Occupational Engagement in Bogota, Colombia

Lindsay Delima and Sheila Willson
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McGill Institute for Health and Social Policy

Project Overview

Student name: Lindsay Delima, Sheila Willson
Department: Occupational Therapy
Organization: Fundación Misioneros de la Divina Redención San Felipe Neri (FUMDIR)
Location: Bogota, Colombia
Mentor (at McGill): Prof. Caroline Storr
Fellowship Duration: January 4 to February 26, 2016

About the McBurney Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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OCCUPATIONAL ENGAGEMENT IN BOGOTA, COLOMBIA

Fellowship Rationale and Objectives

The project aims to address the healthcare and social needs of marginalized populations in Bogota, Colombia by changing the opinion of disability and providing an opportunity for knowledge exchange opportunities for Colombian occupational therapists (OT) within the NGO, the Fundación Misioneros de la Divina Redención San Felipe Neri (FUMDIR)

Our objectives were modified over the course of the fellowship to accommodate the NGO's organizational structure and mission. Initially, our objectives were to learn about the OT's assessments and interventions in order to get a sense of how OT is implemented at the NGO. However, due to the extensive responsibilities of the OTs in writing reports, they did not have time to provide interventions or guidance on interventions for the respective populations, despite having agreed to knowledge exchange. Therefore, our modified objectives for this fellowship were to (1) identify clients with whom we would develop targeted assessment and interventions, (2) implement these assessments and interventions, and (3) share education and support to the OTs on validated easy-to-use Canadian assessments that they can then implement for their own patient progress and follow up.

Background Context and Challenges

Public Services and Social Stratification

The government of Bogota stratifies the city into six levels, ranging from 1 (the poorest) to 6 (the wealthiest) based on income. Stratification allows those individuals located in the lower levels to pay less for public utility services such as electricity and water, intending to ensure that they are able to live comfortably and achieve some quality of life. The higher the strata, the more that is paid for public utility services. Some of this money from the higher strata subsidizes the services received by individuals in the lower strata. Although this attempts to alleviate the economic burden of individuals with lower incomes living in strata 1-3, this system also ends up creating socioeconomic barriers, because citizens of Bogota are demarcated based on where they live. The wealthier individuals live in the north, while the individuals with lower incomes

live in the south and southwest. Therefore, the stratification system ends up further dividing the rich and the poor and creating a social stigma, for example, if it is known an individual comes from strata one (IFHP, n.d.).

The Role of Occupational Therapy in Bogota

In Colombia, the title of "occupational therapist" is received by graduating from an occupational therapy program. There is no national licensing exam or certification procedure. Therefore, the quality of OT depends on the school from which the OT came and that individual's personal motivation for advancement of knowledge. For example, an OT who studied at the national university is more likely to be well-prepared and understand the foundations of OT better than an OT coming from a less prominent university. This context is important to understand because it means there is no standard for OT practice and, therefore, the OT scope and practice in one organization can differ greatly from OT in another organization.

Context within the NGO

There were several issues faced by the community in which we served and these issues differed by the population. There are four "houses" at FUMDIR: two houses provide services for live-in clients (with either physical or cognitive impairments), one house provides services for children (with physical and/or cognitive impairments), and another house provides services for young adults (with cognitive impairments). For the live-in clients, we encountered issues relating to lack of resources. In some houses, the clients have limited access to books, craft supplies, and entertainment (e.g., TV, computer) and these resources may also be difficult to access if there is no support from the healthcare professionals. This meant that often times the healthcare professionals needed to take care of the basic needs of the clients rather than providing rehabilitation services. This is pertinent as the OTs are spending their time writing numerous reports rather than providing OT interventions for the clients, who can at times appear restless and without any meaningful occupation. Occupational disengagement was commonly observed in all of the houses and this matters because it may lead to deterioration of quality of life. Furthermore, if clients without the cognitive capacity to work on improving or maintaining basic skills are not simulated through occupational engagement, they may lose these basic skills and become more disengaged, which may exacerbate behavioural disturbances as attention-seeking means. A few notes on the challenges and successes of the FUMDIR houses:

- In the live-in houses, the clients are essentially housemates with each other and they have developed a family and social support network through living together. This is particularly important since many of the clients no longer have family outside of the NGO.

- In one house, there is an important and valuable resource, a sensory room, which is not used for therapy with the children. This sensory room contains many resources for providing sensory integration therapy, from which many of the children in the one house would benefit, yet this room was only used by us during the course of our time at the NGO. Unfortunately, we were not told the reasons for not using this room.

Documentation of client's medical and psychosocial history often did not match up and created a sense of confusion, as one report would state a client was not able to perform a certain task, while another report would state that they were able to perform this task. This creates confusion, not only for the healthcare professionals, but also for developing OT interventions. If it is documented that a client does not have certain capabilities, it reduces the chances that an OT or other healthcare professional would target this skill for therapy. For example, if a client's file stated that they could not use a fork or spoon properly to feed themselves and during mealtimes they are fed by a nurse, yet on observation the client is able to use another object in their hands in a similar fashion, this means that this skill could potentially be improved and thus promote more independence for the client in their feeding. Yet these skills would not be worked on in therapy due to these assumptions.

Overall, the project was more challenging than expected. Although we had attempted to prepare ourselves for a challenging placement, we found that our ability to adapt to cultural and practice differences was not as resilient as we had hoped. Furthermore, orienting ourselves in a foreign environment and language proved to be equally challenging.

Activities

- We performed OT assessments on several clients: based on the client's needs and limitations, we carefully selected appropriate assessment tools in order to get a better understanding of the client's abilities and challenges.

- We developed and planned targeted interventions for the clients that were assessed.

- We also implemented group-level interventions in one house: we facilitated an art activity in which clients were encouraged to draw what they value in life, which not only worked on their manual abilities of drawing, but also promoted self-reflection, self-awareness and psychosocial functioning. This reflects the holistic view of health essential in OT.

- We had originally hoped to provide a workshop to the OTs on the Canadian Model of Occupational Performance & Engagement (CMOP-E), however it was not possible in the end. We did meet with the head OT and the Father to discuss the value of the CMOP-E and its associated assessment tool (Canadian Occupational Performance Measure; COPM) and how to utilize it as a way to follow up with clients and track progress. This tool was provided to them in Spanish so that they would be able to use it with their clients. The head OT showed interest in discussing the CMOP-E and COPM with the other OTs in order to possibly use them at FUMDIR.

- As discussed earlier, OT can vary greatly within Bogota, so our local supervisor felt it was important to provide a more rounded perspective of OT, therefore we also attended many site visits. We observed an OT several times in her private practice working with children with sensory issues. We also had the opportunity to visit Teleton in Soacha, see their facilities, and learn about the services they provide. Additionally, we had the opportunity to observe two vocational capacity evaluations at Teleton for clients with

physical limitations who wanted to work. These site visits allowed us to broaden our perspective of OT in Bogota.

Challenges and Successes

While preparing to leave for our clinical placement in Bogota, we were told repeatedly by our McGill supervisor to be ready for anything once we arrived. We were expecting an international role-emerging placement that required more independence on our parts, had less resources available, was challenging due to language and differences in practice of OT and worked with low income populations. From the start, speaking Spanish as a second language proved to be demanding, especially working in the context of OT. Within the first week it became apparent that we were not going to receive very much guidance from OTs within FUMDIR on assessments, interventions or clients. Looking back this may have been due to power differentials. We as the foreign students did not want to overstep our abilities or practice as if we were certified OTs just because we were coming from a country where OT has a longer history of practice. However, for the OTs within FUMDIR they may have felt their abilities to be inadequate, especially if there were coming from a second-tier school within Bogota on top of the political and social economic power differentials that are out of our control. This is just speculation on our part, but is not something that we reflected on fully while we were there. This is just a possible reason why the OTs did not provide us with more guidance.

Initially it was difficult to create our own schedule, pick clients and determine what interventions should be done on our own. We did not want to over step our roles as students or offend the OTs at FUMDIR. Relationship dynamics are challenging on their own, but proved to be more challenging when adapting to another language and culture. During our first weeks at FUMDIR we struggled to find a routine, meaningful interventions for the clients and a valuable and useful place for us within FUMDIR.

Halfway through our time at FUMDIR, it was suggested by our supervisor, who is not affiliated with FUMDIR, that we each pick four clients to follow and to use case studies to guide our clinical reasoning and interventions. This proved to be beneficial to our learning as well as the clients we had chosen at FUMDIR. We both informally and formally assessed our clients. This

was a challenge, as there were no formal assessments available to use at the foundation. We were able to learn about our clients more holistically and pinpoint areas that could be improved, therefore bettering our interventions. One challenge to providing interventions was the variable schedule of the clients. At times, especially with live-in clients, it was unknown when an intervention or activity would be interrupted by other clients within the house or by the staff to take the client away for a different activity. We were able to accomplish short term goals for each of our clients. These cases studies also acted as baseline reports as reference for future OT interventions and goals.

With the head OT at FUMDIR, we were able to discuss the importance of assessing clients, and suggested assessments relevant to the populations FUMDIR serves. We introduced the CMOP-E (Polatajko, Townsend, & Craik, 2007) at FUMDIR to use as a model to guide practice. We purchased and gave a Spanish edition of the COPM (Law et al., 2005) to the foundation. We had hoped to present a seminar to all of the OTs at FUMDIR to educate them more thoroughly about the model and assessment, however were unable to execute this due to scheduling difficulties and barriers we had difficulty identifying. Finally, we were able to meet with the "Padre", the head of FUMDIR, as well as the head OT, for a closing meeting where we identified service delivery issues and made suggestions to better implementation.

Due to the differing views on OT, time availability, inability to adapt to our environment, scheduling and lack of initial on-site OT collaboration, we did not accomplish everything we set out to do. We had hoped to make a greater impact at FUMDIR and facilitate sustainable change to better OT practice. We had also hoped to see more OT interventions and assessments done by the professionals within FUMDIR to better understand their practice and reasoning, as well as identify areas of improvement. However, we were able to connect with many of our clients, learn from them and hear about their stories. We were able to provide some assessments and interventions for eight clients. Upon reflection, we felt that these eight clients benefitted from our interactions and individualized focus. Finally, we were able to do two off-site visits in Bogota to have a better understanding of OT. The off-site visits included a private pediatric clinic, the Teleton rehab facility in Soacha and vocational services site in Bogota, as well as Colegio Alcaparros. On top of site visits we were able to hear about the perspectives and practices of OT in Colombia from three Colombian professionals. These experiences gave us a better understanding of OT within Colombia and how and why it differs from Canada.

Furthermore, we had anticipated at the outset of our placement to spend time in the NGO's vocational services unit, however we were not able to see more than one visit which encompassed following one of the employees to each classroom while he spoke to the students about their vocational placement in a local business. The arrangements for us to attend the vocational services unfortunately were pushed back several times by the head OT and eventually we were only able to complete the one visit.

Questions Raised

During our fellowship the things that worked for us included: implementing assessments, taking on work and roles independently, working with the resources available, working with clients one-on-one and off-site visits to OT clinics and programs. Having guidance from outside of FUMDIR was also beneficial. Once we received more guidance and had created a plan with OT professionals, we felt surer of our abilities and our roles within FUMDIR. Having a mentor to collaborate on useful assessments and interventions was enlightening.

Working in large groups was very challenging and proved to be ineffective due to our inexperience of working with people of varying abilities at the same time. Another complicating factor was our Spanish competency and skills. One-on-one interventions or small groups matched our skill sets and was shown to be the most effective. Becoming too attached or emotional about how clients are treated in their homes or their personal histories, was a huge barrier to effective treatment.

Individual intervention became a priority over community-based interventions due to the guidance provided to us by the local supervisor to complete individual case studies for particular clients. However, retroactively a huge question is why we did not implement more community-based activities. At the time we felt pressure from our local supervisor to generate quality individual reports. These were implemented to provide us with more OT guidance and feedback, but somewhere during our time at FUMDIR we lost touch with our overall goal of OT practice evaluation. This shifted our focus away from FUMDIR as a whole, and more towards individual assessment and treatment which ultimately was not the purpose of our role-emerging placement.

Questions that were raised that concerned OT practice within FUMDIR included why OT assessments or models had not been previously introduced and were not used. We also would have liked to further explore needs identified by the OTs at FUMDIR and needs identified by the users. We wondered about the social justice and class expectations of the OTs versus clients linked to the strata culture of Bogota. Finally, the question of how we implement effectual change within the foundation was an important issue. We felt that introducing the CMOP-E (Polatajko, Townsend, & Craik, 2007) and providing the COPM ((Law et al., 2005) was the most lasting effect we could implement. We feel that this is only the beginning though, and more relevant and effectual change and adjustments could be introduced. This in turn would hopefully begin to re-orient the OT practice within FUMDIR by providing the clients with improved services for their development and occupational engagement.

What did you learn?

This fellowship was challenging on both a personal and practical level. Although we tried to prepare ourselves ahead of time for this experience, it proved to be an emotional one. We learned a great deal about ourselves as individuals, as well as our morals, ideals and the

practitioners we hope to be in the future. We learned about the value of being an evidence-based, valuable practitioner and the importance of enabling clients, family-oriented interventions and the education of caregivers. We learned about the value of inspiring clients to push themselves and to feel a sense of purpose. We experienced the importance of having clients be as independent as possible, in every aspect of their lives. Too often we saw a lack of client activation and participation both physically and mentally. This was due to a number of factors, possibly including the discrepancy of value of independence between Canadian and Colombian cultures.

We learned about our need for structure and guidance as students. It was humbling to realize that we needed more knowledge and skills to tackle such demanding and complex cases independently. We solidified the importance of using assessments and documentation to orient yourself with a client as well as to track change and progress. Furthermore, after reviewing files it became apparent that over the course of many years, some clients' goals were not developing and remained the same. This was possible evidence that the local therapists were neither challenging their clients nor making a concerted effort over time to develop their skills.

Finally, we learned the importance of community. In Colombia, there is much more of an emphasis placed on family and community than we see in Canada. Watching people with cognitive and physical impairments live together helped us realize the importance of peer support, friends and a sense of community for a feeling of value and purpose in life.

Community Implications and Further Work

Short-term impact: in the live-in houses, although many of the clients socialize with each other, many of the clients still remain socially isolated and occupationally imbalanced due to lack of resources and time to adequately engage on a regular basis. Many clients commented on our presence as particularly important because they have someone to talk to and they do not often have this opportunity to engage socially. In the children's house, some of the clients benefited from targeted intervention, stimulation, and occupational engagement that they would otherwise not have experienced.

Long-term impact: the provision of Canadian resources to improve client assessment and follow-up could impact the NGO long-term in the sense that they could become a model example of OT services that are well assessed, evidence-based, justified, and targeted to clients' goals. We left the CMOP-E and COPM in Spanish for the OTs at the NGO in the hopes of capacity building and sustainability.

Overall, our contribution to the health and social services for these clients is variable because, despite implementing targeted OT interventions for some clients, it is unknown if these interventions and long-term plans for these clients will be carried out by the OTs in the houses due to the demands of paperwork for the OTs and different priorities, as mentioned previously.

It is difficult to measure a long standing impact when we, Canadian students, are on site for only eight weeks. The first few weeks are spent orienting ourselves to the culture, the practice of OT, and the availability and structure of rehabilitation services on site. When we finally felt oriented and understood these aspects, we had very little time to begin making an impact. Therefore, this placement is more about building bridges and connections with stakeholders and community members so that knowledge sharing can occur.

Furthermore, the notion of time differs drastically between Canadian and Colombian standards. In Colombian culture, the pace is slower whereas in Canada we often measure success by how quickly we can get things done. It was challenging to get projects started or feedback regarding our decisions on site due to this different cultural conception of time. It is important to be aware of this difference for future reference.

How might your fellowship make a difference for the people you worked with?

- Many of the clients in the houses we witnessed experience occupational disengagement. Even though we were at the NGO for a relatively short period of time (eight weeks), we provided the opportunity for clients to participate in activities and work on personal goals on which they otherwise would not have been simulated to develop.

- Our fellowship is relevant for others outside of this NGO because in Colombia, family and community is particularly important. If clients at the NGO become more occupational engaged, they may develop more capacity to perform certain activities, interact with their families, friends, and within their communities more.

- The stakeholders are the clients and staff of the NGO, the family members and friends of the clients, and the community at large.

What would the next steps be to translate your findings into policy action (if not already happening)?

Change is particularly needed in this NGO because the client populations are particularly vulnerable. For the children, this is an optimal time in their development to receive intervention in order to prevent further clinical and social complications, and since they are not receiving regular therapy, this will create life-long consequences such as increased dependence on the family and increased health problems. Furthermore, change is needed in the live-in houses in order to promote quality of life. Often, the clients in the live-in houses do not have family and are occupational disengaged which can lead to deterioration of quality of life, and simply, a feeling of purpose within their lives.

Since the OTs spend a large part of their time writing reports and not able to provide interventions, we recommend that it becomes policy that live-in clients receive targeted OT interventions at least twice per month (an estimated based on resources and time). For the children and the young adults who travel to the NGO each day, we recommend that each client receives targeted OT intervention at least twice per week. If resources are too limited (i.e., large

client to OT ratio), at least group intervention for the higher functioning clients would be beneficial. We also recommend that report writing by the OTs be limited to once or twice per week in order to allow time and resources to developing and implementing interventions.

In terms of the overall conceptual model of learning for this placement, perhaps learning is best suited as community-based rather than client-based, meaning that it may be unrealistic to expect to view charts of, and assess, individual clients on site. Due to the different concept of time as well as the limited eight week time frame, it may be best for students to adhere the role emerging model and focus on community-based interventions that target larger groups of individuals in order to make a greater impact in the community.

Program Evaluation

This placement furthered our academic goals by introducing us to OT practice and theory outside of Canada, within a country whose historical context and socialization is different from our own. Our skillsets were enhanced by learning to work with limited resources within a community with variable accessibility as well as strong residual stigmatization of people with disabilities. Although this placement was very challenging due to many factors, we valued the sense of community and support we saw between live in members and staff at FUMDIR.

For future students partaking in this fellowship it is absolutely essential that they have basic Spanish communication skills as no one at FUMDIR speaks English. We would advise students to be fully educated on each population, or “casa”, and their needs before they arrive. We would recommend bringing simple, translated assessments they might find useful, if possible. If students wish to continue individual interventions they should pick out a few individual clients they would like to follow within the first week they arrive and continue to use the case studies for each client to guide general assessments and interventions. Using the case studies helped us to fully understand the populations that FUMDIR serves and how severe and multifaceted the clients can be. Creating a schedule and establishing roles and responsibilities with the local OTs is essential, so that all parties are aware of what the other is doing. Attempts at trying to break down the possible perceived power differentials between students and the OTs within FUMDIR is important. Furthermore, the local OTs should be fully debriefed of the student roles before they arrive to try and establish an environment of trust and openness. Local OTs should be encouraged to engage and collaborate with the students through sharing their reasoning and vision of practice, as well as be informed that the students are only students and are looking forward to learning from the practicing OTs. Finally, we would advise the students to be flexible and creative with materials and activities and to be open to the challenges of this unique experience.

We feel that in order to improve this program it is necessary for students to have more guidance on a weekly basis as well as better communication with OTs at FUMDIR. We feel this placement should remain role emerging with the main objective for students to be community-based OT. However, we do feel it is important to include individual client assessments and interventions to fully understand the populations that FUMDIR serves. Furthermore, by following clients at FUMDIR and including home visits, the students will have a more comprehensive idea of disability

in Bogota and the challenges that families and individuals with disabilities face. Communication, especially regarding scheduling, interventions, and expectations, would greatly improve this placement (Simonelis, Njelesani, Novak, Kuzma & Cameron, 2011). The supervising OT should serve as a mediator between other services at the foundations they think would be valuable for the students' education, such as PTs, social workers and workshop leaders. Finally, students should try to schedule off-site visits on the same day each week, if possible. This would ensure that students have a consistent schedule and can notify the local OTs at FUMDIR ahead of time about their absence to facilitate a relationship of trust and respect.

Guidance and direction within the OT context and practice would allow students to have a more comprehensive understanding of the current OT practice within FUMDIR. From there it would be easier for students to base their client goals and interventions on current practice as well as be able to model Canadian OT interaction. Then students could suggest or implement further programs or models that they see valuable with the local OTs. An open, trusting environment with knowledge exchange between the local OTs and OT students would be ideal. Due to the relatively short amount of time, 8 weeks, students will be at FUMDIR, it is important to have realistic community-based goals. While individual interventions are important for understanding users and services, student goals of influence should be community-based, sustainable and realistic. Instead of changing practice as a whole, minor changes and recommendations should slowly be implemented to affect thinking and general practice. Knowledge sharing is vital to this learning process for both the local OTs and the OT students. Building small connections and understanding between the two practices would be the best approach for lasting impact.

Students should read extensively about community based rehabilitation theory and projects before their placement at FUMDIR. This will give students a better understanding of the role-emerging aspect of this placement as well as the unique experience and opportunity this placement offers. This will also give students ideas of areas on intervention that are community-based, rather than individual, such as the feeding program or group projects. Due to cultural differences as well as power differentials, students should be sensitive to the practicing OTs within FUMDIR. Reading about this history of Colombia, its healthcare system and foreign intervention, is the beginning to understanding these power differentials.

During the placement, students should identify any practitioners at FUMDIR who seem particularly open and accepting of their presence and learning. They should try their best to collaborate with this practitioner instead of those who may be closed off or ambivalent. Finally, modeling can be used to gather interest and engagement of others without directly questioning their practicing or addressing them in a way that may be perceived as threatening.

Overall, FUMDIR, and this placement as a whole, have a lot of potential to be an in depth and comprehensive learning experience about OT in a middle income country. Students have the potential to greatly add to OT's development within Colombia as well as learn from the professionals there. With more organization and delineation of roles and expectations of OTs and students, as well as improved communication, this placement could be a great opportunity for all stakeholders.

Training and Mentoring

On site

- Prior to departure, the McGill-affiliated supervisor interviewed both of us to assess our proficiency in Spanish in order to address our language competency, since very few people speak English in Colombia.

- Due to the fact that this was a role-emerging placement, we only had off-site supervision and mentoring from our local clinical supervisor for 2-3 hours every other week. The remainder of the time, we did not have any guidance from any of the OTs on site at the NGO. This required us to then rely on each other as OT students and engage in collaborative problem solving which fostered important skills such as critical thinking and problem solving. However, having on-site OT guidance is critical particularly as we were coming from another culture with different expectations. The on-site OTs would be able to offer perhaps more realistic and culturally-specific opinions on our assessment and intervention choices as there is a wealth of knowledge from professionals on site (Simonelis, Njelesani, Novak, Kuzma, & Cameron, 2011).

- We received mentoring from colleagues of our local supervisor based on their knowledge area (e.g., sensory integration, play therapy), but this varied each week and depended on the availability of each colleague. For example, when working with clients with intellectual impairments, one of our mentors assisted us to develop a communication board for these clients.

- When we began this placement we had certain expectations from the NGO, for example, that we would observe OT therapy in each of the houses. However, since this did not transpire, for the first couple of weeks we felt confused about our roles as OT students and how and where we would fit within the NGO in terms of practicing OT in this setting. Our supervisor provided mentoring to us and suggested the use of case studies to attempt to practice OT at the NGO. Further complicating our situation, we lacked resources because formal/validated assessments were often difficult to locate on the internet without the license to administer these assessments and additionally assessments available in Spanish required payment. In the end, for some assessments, we ended up using English language formal assessments, translated them into Spanish (which ended up making them informal assessments), and gathered our assessment results in this manner. We combined them with informal assessments such as observations to gather as much information as possible.

Training/mentoring from McGill supervisor

- We had a McGill faculty professor responsible for this project and also a McGill clinical supervisor during this experience. Our clinical supervisor affiliated with McGill who mentored us during our fellowship primarily communicated with us over the internet as she did not go on-site at the NGO (although she was also in Colombia). She was somewhat concerned with creating a conflict with the actual off-site supervisor, however she did provide population-specific mentorship depending on the clientele. Our work with her was reported regularly with the professor/clinical coordinator of the

program at McGill responsible for the overall coordination of partners and student learning to discuss the progression of our placement and how to modify our goals due to changing expectations from the NGO. She provided targeted mentoring to our issues and helped to overcome challenges at the NGO with the implementation of case studies based on the reality on the ground. She was an active participant in our pre-planning meetings with our McGill project professor. These meetings focused on our project expectations, the history of Colombia and its healthcare system. Upon our return, we have debriefed with our McGill project professor to discuss our interventions, our partners and our learning. We also prepared a PowerPoint presentation as part of our debrief experience with our McGill professor.

- The clinical coordinator for international fieldwork set up Skype meetings between the local supervisor and McGill-affiliated supervisor prior to leaving for Colombia in order to facilitate our learning and prepare for our departure. During our placement, we updated our clinical coordinator regarding our successes and challenges and she had offered mentoring and feedback for us to help direct our learning. We only consulted the clinical coordinator near the end of our placement as it became clear that the challenges at the NGO were too overwhelming to manage amongst ourselves and our local supervisor.

References

International Federation for Housing and Planning (IFHP, n.d.). *Colombia: Social stratification by law*. Retrieved from http://www.ifhp.org/ifhp-blog/colombia-social-stratification-law

Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., & Pollock, N. (2005). Canadian Occupational Performance Measure (4th ed.). Ottawa, ON: CAOT Publications ACE.

Polatajko, H.J., Townsend, E.A. & Craik, J. 2007. Canadian Model of Occupational Performance and Engagement (CMOP-E). In Enabling Occupation II: Advancing an Occupational Therapy Vision of Health, Well-being, & Justice through Occupation. E.A. Townsend & H.J. Polatajko, Eds. Ottawa, ON: CAOT Publications ACE. 22-36

Simonelis, J., Njelesani, J., Novak, L., Kuzma, C., & Cameron, D. (2011). International fieldwork placements and occupational therapy: Lived experiences of the major stakeholders. *Australian Occupational Therapy Journal, 58*, 370-377.