

TUFTS BSOT Notes



PROMOTING POSSIBILITY

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MESSAGE FROM THE CHAIR

BSOT to Begin Doctoral Program

I AM PLEASED TO ANNOUNCE THAT, PENDING TRUSTEE APPROVAL, BSOT WILL BE ADMITTING students into its new Occupational Therapy Doctoral Degree Program (OTD) for January 2005.

The BSOT program has been approved by the Graduate School of Arts and Sciences (GSAS) and the Arts, Sciences, and Engineering (ASE) faculties. Full approval of the OTD will not come until the University Trustees vote at their board meeting on May 22. We are delighted with the support and affirmation of our colleagues on both the Medford and Boston Health Sciences campuses.

I personally wish to thank the faculty and staff. Their hard work on the proposal helped our department take a major step forward in occupational therapy as well as in Tufts University. They deserve our congratulations, as does all of BSOT, on this very exciting venture.

I invite alumni considering doctoral education to contact me or Barb Kresge about the program. We expect considerable interest among our current entry and post-professional students. Our OTD program graduates will be prepared to establish new venues in the field. The program will allow us to continue to be competitive with other universities and will open up opportunities for our own students and alumni. BSOT will further its mission by preparing expert practitioner-teacher-scholars to assume leadership positions. The program will also enable us to strengthen our ties with other graduate programs at Tufts and to build new links in health care policy and service delivery.

We are delighted with the opportunities ahead. As you can see from the stories in this issue, BSOT students, faculty, and alumni do indeed embrace "lifelong learning." Whether this process is part of career growth and development, as a researcher, or, as our alumna M. Lynne Murray demonstrates through her personal narrative, as an individual who is both informed and informing us about occupational therapy through her experience with a challenging medical condition.

I welcome your inquiries and continued support, as always. ■



Sharan Schwartzberg,
Ed. D., OTR, FAOTA
professor and chair,
Boston School of
Occupational Therapy



FACULTY PROFILE:

Focus on Research Drives Gary Bedell

by Jim Corrigan

FOR ASSISTANT PROFESSOR GARY Bedell, joining BSOT in September was something of a homecoming. He received his undergraduate degree in occupational therapy from Tufts in 1982.

Much of Dr. Bedell's early work as an occupational therapist was with children and youth with disabilities and their families in New York City, where he was raised. He eventually developed a specialty in working with families affected by HIV/AIDS. This work led to his involvement in efforts to educate occupational therapists and professionals from other disciplines about the range of needs of and possible interventions available to children

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Seeing Occupational Therapy as a Therapist and a Patient

by M. Lynne Murray, BSOT '95

I CAME TO OCCUPATIONAL THERAPY later in life, after a 20-year career in elementary education. I graduated from BSOT in 1995 and was happily working as an occupational therapist in my second career, when I unexpectedly entered my third vocation: disabled person.

On August 10, 2001, I suffered a cerebrovascular accident (CVA) of the cerebellum with bleeding into the brainstem. In emergency neurosurgery at Rhode Island Hospital (RIH), 30 cc of blood were evacuated from my brain by a team that included a former student of mine. I think there's a lesson for teachers in this: remember that a child in the third row may one day perform brain surgery.

When I awoke from the coma, I had volitional movement of my eyes and gross grasp in my right hand. I recalled

from lectures at BSOT that the residual from a CVA is a result of the size and location of the lesion. I left the neurological intensive care unit at RIH with the diagnosis of locked-in syndrome. (*Editor's note: Locked-in syndrome is described in The Diving Bell and the Butterfly: A Memoir of Life in Death by Jean-Dominique Bauby.*)

My acute rehabilitation stay was at Spaulding Rehabilitation Hospital in Boston. At Spaulding, a speaking valve inserted at the tracheotomy site aided communication immensely. My physical therapist, Lily, and my occupational therapist, Aimee, helped me to disprove the locked-in syndrome diagnosis. Their first task was to build my sitting balance.

Despite a feeding tube and a urinary catheter, I progressed to standing briefly and walking a few steps with an atlas walker.

In December 2001, I was transferred to Southpointe Skilled Nursing and Rehabilitation Center, a skilled nursing facility in Fall River, MA. By then the tracheotomy site had healed. I was weaned from the urinary catheter, but the feeding tube was still in place. The rehabilitation staff at was excellent. In February 2002, I received both motorized and manual wheelchairs. The motorized chair took a bit of practice to master. At first, staff members would pull fellow patients to the side of the cor-

stairs, among other things.

The laundry room was remodeled into an adaptive bathroom. A raised toilet seat and J-bar grab bar on the wall have permitted me to learn independent toileting. I shower each morning with a hand-held shower and shower chair, assisted by a caregiver. Grooming is done independently. My bathroom sink is elevated, so I can roll under it. Bilateral activities, such as blow drying and using a curling iron, are still works in progress. A caregiver assists me with lower body dressing. The CVA has left me with spastic tone in my right lower extremity. I am receiving Botox injections three times per year, which has been helpful in

reducing the tone, but I still lack isolated muscle control of the right ankle. I can walk with ankle foot orthotics and a rolling walker with a toe-off for about 20 feet, but the remainder of the walk is dictated by the spasticity

in my leg. My left upper extremity has presented with coordination issues as well, so I use it as a gross assist because I have no fine motor control at this time. The last time I completed a nine-hole-peg test, my right upper extremity took 30 seconds, while my left upper extremity took two and a half minutes.

Friends from my undergraduate years were together recently; "What's it like talking to Lynne?" one asked. "Like talking to Lynne, in a chair," came the reply. Life in a wheelchair is quite interesting. Some people have insisted upon directing their questions to my caregivers. On more than one occasion, a caregiver has replied, "She can speak for herself."

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"My physical therapist and my occupational therapist helped me to disprove the locked-in syndrome diagnosis."

ridor when they saw me coming down the hall in the motorized chair. My occupational therapist and a physical therapist often co-treated. It frequently took two pairs of hands, for example, to help me sit on a therapy ball. My sitting balance had improved, but the transfer required an assist. Finally, at Easter time of 2002, the last of the feeding tubes was removed. I was again capable of sustaining my body on what I ate. Nectar-thick liquids were the order of the day, and no crunchy foods were permitted.

In June 2002, I moved into my sister and brother-in-law's home in Riverside, RI. I could not return to my former apartment, which was in a 100-year-old tenement, since I could not manage the

STUDENT PROFILE:

Gabby Gaudreau Enjoys a Challenge

by Jim Corrigan

GABRIELLE “GABBY” GAUDREAU HAS a busy schedule.

A second-year student at BSOT, Gaudreau also works full-time as a certified therapeutic recreation specialist (CTRS) at the Shriners Hospital for Children in Boston.

Gaudreau has been a recreation therapist for nine years. She worked at the Mayflower Pediatric Center in Plymouth, Massachusetts, before joining the staff at Shriners Hospital. She intends to remain there as an occupational therapist when she completes her degree.

Shriners Hospital specializes in treating children who are burn survivors. The practice appeals to Gaudreau because it involves pediatrics and because a burn presents several challenges. “You may get a child as a baby and be dealing with a lot of issues,” she said. Burn survivors have to cope with shock, trauma, and often a great deal of pain. As the children age, their condition may necessitate extra efforts to cope with issues such as self-esteem and body image or emotional issues they may experience as part of their reentry into society.

One aspect of her work is peer education in support of a child’s social participation and returning to a school environment. Gaudreau is part of the School Reentry Team at Shriners, which prepares a child for returning to school and, if the family requests, may help to prepare children in a school for the returning student. Several times a year, the team goes into classrooms, and occasionally addresses entire school assemblies.

Gaudreau is also a member of the institution’s Burn Prevention Team,



Gabby Gaudreau works full-time at Shriners Hospital for Children while carrying a full courseload at BSOT.

which focuses on educating children about fire prevention. Now comprehensive, the program began by educating 11- to 12-year-olds, who are beginning to experiment with cooking, babysitting

received a scholarship from the Massachusetts Association of Occupational Therapy last year, and has presented at two American Burn Association conferences. On top of all this, Gaudreau is getting married in June, so planning a wedding is another demand on her time.

It can be difficult, she said, to balance her personal commitments and schoolwork with her professional work. “It can be done, absolutely,” she said, “but I miss out of some of the extras at BSOT.” She said her BSOT education helps her work at Shriners. “I get to look at my kids in a different view.” She enjoys her work, though, and one aspect of it in particular: Shriners is a no-cost institution. “We don’t bill any of our kids for our services,” she said. ■

Occupational therapy is “more encompassing of the whole patient.”

engaging in “match play,” or even finding bomb-making tips on the Internet. “We just want to educate them about the dangers out there,” she said.

She was drawn to occupational therapy, she said, because it is “more encompassing of the whole patient.” Gaudreau

Focus on Research Drives Gary Bedell

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and adults with HIV/AIDS and broader socio-cultural issues surrounding HIV/AIDS.

Dr. Bedell's doctoral dissertation, done at New York University, was a study of gay men with HIV/AIDS living alone in New York City. It focused on factors that helped or hindered their ability to cope with the disease and manage their daily life routines. His current research focuses on health promotion and rehabilitation-based interventions to promote participation in home, work and community life for persons with HIV/AIDS.

After completing his doctoral studies, Dr. Bedell did a post-doctoral fellowship in rehabilitation outcomes measurement and research at Boston University – Sargent College, with funding by the National Institute on Disability and Rehabilitation Research. His post-doctoral research focused on developing measures of social participation for children with acquired brain injuries and other disabilities and measures of environmental and child-related factors that may influence children's participation. He continues to develop these measures with the

hope that the information gained will ultimately affect services to promote the children's participation in meaningful activities – a core goal of occupational therapy.

“Gary Bedell brings both the knowledge and warmth one hopes for in a faculty member. Thorough in his teaching, research, and faculty department activities, he is one to be counted on. We are fortunate to have him on board,” said Professor and Chair Dr. Sharan Schwartzberg.

Dr. Bedell's classes at BSOT focus on clinical reasoning and research methods, which were part of what brought him to BSOT. “I was given support to teach courses in my areas of interest and expertise,” he said.

“Much of being a new faculty member is acclimating,” he said, but his experience has been enjoyable. The faculty and staff have been available and supportive, and the university support resources have particularly impressed him, especially IT services and the reference librarians.

One of his goals is more networking with other faculty and researchers at Tufts and the Boston rehabilitation community. He has done some already, having trained and conducted research at Boston University. “Even though I will always be a ‘New Yorker,’ I'm still a fan of Boston,” he said. ■

Comment on
these stories
or other topics
in the
BSOT Forum
<http://ase.tufts.edu/bsot/forum/main.asp>

Seeing Occupational Therapy as a Therapist and a Patient

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Handicap parking spaces have proved invaluable. They have allowed room for my caregivers to unload and assemble the wheelchair and permit room for the caregiver to provide contact guard as I transfer to the chair. My application for a handicap placard was originally rejected as incomplete. When I applied in person, I was issued the placard the same day. In handicap accessible restrooms that meet ADA requirements, I require caregiver assistance with clothing management. Poor balance makes it difficult for me to manage my lower body clothing one-handed from the horizontal bar provided. I have several female friends who feel comfortable man-

aging the task. However, other outings require a caregiver in attendance.

During the Christmas season and at other busy shopping times, I have hesitated to venture into stores. When people have been focused on handling shopping carts or packages, they frequently don't see the wheelchair. I use a manual wheelchair for shopping, and I have powered it myself with hands and feet, but I require a caregiver to handle a carriage or basket. I don't get a good heel strike with the right foot and have cortically managed wheelchair walking. Thank goodness the left lower extremity and the right upper extremity have operated on autopilot, so to speak.

Cortical management of the walker and wheelchair has been hardest for people to understand. Proprioception is taken for granted – for example, the ability to move from wheelchair to wheelchair is

expected behavior. Proprioception in my right leg and left arm has been impaired. I can't just pop from motorized chair to manual wheelchair. It has taken two and a half years for me to master the transfer with supervision, and it often requires contact guard depending upon the degree of spasticity I am experiencing in my right leg.

To those of you working in rehabilitation, I offer a word of thanks. My OT experience has given me a valuable perspective on treatment. Some therapists love to treat me, because I speak the language; others seem intimidated by my background. I have learned from the therapists with whom I have been associated and am grateful for their treatment. ■

Occupational therapist M. Lynne Murray can be reached at lpoob49@att.net.



BSOT students Annie Nam and Katie Herbert demonstrate the "Sensory Toss."

LABBB Collaborative Program Open House

IN DECEMBER, BSOT HOSTED AN OPEN HOUSE FOR THE LABBB COLLABORATIVE Program, a public school-based program for students with developmental challenges, providing traditional academics, functional and life skills academics, independent living skills instruction, recreational, vocation, and supportive services through the least restrictive environments. LABBB is an acronym for the communities served by the program: Lexington, Arlington, Burlington, Bedford, and Belmont.

Paired BSOT students had the opportunity to visit a LABBB Collaborative classroom during nine sessions over the course of 10 weeks last semester, participating in classroom activities, developing observation skills, and being exposed to a school setting for students with disabilities. The Open House showcased projects BSOT students designed and constructed for the students in their LABBB classroom. Because the LABBB students have a wide range of abilities, the therapeutic and educational goals of each project varied considerably. Nonetheless, each project demonstrated the artistry, creativity, energy, and dedication of BSOT students. ■

Olga O'Leary Leaving BSOT

BSOT IS SAD TO PART WITH ONE OF OUR KEY staff members, secretary-receptionist, Olga O'Leary.

Once described as the "den mother" of BSOT, O'Leary has been with the school since 1996. In her position as staff assistant, she supports all faculty, staff, and students. "I used to send out 1,500 brochures and listen to voice messages," she said.

"From securing supplies for staff, to making sure the paths are shoveled, to answering phone inquiries – she makes sure BSOT is in motion. Olga is our connecting point from day's beginning to end. We will miss her and wish her well in the next phase of her life. Now our source of recipes will flounder as will other special things she gives to us all," said Professor and Chair Dr. Sharan Schwartzberg.

O'Leary plans to retire and spend time with her husband, James O'Leary, associate professor of mechanical engineering at Tufts. When they first married, they lived a short distance from the Tufts campus. "Tufts is home to me," she said.

Departing, she said, is difficult. "I like being around the students. I like the camaraderie I've had with them," she said. "Students think of me as someone who can fix something if it's broken." ■

Stay connected! We are seeking class stewards, individuals who are interested in acting as a liaison between their graduating class and the BSOT. If you are interested, please contact Mary Alicia Barnes at 617-627-5960 or mary.barnes@tufts.edu.

Alumni Notes

MARYBETH GALLAGHER, M.A.

MaryBeth Gallagher, BSOT '92, has joined the faculty of the University of Limerick in Limerick, Ireland as a lecturer and fieldwork coordinator. The UL program, begun in September 2003, is the first occupational therapy master's program in Ireland. She is working to lay the foundation of a good academic program and is spending as much time as possible on creating links with practitioners to establish placements for 22 students, who will increase to 50 students when the next class enters in June. The program is currently preparing for accreditation.

TUFTS EXPANDS CAREER NETWORK

BSOT is encouraging all alumni to join the Tufts Career Network, which currently has more than 4,000 active members. Alumni can sign up at <http://careers.tufts.edu/network>.

Approximately 500 people use the network each month. Leslie Warner, the new assistant director of Alumni Career Services, is hoping to continue the network's expansion. Leslie brings 15 years of experience to her role and is available to all graduates of Arts, Sciences and Engineering for one-on-one coaching. She can be reached at leslie.warner@tufts.edu or 617-627-3299.

THE BSOT FORUM

BSOT alumni should also check out the BSOT Forum, our online message board. Alumni who register for the forum may post or respond to messages about their accomplishments, continuing education opportunities, issues encountered in the field, networking events, or job openings. The Forum can be found at <http://ase.tufts.edu/bsot/forum/main.asp>. Registration is free.

We also welcome any feedback on BSOT Notes and invite alumni to post responses to any article in the newsletter.

BSOT NOTES

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BSOT Notes is the alumni newsletter for the Boston School of Occupational Therapy.

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.

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