

# **Students Forum**

## **Group Discussions**

### **Introduction**

In her message to occupational therapist, Carolyn Webster, President of the World Federation of Occupational Therapists (WFOT) stated "Occupational Therapists are now part of a global community of professionals who interact with each other in many ways". The 13<sup>th</sup> WFOT congress was indeed one of the outlets that enabled occupational therapists and occupational therapy students to share experiences and ideas.

### Group Discussions

Group Discussions were organised after each of two presentations. Each group consisted of about twelve students each coming from different countries. My colleagues were from United Kingdom, Norway, Swede, Russia, Korea and Japan. Some students were reading for a diploma, others for a bachelors degree, while some others for a masters or doctoral qualification. The discussions mainly focused on the differences and similarities found across various countries in the occupational therapy profession and courses.

### **Differences and Similarities in the OT profession.**

Initially, the group focused on the role of occupational therapy within the health care team. It was noted that in various countries such as Italy and Russia, occupational therapy is still in its infancy and few professional and people know what occupational therapy services involve. The importance of the multidisciplinary team was highlighted in our discussions. Most of the students present in the group remarked that the medical model is still predominant in various hospitals, thus, at times hindering the interdisciplinary team from reaching its desired goals. However, the degree of influence varies from country to country. The relationship between occupational therapist and other professions was also mentioned. All group participants stated that occupational therapy borrows knowledge

from other fields such as medicine and physical therapy and at times even the techniques used overlap. This, at times, confuses professionals and clients in differentiating between occupational therapy and physiotherapy. The degree of truth in stating that physiotherapists treat lower extremities and occupational therapists treat upper extremities was also discussed. Moreover, it was noted that all countries were aiming at evidence-based practice, especially in the United Kingdom whereby insurance companies continuously seek to reduce treatment expenses. The unbalance between the number of male and female occupational therapist was also discussed. This fact seems to concern many and during the week, a poster was specifically put up on this issue while various presenters mentioned it in their session or workshop. Work opportunities were also discussed and students from Norway, Sweden and UK seem to have the widest choice.

### **Differences and Similarities in OT courses.**

The length of the occupational therapy courses offered varies from country to country. Some are three years long while others are four year. On the other hand, in some countries, the occupational therapy course is offered at a postgraduate level. For example, a paediatrician in Russia claimed that first she had to first graduate as a medical doctor and then start reading for a post graduate qualification in occupational therapy. The methods of learning also vary. Some students said that their university uses Problem Based Learning (PBL) for their entire course. This learning approach encourages students to engage in self-directed learning. Other students stated that, like us, Maltese students, their university uses PBL in a limited number of credits. On the other hand, other universities do not use PBL at all. It was claimed that PBL has various advantages such as making a student more responsible for his or her own learning. However, all the students in my group concluded that PBL should not be used in all credits. Some students also claimed that they only learn one model of practice during their studies. However, this has some disadvantages included less knowledge and less scientific basis to back up the treatment. We also discussed our methods of assessment. It seems that there is great emphasis on written examinations. However, the number of exams that a student has to sit for during each year varies. The length and topic choice for the dissertation also varies. Moreover, we could notice that the time spent in fieldwork training is mostly less

than in Malta. However, most training is done during block placements. Some students are also asked to focus on one area only. This may result in less experience and decreased opportunity to view both the profession and client from a holistic approach.

## **General Remarks**

We, Maltese students, concluded that occupational therapy in Malta is more advanced than in many other countries. We tend to compare ourselves only with the United States of America and United Kingdom. At times, we, Maltese occupational therapists and students are not self confident and lack self esteem because we represent a very small country. However, we felt proud to represent the Maltese occupational therapy profession in such an important congress. We, members of the occupational therapy profession, should be proud of the several milestones that we have reached in relatively few years. We should also thank the various therapists for their contribution to the occupational therapy profession.

## **Conclusion.**

This WFOT Congress was surely an unforgettable experience for us, Maltese occupational therapy students. It was a great opportunity whereby, as the congress co presidents stated, we could learn, discuss, laugh, interact with each other and surely have a great time.