

# TUFTS BSOT Notes



PROMOTING POSSIBILITY

Summer 2006

## BEKENSTEIN SCHOLAR PROFILE

### Regina Ferraro Doherty, G'92, G'06

A woman falls and breaks her hip. An ambulance is called and, a few minutes later, the woman is spirited away to a local hospital. Once there, she is examined by a doctor and then receives a visit from the hospital's occupational therapist. After meeting the patient and mapping out a treatment plan, the occupational therapist leaves the room and approaches the doctor, who is standing nearby. They proceed to talk and at some point during the conversation the therapist finds out that the injured woman has cancer. The patient is not aware of this diagnosis. But her family is. They plead with the occupational therapist to keep this information to herself. *She wouldn't be able to handle it* they tell her, and they promise to share it when the time is right. The occupational therapist is at an emotional crossroads. She desperately wants to follow the wishes of the family, but believes that the injured woman would benefit, from a recovery perspective, if she knew the full extent of her condition.

"What would you do?" a voice asks.

The students raise their heads from the case study they have been reading and look toward the lectern at the front of the classroom. Standing before it is Regina Doherty, a Tufts-BSOT graduate alumna and Bekenstein Family Endowment Scholar. The class Doherty is leading is titled "Ethical Issues in Healthcare," and the story of the woman with the broken hip is just one of many case studies the students will read over the course of the semester.



Bekenstein Scholar Regina Doherty

Once all the students have reviewed the study, Doherty peppers them with some follow-up questions ranging from how would they ethically justify telling, or not, the woman about her condition and what are some of the ethical challenges that come with each course of action? From there, the class discussion takes off and Regina Doherty sits back and lets the ethical debate take flight.

### Ethically Speaking

It's a few months later and Regina Doherty is sitting in an office at Tufts University's Ballou Hall being interviewed for this article. In a few weeks, she will be part of a series of 'firsts.' She will become one of the first individuals to earn a Tufts University Doctor of Occupational Therapy degree and the first Bekenstein Scholar to graduate from Tufts-BSOT. For now, though, gowns and diplomas are the furthest things from Doherty's mind, as she is working on her final project for the doctorate.

As Doherty shares during the interview, ethical questions are often complex and can be resolved in a number of ways.

"An ethical question is different from a legal question or a clinical question," she says. "Sometimes there are two decisions that are right and you don't know which one to choose. Sometimes there are two wrong decisions and you have to choose the less favorable of two evils, so to speak."

Doherty, G'92, G'06, first became interested in ethical issues while working as a clinical specialist at Massachusetts General Hospital (MGH).

"About seven years ago, MGH created a Patient Care Services/Ethics in Clinical Practice Committee," says Doherty, who took a leave from her position at the hospital to pursue her doctoral degree. "I had been involved with different work related to ethics and they asked me if I would chair the committee, so that's how I got involved."

After helping to launch the committee,  
*Doherty continued on page 2*

## MESSAGE FROM THE CHAIR

### Summer 2006

As you will see from the articles in this issue, Tufts-BSOT continues to explore new areas in occupational therapy, both on the Medford campus and beyond. Our students, faculty, and alumni are addressing needs at the level of the individual, group, organization, and community. We hope you enjoy reading about the pioneering efforts of our students who traveled to New Orleans last winter, the groundbreaking work of a Tufts-BSOT lecturer in the area of pain management, and how two Tufts-BSOT graduates are making unique contributions to the field of occupational therapy.

ROSE LINCOLN



I am also very pleased to announce that Dr. Linda Tickle-Degnen will be joining the Tufts University Department of Occupational Therapy this September as an associate professor and future department chair. She comes to us from Boston University where she distinguished herself as an

active scholar and educator. This fall, Dr. Tickle-Degnen will launch her research laboratory at Tufts as she continues her study of the effects of Parkinson's disease on social participation and quality of health care services received. It is anticipated that Dr. Tickle-Degnen will assume the position of chair of Tufts-BSOT within a year, and it is with great pride that we welcome Linda to our department.

I look forward to my shifting role after twenty-one years of serving as department chair. This change will allow me to both continue my work as a professor in the department and expand my teaching, scholarly, and service initiatives. Over the next year, I look forward to collaborating with Linda, while also serving as a mentor to her as she prepares to take over as chair. I will also use this time to develop plans which will maintain the stability of Tufts-BSOT, both now and in the future.

Once again, it has been a pleasure to work with Tufts-BSOT as a community. I treasure both the professional and personal achievements and relationships our association has brought, and I wish you all a healthy and enjoyable summer.

Sharan L. Schwartzberg

A handwritten signature in cursive script that reads "Sharan L. Schwartzberg".

Professor and Chair

#### *Doherty continued from page 1*

assembling MGH staff and faculty from several different practice areas, Doherty polled the hospital community to get a sense of the ethical issues they were struggling with, which helped her guide the efforts of the committee as it moved forward.

Says Doherty, who received a Partners in Excellence Award from Partners HealthCare Systems, Inc. in 2005, "We asked them [MGH practitioners], 'What are the ethical issues that impede your practice?' The top three were confidential-

ity, informed consent and advanced directives. The common theme in all three is shared decision-making. As I worked to coordinate the work of this committee, I started getting more into ethics, looking specifically at how people make ethical decisions in their practice. I also did some research in the area. This is an area that interested me because it combines the philosophical and the practical. People can have really good hands-on practice skills, but can have problems if they don't have the ability to manage the moral

challenges that come up."

#### Different Approaches

This interest in ethics was the inspiration behind the leadership project Doherty pursued during the spring 2006 semester. The project was titled "Ethics Education in the Occupational Therapy Curricula: Advancing Moral Reasoning Through Effective Pedagogical Content" and explored how ethics was taught at five occupational therapy educational programs in New England. Through her research, Doherty found that departments take different approaches when it comes to teaching ethics.

"The class I teach is a semester long class on ethics, and through my research I found that some occupational therapy programs have classes like this while others integrate ethics throughout the curriculum," she says. "Sometimes if something is integrated and not made explicit, students don't recognize it for what it is."

For Doherty, a focus on ethics is crucial to the development of future practitioners.

"When we teach a student how to splint someone's arm, for example, we teach him or her the theory behind it," she says. "Are we doing the same with ethics? When we teach someone how to reason through a moral problem, are we teaching the theory behind it? Are we talking about ethics so students understand that this is an aspect of practice that needs to be developed as a competency? Are we preparing practitioners to have difficult conversations when clients are crying, when clients are angry? When an ALS patient says, 'I have no interest in coming to you. I know you can make me better, but I'm not interested. I'm going to die in six months, and I really don't want to spend my time that way,' how are we preparing clinicians to have these conversations and both respect patient wishes and practice professionally? Ethics is about making good decisions in every day practice. It's about being prepared to deal with the emotional issues that all occupational therapists face."

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*The Bekenstein Scholarship Program was created in 2005 and supports the financial aid needs of Tufts-BSOT master's and doctoral students. To learn more about this program, contact Professor and Chair Sharan Schwartzberg at [sharan.schwartzberg@tufts.edu](mailto:sharan.schwartzberg@tufts.edu) or 617-627-5920.*

## Noreen Ryan, G'99

Noreen Ryan walks into an office at the Walnut Street Center, Inc. of Somerville, Massachusetts and takes a seat. Sitting across from her is John Keegan, executive director of the organization. The pair spend a few moments catching up before Keegan shares why they are meeting on this particular day. As he explains, someone has decided to leave the organization to pursue other professional opportunities. Ryan, director of day supports for the Walnut Street Center, has worked with this person and knows that he oversees the art store the center has recently opened. Ryan also knows what's coming next. *They want her to take over the store.* Ryan is a bit apprehensive upon hearing this, even though it was expected. She is, by her own admission, not a business person, and has little experience working with artists. Nonetheless, Noreen Ryan accepts the challenge and an hour later she exits the office with an art store.

### Making Choices

It's 2006 and Noreen Ryan is sitting again. This time, though, she's not in an office.



Noreen Ryan at "It's A Gift"

Instead, she's occupying a seat in the back of "It's A Gift," the art store she took over three years ago. She is joined by Craig Fletcher, director of development for the Walnut Street Center, and someone Ryan has worked with closely since she assumed administrative control of the store. The store itself isn't set to open for a few hours and, for the time being, Ryan and Fletcher are alone,

save for the paintings and other artistic works that hang from the walls and dangle from plastic stands sprinkled throughout the space. As a sign in the store states, "It's A Gift" offers adults with developmental disabilities enriching art-related experiences. These experiences include access to classes taught by local artists, the opportunity to both create and sell their individually conceived artistic creations at the store (collecting 60% of any piece that is sold), and the chance to develop skills in areas like customer service and retail. But, perhaps most importantly, "It's A Gift" provides those it serves with something that has been absent in many of their lives—*independence.*

"Most of the people we work with are either about fifty years old and have lived in an institution or are younger and probably lived with their families," says Ryan, who earned a master's from Tufts-BSOT in 1999. "Most of them never had the opportunity to make choices in their lives before coming to the store. They'd been told what to eat, when to shower, and when to wake up. So, when they first came to 'It's A Gift,' they would ask, 'what color should I use [when working on an art piece]?' There was no concept of making their own choices and deciding what they wanted to do. This store has actually helped them learn how to make choices in their lives which, to me, is so important."

The store has also made an impact on the community, evidenced by the presence of its artists at several art-related events.

Says Fletcher, "One of the things that we have been trying to do is get our artists



MELODY NO

known in the community, so if I find exhibits or events I try to get "It's A Gift" involved. A few years ago, we were part of ArtBeat [an arts festival held each year in Somerville] and wove together a mural and got people from the community to participate. These people worked side by side with our artists, which was probably the first time most of them had ever met someone with a developmental disability."

Today, "It's A Gift" serves approximately twenty adults with developmental disabilities. Customers have a wide-range of items to choose from, all created by these "outsider" artists, when visiting the store. These works include woven scarves and other textiles, necklaces, earrings, barrettes, eyeglass holders, and paintings (acrylics, watercolors, and oil pastels). The store is open six days a week (Monday-Saturday), and once inside visitors will find the artists engaged in everything from creating their own art to working the cash register at the front of the store. It is, by all accounts, a smoothly run operation. But, this wasn't always the case. When Ryan first took over the store, its future success was anything but a given.

### Visionary Thinking

In the weeks that followed her meeting with the executive director, Ryan familiarized herself with the operations of "It's A Gift." She soon came to the realization that while the store had great promise there were several issues that needed to be addressed.

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Ryan continued from page 3

"We struggled in the beginning because there was no clear vision, no goals, for 'It's A Gift,'" recalls Ryan. "The organization had found this space [to rent] and thought, 'let's open this store' and then just started doing it without really putting the building blocks into place, so I think we spent those first few months struggling to put them into place."

From the outset, Ryan wanted to bring a new, more practical business mindset to "It's A Gift." To achieve this end, she relied heavily on what she learned at Tufts-BSOT.

"In occupational therapy, you look at a problem from an individual perspective," says Ryan, who, along with "It's A Gift," oversees two other day programs at the Walnut Street Center. "What are the goals for this person? What are the short-term goals to reach that long-term goal? I applied this type of thinking, and still do, to 'It's A Gift.'" We asked questions like, What's important to us? What are our goals and how are we going to reach them? What are our strengths? What are our weaknesses? These are probably very business-oriented approaches that I didn't learn at business school. I learned them at Tufts-BSOT."

Specifically, Ryan confronted the problems facing the store by instituting both a set meeting schedule and opening clear lines of communication between her and anyone involved with "It's A Gift." She prioritized what the store was going to focus on (e.g., greeting cards, T-shirts, etc.), developed an inventory system so art supplies and other necessities were always available, and assumed control of the store's budget, ultimately deciding what new opportunities could be pursued and which ones would have to wait until additional funding became available.

"The people responsible for the day-to-day management of the store would come up to me and say, 'Gee, we think we have some good artists, but I think we would do well to go out and recruit from the community,'" says Ryan. "It was my job to answer the questions of, 'Okay, what are the resources to make that happen? How can I look at my budget and fit that into a budget that's already in existence?' I can't increase the bottom line at this point, but I can pull from column A and put it in column B."

The financial flexibility of "It's A Gift" is due to the implementation of these improved business practices and the involvement of Craig Fletcher, who wrote the initial grant that allowed "It's A Gift" to open. Fletcher's efforts have also made it possible for the store to offer more art classes and he has been instrumental when it comes to marketing and improving the store.

"A few times a year, Craig will prompt me and say, 'Okay, sit down and do your grant wish list,'" says Ryan. "I'm probably the first person in the agency to respond because I realize that funding is what allows us to think outside the box and do some different things."

From Ryan's end, "It's A Gift" is doing well. She has seen the individuals she works with grow, both as artists and people, significantly through the years and feels that the store is well-positioned for future success.

Ryan has grown as well. In the past, she had trouble seeing herself as an occupational therapist. This is no longer the case.

"I'm absolutely a nontraditional occupational therapist, and I think my role as an administrator makes me even further removed," says Ryan. "I would always say to Mary Barnes [fieldwork coordinator at Tufts-BSOT] that, 'I'm not an OT!' and she would respond, 'Yes, you are!' I do see myself as an occupational therapist because if a breakdown occurs, if somebody is not reaching their potential, we try to help them figure it out. For example, one of our more verbal artists gets very stuck and just wants to draw planes and buses, and that's fine but I tell him 'you need to give me more.' He's very distractible, and I think plugging in the occupational therapy piece of, 'Do you want your artwork on the walls? Do you want it to sell?' And really helping him figure out that the stuff that has sold in the past has been filled in more."

Of course, Noreen Ryan knows a thing or two about filling in blank spaces. For proof, all you need to do is walk through the doors of "It's A Gift."

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*To learn more about "It's A Gift" or any of the other day programs run through the Walnut Street Center, Inc., go to <http://www.wscinc.org/day.shtml> or call 617-776-1448.*

## FEATURE STORY

### Sweet Relief

It all started with the ADL packages. Following Hurricane Katrina, a few occupational therapy graduate students were looking for a way to assist those affected by a natural disaster which claimed the lives of at least 1,600 people and was responsible for an estimated 115 billion dollars in damages. Led by Heather Bailey and Stephanie Joe, co-presidents of the department's Student Occupational Therapy Association (SOTA), several occupational therapy students began preparing aid packages, which would be sent down to New Orleans. This involvement didn't stop with the packages, though. These items were, as it turns out, merely the catalyst for something much bigger.

"A lot of us [Tufts-BSOT students] wanted to do something," recalls Amanda Hamm during a recent interview. "We were building these ADL packets, which were basically personal care packages. We were going to ship them down, but then I approached one of our faculty members and SOTA advisor, Andrea Sherwin, and told her that I wanted to go down there. I wanted to see and experience it, and maybe work it into my coursework as a special topics class."

Naturally, in such a close-knit department, word got out about Hamm's intentions and before long she had a couple of traveling companions. Over the ensuing weeks, the number of attendees increased, eventually settling on the eight that traveled by 15-person passenger van to New Orleans in January 2006. The students named themselves OT Gulf Support and their trip was made possible by their own fundraising efforts, the Tufts Office of Graduate and Professional Studies, the Graduate Student Council (GSC), and the Tulane University Paint Rally, which provided OT Gulf Support with housing in return for their assistance with cleaning three public schools in New Orleans.

"We wanted the main focus of our trip to be around the healthcare system in some way," says Gayle Offenbergh. "But we did want there to be an even balance between doing physical work and volunteering at hospitals and rehabilitation cen-



ters and talking with people from different professions.”

To achieve this balance, the members of OT Gulf Support (Tufts-BSOT graduate students Heather Bailey, Mike Ferrelli, Amanda Hamm, Paula Querido Kahn, Theresa Leed, Gayle Offenberger, Lindsay Malarky, and Amy Urquhart) split their time between the schools and five occupational therapy sites in New Orleans.

### Back to School

The messages were the last thing Mike Ferrelli expected to find on his second day in New Orleans. In the brief time he had been working at the Booker T. Washington High School, he had become accustomed to the mask he wore over his face, the overwhelming odor around him, the discarded, decaying food which was littered throughout the halls of the school, and what resided in the stairwells and hallways. But the messages were a surprise. They were written on a series of chalkboards, and while each was scrawled in a different hand, they all said, more or less, the same thing.

“The messages were from people who had stayed in the school, apologizing for having to break in and leave such a mess,” says Ferrelli. “But they had no choice. They broke into the school, grabbed whatever food they could from the cafeteria lockers, and slept in sleeping bags in the

classrooms. They used the back stairwells and hallways for bathrooms. They had no power or water, so this was bare-boned survival instinct and after the water left, the mildew set in. There were four distinct smells in the schools. There were the mold and mildew smells, which were just overpowering, and then there were the rotten food and fecal smells. The whole experience was really powerful, and not something that has been in the news or really heard about.”

The clean up work helped OT Gulf Support gain a new perspective on what occurred in New Orleans. But the items they found and the words they read could only say so much. The only way to uncover the whole story of the hurricane, they reasoned, was to speak to the people who had lived through it. To do so, OT Gulf Support left their masks and cleaning gear behind, and spoke with the patients and employees (i.e., occupational therapists, speech therapists, physical therapists, etc.) at the Children’s Hospital of New Orleans, New Orleans Home and Rehabilitation, Touro Rehabilitation Hospital, The ARC of Greater New Orleans, and the Crane Rehabilitation Center. While the team spent a significant amount of time observing the work of each institution, they also performed tasks related to occupational therapy. At the Children’s Hospital, for example, they helped track down hundreds of missing occupational therapy patients and ran groups at both the hospital and New Orleans Home and Rehabilitation. At the latter, they found a population that, due to the hurricane and its aftereffects, had not received occupational therapy for six months.

“A lot of these people had regressed,” says Ferrelli. “We met a man with paraplegia who had been able to feed himself through therapy, but had lost that ability since he hadn’t had occupational therapy for so long.”

*Sweet Relief continued on page 6*



(l-r) Amanda Hamm, Mike Ferrelli, Heather Bailey, and Paula Querido Kahn at McDonough 35, the first school OT Gulf Support volunteered at.





**The members of OT Gulf Support: Front Row (l-r) Paula Querido Kahn, Lindsay Malarky, and Amanda Hamm. Back Row (l-r) Heather Bailey, Mike Ferrelli, Amy Urquhart, Theresa Leed, and Gayle Offenbergh.**

#### *Sweet Relief continued from page 5*

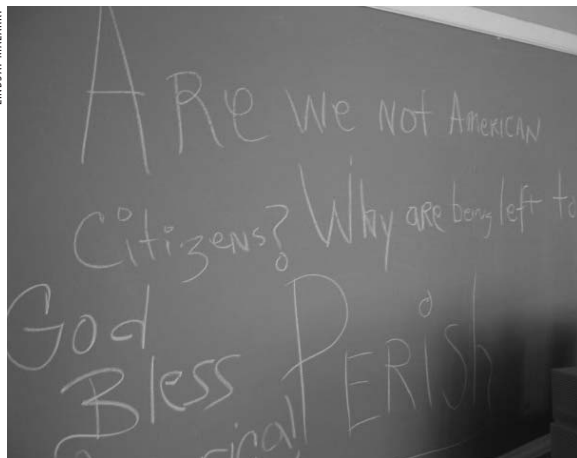
Adds Hamm, "One person thought we were actual occupational therapists and asked, 'Can you teach me how to tie my shoes with one hand?' He had an amputation and only had his right hand."

While OT Gulf Support couldn't provide the direct service needed at New Orleans Home and Rehabilitation (or at the other places they visited), as they were primarily first-year occupational therapy graduate students, they were able to provide those they came across with some-

thing else—the chance to share their experiences.

"One of the things we did was just sit and listen to people," says Ferrelli. "At New Orleans Home and Rehabilitation, Paula [Querido Kahn] and I spoke with a physical therapist, a speech therapist, and the nursing home's administrator for three hours. At one point, the speech therapist broke down crying and said, 'you know, I haven't cried for six months during this whole experience, but you're complete strangers and here I am crying while I tell you my story.' It was experiences like these that made us feel like we were doing something good down there, having a positive change in somebody's life just by listening to them."

"A lot of people were really happy to have a fresh ear, because if you tell your neighbor what happened, he or she is dealing with the same thing," says Hamm. "So, to have people like us who were ready to listen and take in their stories was important to them."



## **The Occupational Therapy Connection**

OT Gulf Support has connected the events of Hurricane Katrina with the field of occupational therapy in their recently completed research paper, "The Role of Occupational Therapists in the 2005 Hurricane Katrina Disaster." The paper, which they wrote as part of a clinical research class they took during the spring semester, "examines the disaster preparedness, response, and recovery experienced by practicing occupational therapists in New Orleans in the aftermath of Hurricane Katrina." One thing they found was that most occupational therapists were steered toward activities unrelated to their area of expertise in the days following the hurricane.

"During the immediate response and evacuation, they [occupational therapists in New Orleans] were assigned roles that didn't take advantage of their skills," says Hamm. "They were given more administrative work or told 'okay, just watch these kids.'"

OT Gulf Support also found that many occupational therapists are unclear about their roles during events like Hurricane Katrina, since they are rarely involved in the disaster planning process of their particular healthcare setting. Therefore, Hamm and her colleagues feel it's imperative for occupational therapists to aggressively pursue a seat at the table when these discussions are held.

"Based on our findings, we feel that individual occupational therapists need to take responsibility and be involved in whatever plans there are for disasters," says Paula Querido Kahn. "The powers that be are not going to call a therapist up and say, 'we need OT!' so individual occupational therapists need to advocate for themselves in their own settings."

When asked why occupational therapy is so well suited to deal with an event like Hurricane Katrina, Hamm replied, "After a disaster, people's lives are turned completely upside down, and then they try to get back to find some normal role or normal routine. This is clearly what occupational therapy is about. Occupational therapists can bring people back to something familiar."

*To find out more about OT Gulf Support contact Amanda Hamm at [amanda.hamm@tufts.edu](mailto:amanda.hamm@tufts.edu).*

## From Occupational Therapist to Pain Expert

By Deborah L. Rochman, MS, OTR/L

I have been practicing occupational therapy for the past twenty-seven years. I got my first job as senior occupational therapist, inpatient psychiatry, at University Hospital in Boston (now known as Boston Medical Center—BMC). I enjoyed working in psychiatry—it was, after all, my area of greatest interest. I soon got married and then moved to Baltimore. I was excited when I was hired to work at the Phipps Clinic at Johns Hopkins Hospital. I loved working within a large, occupational therapy department and it was during this time that I discovered my passion for working with people suffering with chronic pain.

While at Phipps, I had the opportunity to start an occupational therapy program for the newly-opened multidisciplinary Pain Treatment Center. Occupational therapy seemed to be the perfect match: helping people to reorganize their time, using their bodies in healthier ways, and learning to cope with a chronic problem. After a few years, I returned to Boston. With the skills and knowledge I had acquired at Phipps, I was soon hired at what was then Braintree Hospital's Facial Pain

motherhood full-time. While I adored my new role as mother, I missed my work in occupational therapy.

Spaulding Rehabilitation Hospital in Boston was looking for an occupational therapist to start a program in the Pain Treatment Center. Again, I found myself developing an occupational therapy program to complement an existing multidisciplinary pain program. After five years, I moved on to private practice, consultation, and academia.

Since coming to the Tufts Department of Occupational Therapy, I have been able to feed my love of working in a multidisciplinary team through my appointment as a clinical instructor at the Tufts School of Dental Medicine, Craniofacial Pain Center. My private practice involves patients who are referred to me from the center. Since 2004, I have been the principal investigator in a research project examining the psychometric properties of the Canadian Occupational Performance Measure with patients who have orofacial pain. The multidisciplinary team at the center has been instrumental

in assisting with the design, methods, and implementation of this research. There is much student involvement at the center. They join me at the weekly Grand Rounds and Case Conferences. Students may observe biofeedback and other treatment modalities used by the



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Deborah Rochman

multidisciplinary team at the center. I currently teach one of the clinical reasoning seminars on procedural reasoning and an elective, "Theory and Management of Pain." My many activities allow me to bring current and relevant information to my teaching.

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*Deborah Rochman, MS, OTR/L, teaches courses in clinical reasoning and pain management through the Tufts Department of Occupational Therapy. She has worked in hospital, outpatient, community-based and university settings over the past two decades. Her current research interest is in chronic pain and its impact on role functioning in facial pain populations. Deborah Rochman is an active member of the International Association for the Study of Pain, the American Pain Society, the New England Pain Association, and the Tufts Orofacial Pain Society.*

**"I loved working within a large, occupational therapy department and it was during this time that I discovered my passion for working with people suffering with chronic pain."**

Treatment Center. I ran the Muscle Relaxation Program where I developed skills in behavioral medicine, such as biofeedback and other cognitive behavioral approaches. When my first child was born, I decided to leave my beloved occupational therapy career to try

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## GSAS Honors First OTD Graduates

The Tufts Graduate School of Arts and Sciences (GSAS) recognized its graduating doctoral students during its 8<sup>th</sup> annual Doctoral Hooding Ceremony in May. Among



*(l-r) Jill Siebeking, Sharan Schwartzberg, professor and chair of Tufts-BSOT, Diana Bailey, professor, Regina Doherty, and Ellen Rainville.*

confident that they, and those that follow them, will have a positive impact on the quality of life in our communities.”

*To learn more about the OTD program, go to <http://ase.tufts.edu/bsot> or call 617-627-5720.*

this collection of academic achievers were the first three graduates of the Department of Occupational Therapy's Doctor of Occupational Therapy Program (OTD)—Jill Siebeking, Regina Doherty and Ellen Rainville.

“These OTD graduates have the potential to be true leaders in our profession,” says Sharan Schwartzberg, professor and chair of Tufts-BSOT. “I am

## TUFTS-BSOT Notes

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### We'd like to hear from you.

If there are comments you would like to make, issues you would like to see covered, an article you would like to contribute, or if there is a fellow alumnus/a you would like to see interviewed for a future article, please contact us at the address above or e-mail [BSOTNotes@tufts.edu](mailto:BSOTNotes@tufts.edu).



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