polatajko</td>
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<td>Germany</td>
<td>Federal Ministry of Family Affairs, Senior Citizens, Women and Youth</td>
<td>Ms. Nina Parra</td>
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<td>Germany</td>
<td>Senator Health and Environment, City of Berlin</td>
<td>Ms. Katrin Lompscher</td>
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<td>Mr. Michael Schipperges</td>
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<td>Vice Rector, Alice Salomon Fachhochschule</td>
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<tr>
<td>The Netherlands</td>
<td>Erasmus Universiteit Rotterdam</td>
<td>Dr. Sabine Severiens</td>
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PARTICIPANTS

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