



OT Update

SEPTEMBER 2018



Dr. Zeman practices mindfulness with children from Charlestown's Harvard-Kent Elementary School.

Lessons in Mindfulness at Harvard-Kent Elementary School

IN ROOM 105 AT THE HARVARD-KENT ELEMENTARY SCHOOL IN Charlestown one day in late June is a group of kindergartners, anxious and fidgeting. There were guests that day in the classroom, along with the usual busyness in a setting crowded with tiny tables and chairs, colored crates, crayons, alphabet and number charts, and Mr. Potato Head dolls.

But then a young girl in braids is called up to the front of the class. With a short wooden stick, she strikes a bell. Ding. The class goes silent.

"Find your breath," she instructs her young classmates. "We have one minute."

The children close their eyes, concentrating on their breathing, deeply inhaling and exhaling. The girl rings the bell a second time. The children open their eyes. Most are smiling. They appear quiet, focused. Not exactly what you'd expect from six-year-olds.

The students have just completed one of their regular lessons in mindfulness, and guiding the class is a familiar guest: Emily Zeman, instructor of occupational therapy and the program's associate director of clinical education. Dr. Zeman, who has her own mindfulness practice, has been working with teachers and students in kindergarten, first grade, and fourth grade at Harvard-Kent for the past year. Her goal: to help students learn to regulate their emotions and bodies, and find their "anchor."

Over 16 sessions with this kindergarten class and its teacher, Regina Nunez, Zeman taught the children—many of whom have suffered trauma, have post-traumatic stress disorder, or have developmental delays—how to become more aware of their thoughts, feelings, bodies, and surroundings while also nurturing positive thinking, kindness, and compassion.

If this sounds distant from occupational therapy, it's not. Zeman uses the techniques in her own therapy sessions, using what she learned completing several certificates from the Mindful Schools training organization in California.

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FOR APHASIA CLIENTS, AN INTENSIVE IMPROVEMENT

It was only six weeks, but for Jane Meehan Lanzillo, those six weeks proved the most motivating, empowering, and impactful stretch of care her husband Dana had received since having a stroke 16 months earlier.

Dana Lanzillo had just completed Spaulding-IHP's Intensive Comprehensive Aphasia Program. Known as S-IHP's CAP, the interprofessional therapy initiative matches clients who have aphasia with MGH Institute speech-language pathology and occupational therapy students, IHP faculty, and clinicians from Spaulding Rehabilitation Hospital for intensive daily sessions focused on life participation activities.

"It was amazing to see Dana's progress," says Lanzillo. Her husband is one of two million Americans living with the language impairment called aphasia, a condition most often caused by a stroke or traumatic brain injury that prevents a person from communicating clearly and is often accompanied by physical disabilities that limit mobility and function. "The students were truly invested in him improving, and by the last day you could really feel the connection between the clients and the students."

During the program's first few days, teams of OT and SLP students assess clients and jointly write an individualized treatment plan, taking a holistic approach to therapy that focuses on clients' communication and life participation goals. Students identify each client's top five desired life activities to establish goals to target during the program's remaining five weeks. Clients spend mornings on the Institute campus doing speech and occupational therapies, followed by afternoons at Spaulding for a social lunch, adaptive sports, group swims, music therapy, and mindfulness exercises.

While the program provides students with a practical appreciation for the interplay between communication disorders and the activities of daily living, faculty and practicing clinicians from the IHP and Spaulding have begun presenting preliminary research results in their respective fields. Intensive

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REFLECTIONS ...

On the Future of the OT Profession



**OT Department Chair,
Professor Lisa Tabor
Connor, PhD, MSOT, OTR/L**

I OFTEN GET CAUGHT UP IN THE DAY-TO-day activities of my job—ensuring our department meets students' educational needs; providing faculty support to deliver quality instruction and achieve scholarly goals; cultivating relationships to provide opportunities for students to learn. Lately, though, I've been reflecting on the future of the OT profession from my vantage as an educator and am delighted by what I see. I interact daily with talented people making a significant impact on their students, clients, and communities. I feel energized by their engagement in professional and interprofessional activities at our new IMPACT Practice Center, the Harvard-Kent School, and our Partners HealthCare facilities. I am amazed by the impact that these activities have on people we

serve, on the science underpinning occupational therapy practice, and on the future direction of OT practice.

Institute OT student and faculty contributions

The Doctoral Experiential Component (DEC) is a prime example of students, faculty, and clinicians banding together to shape the future of OT. At Scholarship Day, two students gave talks about their projects. Kristen Sheau presented on the Limb Movement Protocol, assessing motor recovery in people with severe traumatic brain injury (TBI). Kristen and team looked for trajectories of recovery of functional movement and examined their relationship to type of disorder of consciousness (DOC). Recovery trajectories do cluster into patterns and are related to the type of DOC. Future work may make it possible to predict rate and degree of functional improvement.

Another student, Alesia Ford, reported on her work to understand perspectives of students and leaders of color regarding their dramatic underrepresentation in OT. Facilitators of success included professional exposure, family support, and personal characteristics. Perceived barriers included self-limitation, lack of support, discrimination, and lack of financial support. Participants called for national mentoring programs to address barriers and provide minority role models. Moreover, they urged OT schools to create more welcoming environments, including bias training and more cultural awareness in OT curricula.

Both Kristen's and Alesia's work were disseminated at professional meetings, including AOTA and WFOT. Importantly, their work fills an important need in the OT world—understanding and predicting recovery from TBI and leveling educational and clinical playing fields for people of color. These are two examples of exceptional DEC projects, though I could have highlighted any of the 70+ carried out by our OTD students. Most exciting to me is the DEC's promise for enabling meaningful strides in the education, practice, and science of OT.

Our faculty are making scholarly contributions in community accessibility, low-vision services, mindfulness interventions, mobile technology and robotics, outcomes of experiential learning techniques, community-based rehabilitation and reintegration, and so much more. The scope of our accomplishments is staggering! My assessment of the future of OT, then, is that we will thrive in the capable and creative hands of our students, alumni, faculty, and community partners.

In closing, I would like to share with you that Dr. Michael Iwama will be the next Dean of the School of Health and Rehabilitation Sciences. A warm welcome to Dr. Iwama and our sincerest gratitude to outgoing Dean, Dr. Leslie Portney, for having the foresight to start an OT program at the MGH Institute! [OT](#)



SELECTED RECENT PUBLICATIONS

Bendixen, R., FAIRMAN, A.D., Karavolis, M., Sullivan, C. & Parmanto, B. (2017). A qualitative exploration of client and caregiver needs and preferences for self-management using mHealth applications. *JMIR Mhealth Uhealth*.

DOHERTY, R.F., Cahn, P.S., & Knab, M.S. (2018). Getting on the same page: An interprofessional common reading program as foundation for patient-centered care. *Journal of Interprofessional Care*.

ERLER, K.S., Juengst, S.B., SMITH, D.L., O'Neil-Pirozzi, T.M., Novack, T.A., Bogner, J.A., Kaminski, J., Giacino, J.T., & Whiteneck, G.G. (2018). Examining driving and participation 5 years after traumatic brain injury. *OTJR: Occupation, Participation and Health*, 38(3), 143-150.

ERLER, K.S., Whiteneck, G.G., Juengst, S.B., Locascio, J.J., Bogner, J.A., Kaminski, J., & Giacino, J.T. (2018). Predicting the trajectory of participation after traumatic brain injury: A longitudinal analysis. *Journal of Head Trauma Rehabilitation*, 33(4), 257-265.

FASOLI, S.E., Ferraro, M., & LIN, S. H. (accepted). The Issue Is: Occupational therapy can benefit from an interprofessional rehabilitation treatment taxonomy. *American Journal of Occupational Therapy*.

Keysor, J.J., LaValley, M.P., Brown, C., Felson, D.T., ALHERESH, R.A., Vaughan, M.W., ... & Allaire, S.J. (2018). Efficacy of a work disability prevention program for people with rheumatic and musculoskeletal conditions: A randomized controlled trial. *Arthritis Care & Research*, 70(7), 1022-1029.

ZEMAN, E.A. & Harvison, N. (2017). Burnout, stress and compassion fatigue in occupational therapy practice and education: A call for mindful, self-care protocols. Commentary, National Academy of Medicine, Washington, DC. [OT](#)

New Interprofessional Education Center Opens

MGH INSTITUTE OF HEALTH Professions officially opened its innovative IMPACT Practice Center at its Charlestown Navy Yard campus, with Boston Mayor Marty Walsh cutting the ceremonial ribbon.

An overflow crowd of community leaders, donors, students, faculty, and staff were on hand to witness the opening of the Center. The result of several years of planning, the IMPACT Practice Center will allow the Institute to significantly increase the 10,000 hours of free care—valued at more than \$1 million—it provides to Charlestown and Boston area residents.

Collaborative learning

The IMPACT Practice Center was specifically designed for graduate students from the MGH Institute's nursing, occupational therapy, physical therapy, physician assistant studies, and speech-language pathology programs to collaboratively learn from and with each other how to provide team-based care that improves patient outcomes.

"I want to thank the Institute for being such a wonderful partner in providing free, accessible health care to the residents of Charlestown and Greater Boston," said Mayor Walsh. "As this facility certainly shows, Boston is leading the way, in so many different ways, in terms of compassionate and accessible treatment and setting a strong example for the nation."

"This IMPACT Practice Center will provide transformational opportunities for students and faculty across programs and disciplines to work, plan, study, and practice together," explained MGH Institute President Dr. Paula Milone-Nuzzo. "Our graduates are poised to transform health care delivery."

Specialized centers

The IMPACT Practice Center houses the Institute's Speech, Language and Literacy Center, the Aphasia Center, the Physical Therapy Center for Clinical Education and Health Promotion, and the Occupational Therapy Center for Learning, Intervention, Participation, and Rehabilitation.

The state-of-the-art 15,000 square-foot integrated center includes an adult rehabilitation room, two pediatric rehabilitation rooms, 23 consultation rooms, mock exam rooms, and a community room. Sessions with clients are viewed live by supervising faculty, and are captured on video for students to review afterward.

Variety of services

Each week, over 100 clients receive expert one-on-one and group assistance in their continued efforts to rehabilitate from



Top: New Functional Living Lab kitchen. Below: New sensory intervention room.

speech disorders, stroke, brain injury, or accident. Most have exhausted their insurance benefits or do not have health insurance, meaning that they would not have the chance to continue to improve without the care they receive at the IMPACT Practice Center. The care is provided by students under the supervision of the Institute's practicing clinician faculty. [OT](#)

A Better Grip On Life With Robotics

SUSAN FASOLI'S GOAL IS TO help people who have had a stroke get a better grip—literally—on the many physical tasks they do throughout the day. For people who have lost mobility in their hands and arms, simple tasks such as opening a refrigerator or picking up a glass can seem impossible. One powerful solution, Dr. Fasoli says, is robot-assisted therapy.

"I've always been interested in trying to identify therapy interventions that are most effective in helping people with stroke recover movement," Fasoli, an associate professor of occupational therapy at the MGH Institute since 2014, says of her work.

These are not the kind of flashy robots one might see in Hollywood. Picture instead a machine that looks like a high-tech armrest and a set of finger levers. The levers are connected to a monitor that displays video games. Playing these games helps patients work on the isolated finger movements it takes to do routine tasks like type at a keyboard or grip a pencil.

Another robot is an exoskeleton that's strapped onto a patient's arm and looks like half of a health club's upper body weight machine. It also connects to a monitor featuring games that prompt patients to move their weaker arm and hand after stroke.

What makes robotic therapy unique



Fasoli works with patient Tom Clarke at Spaulding Rehabilitation.

is its ability to provide highly repetitive movement therapy. Patients can complete up to 1,000 movements in an hour-long therapy session, far more than during traditional therapy. Robots can support the weight of a patient's arm or assist with motion, making it easier to practice. And, like their movie-star cousins, therapeutic robots have a fun factor: their video games are motivating and help patients focus on accomplishments instead of doubts. "The goal isn't just to reduce motor impairment," says Fasoli. "The goal is to increase function."

Fasoli currently is conducting a robotic therapy pilot study at Spaulding Rehabilitation Hospital, funded by an MGH Institute faculty research fellowship grant. In addition to receiving intensive robot

therapy, participants are taught to use cognitive strategies, like problem solving and guided discovery, to improve use of their weaker arm and hand during everyday activities, like opening a door or grasping a cup handle. "Our initial findings suggest that this combined treatment approach has great potential to improve participant outcomes and optimize functional use of the weaker arm at home and in the community after a stroke," she says.

Fasoli's work has not gone unnoticed. Last fall, she received the Catherine Anne Trombly

Award for Contribution to Occupational Therapy Education and Research from the Massachusetts Association for Occupational Therapy, given to "an exceptional occupational therapy educator and/or researcher who has made outstanding contributions to the profession." She also was a faculty member and speaker at the International Symposium on Wearable & Rehabilitation Robotics in Houston, and presented in February at the World Congress of Neurorehabilitation in Mumbai, India. But the real satisfaction, she says, comes from patient responses.

"I often hear from them that they go home, use the problem-solving strategies we've practiced when using their weaker arm, and tell me, 'I had no idea I could do that,'" Fasoli says. **OTI**

S-IHP CAP Program/OT-SLP Collaboration

...from cover

aphasia programs such as S-IHP's CAP have emerged as an alternative to the traditional twice weekly one-hour outpatient sessions that occur until a person's insurance runs out, typically after just a few months.

Programs such as this show promise for longer-term improvement of participants' language impairment and community participation. The IHP-Spaulding initiative is beginning to make its mark. After completing its third year, it received an Honorable Mention for Public Health Infrastructure in the 2018 Excellence in Interprofessional Education Collaboration Award competition from the U.S. Public Health Service and the



OT student Anna Forde (second to right) and SLP student Natalie Ma (far right) with Dana Lanzillo and his family at the program's graduation event.

Interprofessional Education Collaborative.

If the clinicians have any doubt about the impact of their efforts, they only have to listen to clients' loved ones like Jane Lanzillo to be energized. "It was so encouraging to see the changes in the way Dana communicated with me, our children, and our friends," she says, noting that prior to starting the program Dana had worked with a private-pay therapist several times a week. "The group setting made all the difference. The participants motivated each other and the students were a talented, driving force. I truly believe people with aphasia can continue to improve for years if they receive this type of treatment." **OTI**

Students Become Best Buddies

MATT BOONE KNOWS FIRSTHAND HOW WELL THE BEST Buddies program works.

Boone, who is in his second year in the MGH Institute's Doctor of Occupational Therapy program, has two brothers who have benefitted from the world's largest organization dedicated to ending the social, physical, and economic isolation of the 200 million people worldwide with intellectual and developmental disabilities (IDD).

"Just normalizing friendships, all that social interaction is so key for getting confidence, feeling comfortable around people that they weren't familiar with," says Boone, who was one of several MGH Institute students who recently participated in the IHP Best Buddies chapter's annual kickoff event. It was there that he began paying it forward with Stephen Hughes, a young man from Charlestown who is nonverbal and has autism.

How the partnership began

Two summers ago, Associate Professor of Occupational Therapy, Andrea Fairman, met Debbie Hughes, the Director of the Special Townies nonprofit organization in Charlestown and mother of Stephen, while organizing a summer camp for young children with developmental disabilities that IHP held at the Special Townies center.

In learning more about the families served by Special Townies, Dr. Fairman recognized the needs of these families with adult children, who are concerned about providing meaningful and enjoyable social opportunities for them. She contacted the Massachusetts Best Buddies organization to see if the IHP could establish a chapter and asked students in her fall 2016 OT pediatrics course if they could help. Debbie was invited to the first meeting to see if other families at Special Townies would like to get involved, and Anna Ford, a first-year student in the OTD program at the time, took the initiative to create interest among her classmates as the first president of the new student organization. The IHP chapter of Best Buddies was off to a successful start.

Last year, Dr. Fairman contacted Vinfen, a human services organization, to see if other individuals with IDD in the greater Boston area could be reached by IHP, and the chapter has grown significantly as a result. Vinfen is a leading provider of community-based services to people with psychiatric conditions, IDD, brain injuries, and behavioral health challenges. Its staff uses the latest in science-based interventions to help people achieve their goals and lead more independent and productive lives in the community. Vinfen purchases refreshments for IHP chapter events and provides transportation for those who cannot independently use public transit.

Sage Elbot, who works with Vinfen to provide both employment and social opportunities for IDD adults, said that Best Buddies chapters like IHP's play a crucial role for her



IHP chapter Best Buddies members Stephen Hughes (left) and Matt Boone

clients: "We are really about community inclusion and building bridges between the people we support and the community. Best Buddies is a great way to get those relationships started."

Meeting a community need

People with intellectual and developmental disabilities "age out" of many services when they turn 26. This is where Best Buddies can help, fostering one-on-one friendships between students and same-age individuals with IDD from Charlestown and beyond. Over 30 IHP students from occupational therapy and other disciplines are members of the Best Buddies chapter, providing support and companionship to their new friends.

Many IHP students will go on to provide professional care for persons in the IDD community. The assistance from occupational therapists provided to Matt Boone's brothers, one of whom was nonverbal until OTs intervened at age six, prompted Boone to pursue his doctoral degree. He says that thanks to his mother's unrelenting advocacy and the support of their family and community, one of his two brothers graduated from high school and will be attending college. But the road, he said, wasn't easy. "Even in Massachusetts, which has the best resources in the country for public schools and special education funding, it still was a challenge to make sure that he got everything he needed."

At the IHP Best Buddies event, Boone and Stephen Hughes were a little nervous at first, but they quickly bonded. They participated in games, a cooking exercise, and a picnic with the other student-Buddy pairs, and made plans to swim at the Charlestown YMCA, go sailing, and do other activities. [OT](#)

Mark your calendars!

The next group event is planned for Thursday evening, September 27.

Best Buddies will also be holding a Friendship Walk beginning in Charlestown on Saturday, November 3.

To get involved in the Friendship Walk, visit <https://www.bestbuddiesfriendshipwalk.org/boston>



Developing Professional Reasoning Through Experiential Learning

OCCUPATIONAL THERAPY EDUCATORS often say to students, “Trust me, when you are in your level II fieldwork, this will all make sense.” Here at the MGH Institute, we ask why wait? Why not train a different type of graduate? One who thinks critically and is practice ready. How do we do this? Through a curriculum grounded in active and experiential learning.

Experiential learning has its roots in constructivist learning theory. It is learning through doing, reflecting in and on action, and assimilating lessons learned into everyday behaviors. There are various types of experiential learning. At the MGH Institute, examples in our curriculum include traditional and nontraditional fieldwork experiences, uni-professional and interprofessional simulation, working with clients and families in our Occupational Therapy Center for Learning, Intervention, Participation, and Rehabilitation and IMPACT Practice Center, Lego Club at the Harvard-Kent Elementary School, health promotion fairs at local senior centers, and participation in interprofessional learning activities such as health screenings, health mentor visits, infant development day, and international study. All of these activities have one thing in common—they allow students to learn by doing in an authentic context.

In the summer term, I have the pleasure of serving as lead faculty for a synthesis course on professional reasoning. A primary goal of this course is to advance professional reasoning through the integration of OT knowledge, skills, and attitudes. How do we help students achieve that outcome—simulated learning experiences.

Simulated learning experience

A simulated learning experience is an experiential learning activity that replicates real patient scenarios to develop the critical thinking of health professions students in a safe, inter-



**OT Program Director,
Associate Professor Regina
F. Doherty, OTD, OTR/L,
FAOTA, FNAP**

active, and reflective simulated clinical environment.

Recent educational research in simulation-based learning in the health professions shows that this type of experiential learning increases knowledge and technical skills, improves communication and self confidence, sharpens focus on client-centered care, and enhances interprofessional collaboration in entry-level clinicians. These commonly cited outcomes, and more, are realized by occupational therapy students at the MGH Institute.

Standardized patients

More than any course I have ever taught, this course takes a village to organize and run. There are multiple faculty facilitators, lab instructors, graduate assistants, and staff support. Also supporting the course are a diverse cadre of “standardized patients.” A standardized patient (SP) is a person who is trained to play the part of a client in a standardized way for educational purposes. Through interacting with these standardized patients in a controlled learning environment, students can apply concepts from the classroom to real-world scenarios across all OT practice settings. Students observe their peers, talk about their performance, and debrief the experience with faculty. Students reflect on what they did (or didn’t do) and how they can improve the patient care experience.

It is a privilege to facilitate learning at this high level. Our role as faculty is to serve as guides for our students as they gain perspective beyond textbook knowledge, explore what frames their thinking, and analyze their actions with the intent to improve. In the words of one student:

“This week’s simulations taught me the importance of reflection on an individual level, and also with peers/mentors. Discussing with mentors and peers how I could have handled a situation more adeptly will help me to expand my clinical reasoning skills and think of alternative ways to interact with clients in future sessions.”

Action and reflection. No meaningful learning is complete without it.

To learn more about simulation learning experiences in the EL-OTD program at the MGH Institute, please contact Dr. Regina Doherty at rdoherty@mghihp.edu. [OTI](#)

Lessons in Mindfulness at Harvard-Kent Elementary School

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Zeman plans to have OT students assist her in researching the effectiveness of the training as the collaborative efforts between the Institute and Harvard-Kent continue. Her research complements her clinical work in pediatrics that has included providing therapies at public schools, homes, and rehabilitation hospitals, and giving several peer-reviewed presentations on the effects of mindfulness.

After Zeman’s lesson that day in June, as the rest of the class moved into a corner of the room to learn Mandarin, a six-year-old boy named “Tyson” spoke with the educators, calmly clutching a blue, stuffed unicorn-elephant doll. Tyson, whom his

teacher Nunez says comes from a volatile home, at one time was described as “very angry.” Today, thanks to what he’s learned from Zeman, not so much.

“It helps me a lot. If I feel angry, I hug my elephant,” Tyson says, demonstrating his method of taking deep, slow breaths. “I do that every time.”

After a turbulent spring—when Nunez had trouble finding out how to handle Tyson’s emotional outbursts—he says he’s now learned to “chew slowly, walk mindfully, and play mindfully.”

At those words, Nunez turns to him with an expression of pride: “You have a smile on your face, and you look relaxed.” [OTI](#)

OT Department Forms Global Collaborations

Nearly halfway around the globe, two MGH Institute professors are implementing health programs that aim to elevate the lives of people with disabilities.

Drs. Rawan AlHeresh and Kim Schoessow, both assistant professors of occupational therapy in the School of Health and Rehabilitation Sciences, are transferring the principles and practices of their field to countries where medicine and societal norms currently offer few opportunities to people with disabilities.

Dr. AlHeresh is helping Palestinian refugees with disabilities who are settled in Jordan overcome the social stigmas and physical barriers that hinder day-to-day functions. Similarly, Dr. Schoessow is guiding people with low vision toward improving their lives in India, where vision care is cost-prohibitive, if it's available at all.



JORDAN: Giving Refugees Hope

Dr. AlHeresh believes she might be among the first 10 Jordanians to earn a graduate degree in occupational therapy—an illustration of how society there has yet to grasp the struggles of people with disabilities. She earned a PhD in Rehabilitation Sciences from Boston University in 2015, and joined the Institute in 2017.

Dr. AlHeresh wants to expand OT services in countries where those offerings are scarce, and believes there is no better place to start than Jordan, where there are 2.9 rehabilitation professionals per one million people. Six Institute students joined her in Jordan this summer for a hands-on course in which they worked in a U.N.-supported community-based rehabilitation center at a refugee camp in Baqa'a, 12 miles north of the capital Amman.

The students helped U.N. staff perform health screenings of Palestinian refugees with disabilities. They also tried to enhance the refugees' day-to-day existence. "For



MGH Institute students help provide rehabilitation services to a variety of clients in Jordan.

instance, for mothers with children with cerebral palsy, we teach them how to dress the child in a therapeutic way that will stimulate muscle growth and range of motion," Dr. AlHeresh said. "Or we'll work on fabricating splints for those with

deformities in their hand."

Dr. AlHeresh hopes she and the students help provide stability in the refugees' lives and reshape how they think. "A disability shouldn't hinder their lives," she said.

INDIA: Overcoming Vision Hurdles

In India, according to Dr. Schoessow, there are only 5,000 occupational therapists to serve a population of 1.3 billion. Wanting to mitigate, even slightly, this acute shortage of rehabilitation professionals, she hopes to lay a foundation of education so that clients with low vision can improve their lives.

With the help of four Institute students this past January, Dr. Schoessow started teaching the faculty of Manipal Academy of Higher Education's Kasturba Medical Hospital how to perform OT therapy for low vision clients. She is returning alone to the Manipal, India, hospital this month for more instruction, and hopes to again bring students in January. As a sign of her commitment to create a sustainable model of care that professionals can long



OT students Lesley Herold and Sarah Englebretsson teach low vision techniques to faculty and students at Manipal University.

follow, the academy offered Dr. Schoessow an adjunct faculty position.

Low vision is vision loss that cannot be corrected through surgery, medicine, or

glasses, but assistive devices are available—assistance that is almost taken for granted in developed countries but is scarce in India. "All of these devices cost hundreds or thousands of dollars," Dr. Schoessow said. "But in India, patients cannot afford that, so (OT professionals) have to get creative with their recommendations. They have to look around the room and make do with what they have."

For Dr. Schoessow and her students, that means assessing how patients go about their lives and jobs, and making recommendations on how they can overcome limitations. "That might mean relying more on their hands than their eyes when they cook," she said. "Or making their home environment more supportive for their remaining vision." **OT**



Dr. Michael Iwama Named Dean of Health and Rehabilitation Sciences

DR. MICHAEL IWAMA WILL JOIN the MGH Institute as its next Dean of Health and Rehabilitation Sciences later this year. Michael Iwama, PhD, MSc, BScOT, currently serves as Professor and Chair of the Department of Occupational Therapy at Augusta University (formerly the Medical College of Georgia). He is also Adjunct Professor in the Faculty of Medicine at the University of Toronto and holds similar adjunct professorial appointments at six universities in Canada, the United Kingdom, Australia, and Asia. Iwama completed advanced studies in medical anthropology from University of Leiden, Netherlands, and earned a PhD in Sociology from Kibi International University in Japan, a MSc in Rehabilitation Sciences from University of British Columbia, a BSc in Occupational Therapy from University of British Columbia, and a BSc in Human Performance from the University of Victoria.

Dr. Iwama is widely recognized for having developed the “Kawa Model” (“kawa” is Japanese for “river”)—the first



Dr. Michael Iwama, PhD, MSc, BScOT

substantial model of practice in the rehabilitation sciences developed outside the English-speaking world. The Kawa Model is now taught in over 600 health profes-

sions education programs internationally and used in practice across six continents. Dr. Iwama has emerged as a very important and progressive thinker in the fields of occupational therapy and rehabilitation sciences worldwide.

Iwama draws on his rich experience of acculturating into Eastern and Western social spheres of experience to drive his profound and critical perspectives on culture and its intersections with theory and practice in the rehabilitation sciences. Dr. Iwama is also a passionate and captivating communicator and is regularly invited to lecture to both U.S. and international audiences. Since *The Kawa Model: Culturally Relevant Occupational Therapy* (2006) was published, Iwama has given over 350 invited national and international lectures and over 40 keynote and plenary addresses at scientific and professional conferences. He has more than 25 publications in both English and Japanese professional journals.

Dr. Iwama will officially join the Institute on December 1, 2018. [OT](#)