

**University of Toronto, Department of Occupational Therapy**

**Valedictory Address**

**November 24, 1999**

**By Wendy Fox**

I'd like to begin tonight with a note to my classmates. Take a moment, if you will, and think back to that instant 2.5 years ago when you opened the envelope from the University of Toronto and read the letter granting you admission to the Occupational Therapy program. Remember how you felt? Nervous? Excited? Now recall the sound of your name being called out as you walked across the stage in Convocation Hall about 2.5 hours ago. You were probably once again feeling nervous and excited; but oh my friends, how far we have come!

It is my honour to speak tonight on behalf of the Occupational Therapy class of 1999, a class in which I have had the great pleasure of knowing sixty-two amazingly talented and inspiring women and men. But of course, all of you family members, spouses, partners, friends, and teachers who have faithfully traveled with us and supported us on our two-year journey know well that I'm talking about a very gifted group. You probably also know a fair bit about both the fun times we've experienced together as well as the trials and tribulations we so liked to complain about over the course of the curriculum. But let's just get one thing out in the open right from the beginning. What you may not quite clearly understand, as you proudly watched us new graduates walk across the stage and receive our degrees, is **what exactly is occupational therapy?** In fact, I can pretty much guarantee that more than a few of the OT's in this room – both new and experienced – are still struggling to answer that question.

It was September 1997 when we met as a group for the first time in good old Room 416. That was also when we first realized that we didn't really understand what we were studying to be, even though we had painstakingly researched and written about OT in our admissions essays. That fall was an unmistakably exhilarating and overwhelming beginning to our OT careers. We were orienting ourselves within our new profession, discovering a whole new horizon of ideas and facts, and developing fast friendships. Yes, by the time we wrote our Unit 1 exam we could throw around the terms with which we are now so familiar; concepts like 'Quality of Life', 'meaningful activity', and the quintessential 'self-care, productivity, and leisure'. We had also

basically memorized the Canadian Association of Occupational Therapists' definition, that "Occupational therapy is a health profession whose members collaborate in enabling occupation with clients". But inside we were all asking (as probably some of you are now), okay, what does that mean? What am I going to be doing for the rest of my working life? What is occupational therapy?

Certainly, for whatever it is that they do, today's OT's are well-equipped.

First of all, occupational therapists have a unique way of thinking and looking at the world. Just refer back for a moment to all those models we studied in Unit 2. Oh, and we did really need to cover them all, since almost every OT in clinical practice uses an *eclectic* theoretical approach. And of course, one of the most important components of clinical thinking is the ability to ask the right questions. Through hours (and hours and hours) of PBL (Problem Based Learning) we've developed problem solving skills that are second to none. You give us a topic – any topic – and we can find within this huge library system three journal articles addressing that exact issue within the last two years. Well, maybe we could in Unit 1. We later learned to download something off the internet at lunch, or better yet, write down some of the phone numbers from the Blue Book.

We OT's are also well-equipped with an impressive set of specialized knowledge and skills. We've studied development and health issues across the entire lifespan and almost every clinical population. We've spent hours critiquing assessment tools and months completing innovative research projects. And who could forget clawing our way through killer physiology tests that always seemed to be set for some course other than the one we had studied for, not to mention early morning Anatomy labs and nightmarish Anatomy bellringers. We've laboured over our fieldwork choices, and then cursed the randomized computer program that thwarted our efforts to complete the perfect combination of hospital, community, physical medicine, and mental health placements. Then finally, to test these freshly acquired knowledge and skills, we survived the certification exam – well, hopefully, thanks to the bell curve!

Now, back to the question of what is occupational therapy and what do occupational therapists do with these theories, these finely-honed problem solving abilities, and this comprehensive set of clinical skills? The textbook definitions talk about teaching people the necessary knowledge and skills needed to provide them with new and different ways to participate in life, often in response to illness or disability. OT's also work to adapt barriers in the environment to facilitate engagement in a variety of occupations (or activities). These definitions sound broad, and in fact we are extremely lucky to be part of such a dynamic and diverse profession. Several of the OT's here tonight may spend their days teaching individuals new ways to dress, or to remember information following a stroke. The OT's sitting next to them may assist individuals with schizophrenia with money management and budgeting skills, and how to take the bus independently. Still others are experts in fabricating complex hand orthoses to stabilize healing tendons. All these textbook explanations and clinical examples are just other ways of illustrating that we care about people. We listen with both our heads and our hearts. We respect the dignity of all individuals as unique human beings with strengths to share with the world. We dedicate ourselves to helping bring meaning to our clients' day-to-day existence. We strive to help make those little changes that can translate into unbelievable differences in the quality of individual lives. As stated more poetically by Ralph Waldo Emerson, we endeavor "To live, let live, and help live".

We all found a home in occupational therapy because, as Professor Pat McKee once told us, we were all born OT's and just didn't know it yet. Dare I say that there is something special about occupational therapists amongst health care providers, even if no one can quite articulate what that something is. We entered the program as talented, enthusiastic, and caring individuals with that unnamed something special. We are leaving the program with those same qualities, but we have had the opportunity to grow immeasurably, not only through the knowledge we've acquired, but in most part through the relationships we've developed – relationships with the clients with whom we've worked, with the many OT's in the department and in our placements who became our role models, and through our relationships with each other. All fifty-nine of us women and all four of the men always helped and supported each other. We have more than a shared professional identity or group cohesion. There are strong bonds of friendship here that will continue for the rest of our lives.

Well, that all sounds like we think pretty highly of ourselves! We're so smart, and so skilled, and so caring, and we get along with everybody! Well, if that's the case (and some of you may want to dispute me on that), then with this education and these skills goes a serious responsibility. We have had the privilege of four, five, six or more years of post-secondary education and we leave here tonight with the distinction of holding professional degrees. I have just spent the last five minutes of this self-congratulatory speech highlighting how hard we've worked and how much we've accomplished. It is important to recognize that we likely would not have reached this point without the endless support from the amazing faculty and staff of the OT department, and from our parents, spouses, partners, friends, and other loved ones. We must also stop and consider the realities of the lives of the clients with whom we work; the struggles they faced and the victories they reached while we had the luxury of attending classes, writing papers, and studying for tests. As we move into the next century, the world is a complicated and often disempowering place. We have an obligation to do the very best work we can for and with our clients, as well as a responsibility to address society's health and social issues including poverty, homelessness, the growing gaps in distribution of wealth and access to resources, discrimination, and government cutbacks to social services and health care funding. "You must be the change you wish to see in the world" was an appropriate prescription given by Mahatma Gandhi.

As occupational therapists, we care about making a difference. And I know that we will.

Thank you.