ANNUAL REPORT

OCCUPATIONAL THERAPY

Advancing AOTA’s Centennial Vision:

“We envision that occupational therapy is a powerful, widely recognized, science-driven, and evidence-based profession with a globally connected and diverse workforce meeting society’s occupational needs.”
Michael G. Sullivan  
Director, Physical Therapy and Occupational Therapy  

The Occupational Therapy Services at Massachusetts General Hospital, comprised of approximately 40 therapists, most with advanced degrees and certifications, provide exceptional care to patients at the hospital’s main campus, the community-based HealthCare Center in Revere and MGH West in Waltham. 

Occupational Therapy Services at MGH have a rich history dedicated to delivering comprehensive, personalized, highly skilled care to the patients and diverse communities served by the MGH. These values are shaped by both past and present leadership. Today, in keeping with these core values, MGH Occupational Therapists share a passion for their profession. Our staff thrive on challenge and high expectations, are committed to the education of future occupational therapists and experience career-long professional development and advancement at MGH.

This past year has been one of continued growth and evolution. The use of evidence in occupational therapy practice increasingly shapes the delivery of care to improve the clinical outcomes for our patients. Our staff contributed to the advancement of practice here at the MGH and within the profession at large.

We are proud to provide you with this publication, which exemplifies excellence in patient care provided by Occupational Therapists and underscores the importance of professional and career development. Please review and celebrate the many accomplishments of our staff and their numerous contributions to the various communities of Massachusetts General Hospital.
Director of Physical and Occupational Therapy
Michael Sullivan, PT, DPT, MBA

Clinical Director of Occupational Therapy
L. Jane Evans, OTD, OTR/L, CLT

Administrative Manager
Nora Hutton, PT, MPH, MBA

Systems Manager
Omar Lopez

Systems Analyst
Sean Park

Practice Manager
Maria Nichols

Clinical Education Coordinator
Ann Jampel, PT, MS

Staff Educator
Mary Knab, PT, DPT, PhD

Clinical Specialists
Gae Burchill, MHA, OTR/L, CHT
Suzanne Curley, MS OTR/L, CHT
Jessica Ranford, MS OTR/L
Logan Sharma, OTR/L, CHT
Tara Termezy, OTR/L

Senior Occupational Therapists
Jennifer Botsford, OTR/L, CHT, CLT
Regina Doherty, OTD, MS OTR/L
Colleen Lowe, MPH, OTR/L, CHT (Waltham)
Julie MacLean, OTR/L
Carol Mahony, MS OTR/L, CHT
Jennifer McAtee, MS OTR/L
Leslie McLaughlin, MS OTR/L
Amy O’Roth, OTR/L, CHT
Monica Pessina, OTR/L, PhD
Katie Russo, OTR/L, CHT
Sharon Serinsky, MS OTR/L
Janet Skolnick, OTR/L, CHT, CLT-LANA (Revere)
Stephanie Smith, MS OTR/L

Staff Occupational Therapists
Jamie Bousnakis, OTR/L
Lauren Corbett, MS OTR/L
Christine Carifio, MS OTR/L
Lauren Cosgrove, MA OTR/L
Kimberly Erler, MS OTR/L
Mackenzie Ewing, MS OTR/L
Emily Firn, MS OTR/L
Kristen Hill, MS OTR/L
Taber Hilton, OTR/L, CHT
Joanna Hollywood, MS OTR/L, CHT
Christina Jelenik, MOT, OTR/L
Esmarie Kirkpatrick, OTR/L
Christopher Kreutzer, MS OTR/L
Madeline Maglio, MS OTR/L
Lynn McConachie, MS OTR/L
Sarah McKinnon, MS OTR/L
Natasja Nesbeda, MS OTR/L
Victoria Peake, MS OTR/L
Allison Pinsince, MS OTR/L
Cara Rodriguez, OTR/L, CHT
Erin Ryan, MS OTR/L
Pamela Ryle, MS OTR/L, CHT
Danielle Tanguay, OTR/L
Karen Turner, MS OTR/L

Occupational Therapy Aides
Elizabeth Caraballo
Patrick Noble
Christina Stephanides

Administrative Assistants
Agnieszka Caissie
Mario Rodas Dugal
Stephanie Gomez

Managed Care Rehab Specialists
Jaclyn Cyr
Donna Furman

Practice Access Coordinators
Nashira Barbosa (Revere)
Danielle English
Katie Farraher
Fernella Harper (Waltham)
Tamilla Ionesian (Waltham)
Elaine Kiesewetter (Waltham)
Kathleen Martelli (Revere)
Ruth Slattery
Aneta Tranczewska (Waltham)

Call Center Reps
Christine Reuss
Patricia Smith
Rose Visco
Ether Day celebrates the anniversaries of employees who have served at the MGH for 5, 10, 15, 20, 25, 30, 35, 40, 45, 50 and 60 years.
Occupational Therapy is a profession that addresses an individual's functional needs when one becomes limited in their ability to perform life roles as a result of injury, disease, surgery, the aging process, mental health issues or developmental challenges.

For the 2014 Annual Report, we chose to reflect as a department on how the inherent clinical opportunities and department structure help to build capacity in clinicians. As clinicians develop their confidence as occupational therapists, it is natural to look to master their practice and skills in an area of practice. Clinicians want to specialize in order to best serve a group of patients that they find rewarding and a personal match to their individual attributes. Yet what is often underestimated is the ability to have strong foundational skills and flexibility to provide occupational therapy intervention to any patient with any diagnosis and any impairment in function.

At MGH, clinicians have endless opportunities to expand their clinical practice with the sheer magnitude of the diverse patient population and with the ongoing development and/or changes in clinical practice, experienced in both inpatient and outpatient occupational therapy.

As you read through this report, the true essence of what is so wonderful about working at MGH is the professional opportunities that staff have. Specialization is needed in occupational therapy practice; however you will see through the vignettes that clinical reasoning and professional growth is a process enhanced by clinical challenges that come one's way. Just like occupation is a process for our patients, it is also for clinicians in their professional journey.

The highly trained and educated Occupational Therapists at MGH recognize the value in being able to GENERALIZE their skills to best meet our diverse patient needs.
The Interactive Metronome: A New Tool Offers OT Patients Measurable Gains in Neurological Processing
This year I became introduced to the Interactive Metronome (IM). The IM, I discovered, is a computerized, game-like program that provides the patient with feedback at the millisecond level that, in turn, improves a person’s timing. Timing, known in neurology as “cognitive processing,” can often be disrupted following an injury to the brain. When I learned you can use IM with functional activities, I began to see how I could apply this new program to my patients. To be an effective OT you need to have many “tools” in your treatment bag. The metronome actually addresses the neurological underpinning of the symptoms such as impaired problem-solving, attention, concentration and coordination.

A patient recently came to me with impaired function due to his deficits in coordination following a head injury. He wanted to play his guitar again, and yet was unable despite having had therapy in the past. This clinical challenge brought me to exploring the use of the metronome. We started first focusing on timing of large arm movements. I saw striking improvements with his timing and accuracy. We are now using the metronome for individual finger movements needed to play the guitar.

The greatest reward for me is when I can find ways to further help my patients improve functionally in the activities that are important to them. Being an effective OT means being a generalist even in an area of specialization.
Newly Awarded Degree

L. Jane Evans, OTD, OTR/L, CLT
Post Professional Doctorate - Administration and Practice Management Concentration
Rocky Mountain University of Health Professions
August 22, 2013

Fellowship

Kimberly Erler, MS OTR/L
Connell Ethics Fellow
Massachusetts General Hospital
June 2013-2014

Professional Certificates

Esmarie Kirkpatrick, OTR/L
Upper Extremity and Rehabilitation Certificate
Tufts University
September 2012 - December 2013

L. Jane Evans, OTD, OTR/L, CLT
Christine Carifio, MS OTR/L
Karen Turner, MS OTR/L
Interactive Metronome for Pediatrics and Adults
September 2013

Cara Rodriguez, OTR/L, CHT
Certified Hand Therapist
Hand Therapy Certification Commission
November 2013
Kimberly Erler
Staff Occupational Therapist

I have been an occupational therapist for the past five years and have been a part of the team at Massachusetts General Hospital since 2010. I have practiced on various units throughout the hospital and have been part of many interdisciplinary team and family meetings that take place because there are conflicts or ethical dilemmas surrounding a patient’s care. Through these complex patient care experiences, I developed a strong interest in clinical ethics.

I have come to realize that occupational therapists play a distinct role in these conversations because of our focus on functional recovery. As an occupational therapist, I facilitate and modify tasks to allow a person to exert control over himself or his environment, often in situations when it seems he cannot be an active participant. In the theories of occupational therapy and human occupation, the individual is in the center taking into consideration how spirituality, culture, beliefs, and values impact interactions with others and the environment. Occupational therapists specialize in gathering data to create an occupational profile for the grander purpose of restoring engagement in meaningful activities. The OT foundation lends itself to a theme of ethics being infused into educational curriculum and daily practice.

In June 2013, I was able to integrate my passion for clinical ethics into my occupational therapy practice in a unique way when I became a Connell Ethics Fellow at Mass General. I chose to pursue further training in clinical ethics in order to enhance my ability to understand and impact positive outcomes for patients. The goal of this interdisciplinary fellowship is to develop skills in clinical ethics through the exploration of ethical theories as they apply to and support decision making in challenging clinical scenarios, often involving conflict. During the fellowship thus far, I have gained a vast amount of new knowledge and understanding regarding clinical ethics, effective communication skills, conflict mediation and the importance of an interdisciplinary team to represent various perspectives on the same issue.

Through this fellowship, I have been able to enhance the ethics culture within the OT department and also represent the discipline of OT beyond our department. The establishment of quarterly “OT Ethics Rounds” has created a forum for therapists to engage in discussions about ethical challenges they face every day. A more open dialogue is now the norm outside of the structured rounds format and therapists feel empowered to advocate for patients and bring forth ethical concerns to other team members. I am an active member of the hospital’s Collaborative Governance: Ethics in Clinical Practice committee, where I was able to present an “ethics in the news” case that focused on ethical dilemmas in rehabilitation. I am also a junior member of the inter-professional Optimum Care committee at Mass General, contributing to ethics consultation throughout the institution, ensuring that functional outcomes are being considered.

As the end of this year-long Connell Ethics Fellowship approaches, I feel energized to continue to be a part of Ethics Life at Mass General and beyond. Occupational therapists can bring distinct value to ethics dialogue because of our ability to differentiate between survival and “getting better.” Occupational therapists take into account one’s functional status, ability to participate and rehabilitation potential as well as each individual’s values.
Reflecting on my year as the Occupational Therapy Department’s newest Clinical Specialist

Tara Termezy, OTR/L
CLINICAL SPECIALIST

I joined the Mass General Occupational Therapy (OT) team in April 2013, as an inpatient clinical specialist (CS). Trained in Canada, I have been practicing for 15 years, of which the last 13 years were in California. I consider myself a specialist in pediatrics.

When I interviewed for the inpatient OT CS position, I was immediately excited about the possibility of a position that would allow me to mentor and guide staff development, a passion that I have always had. The biggest challenge was that this position would require me to not only oversee OT clinical practice in pediatrics (an area I was so comfortable in), but to also be responsible for OT clinical practice on the adult medicine units. I knew that this expansion in my practice would require much learning on my part, but I was eager to take on the challenge.

As I write this today, at my one year mark, I am proud to have seen how I have been able to apply my pediatric experience and occupational therapy foundational skills to this new area of practice. The support and confidence of the entire department has empowered me and has contributed to my never ending growth as an occupational therapist.

Publications

Book Authorship


Chapter Authorship


Journal Articles

Becker S.J., Bot A.G., Curley S.E., Jupiter J.B., Ring D. “A Prospective Randomized Comparison of Neoprene Versus Thermoplast Hand-Based Thumb Spica Splinting for Trapezio metacarpal Arthritis” Osteoarthritis and Cartilage (February 2013)

Mahony, C.H. “Musculoskeletal Complications in Type I Diabetes” Diabetes (February 2014)

Other Published Article

Burchill, G. and Mahony, C.H. “First MGH Hand-Transplantation” Massachusetts General Hospital Caring Headlines April 18, 2013

Research Involvement

Sarah McKinnon, MS OTR/L

Interventionist
(a study to keep people with rheumatic conditions employed)

Boston University ENACT Program
2013 - Ongoing
Academic Lecturer

Karen Turner
MS OTR/L
“Occupational Therapy: Living Life to its Fullest”
Presented to PT Doctoral Students at Mass College of Health and Pharmacy January 22, 2013

Gae Burchill
MHA, OTR/L, CHT
“Flexor Tendon Anatomy and Physiology”
Tufts University, School of Occupational Therapy January 28, 2013

Gae Burchill
MHA, OTR/L, CHT
“Management of Flexor Tendon Injuries”
Tufts University, School of Occupational Therapy February 4, 2013

Logan Sharma
OTR/L, CHT
“Clinical Evaluation of Wrist & Hand”
MGH Institute of Health Professions February 21, 2013

Gae Burchill
MHA, OTR/L, CHT
“Splinting Flexor and Extensor Injuries”
Tufts University, School of Occupational Therapy February 25, 2013

Carol Harmon Mahony
MS OTR/L, CHT
“Wrist Injuries/Joint Mobilization”
MGH Institute of Health Professions February 26, 2013

Logan Sharma
OTR/L, CHT
Burn Case Study
MGH Institute of Health Professions March 4, 2013

Colleen Lowe
MPH, OTR/L, CHT
“Sensation and Sensibility”
Tufts University, School of Occupational Therapy March 11, 2013

Amy Orroth
OTR/L, CHT
“Peripheral Nerve Injuries”
Tufts University, School of Occupational Therapy April 15, 2013

Amy Orroth
OTR/L, CHT
“Burn Injuries”
Tufts University, School of Occupational Therapy April 29, 2013

Colleen Lowe
MPH, OTR/L, CHT
“Musculoskeletal Work Related Upper Extremity Disorders/RSI”
Tufts University, School of Occupational Therapy May 29, 2013

Katherine Russo
OTR/L, CHT
“Combined Injuries/Trauma of the Upper Extremity”
Tufts University, School of Occupational Therapy June 2013

Katherine Russo
OTR/L, CHT
“Evaluation of the Upper Extremity”
Tufts University, School of Occupational Therapy September 16, 2013

Carol Harmon Mahony
MS OTR/L, CHT
“Fracture Management,” Upper Extremity Rehabilitation Course
Tufts University, School of Occupational Therapy September 30, 2013

Carol Harmon Mahony
MS OTR/L, CHT
“Wrist Injuries,” Upper Extremity Rehabilitation Course
Tufts University, School of Occupational Therapy October 7, 2013

Amy Orroth
OTR/L, CHT
“Management and Treatment of Elbow Injuries”
Tufts University, School of Occupational Therapy November 4, 2013

Joanna Hollywood
MS OTR/L, CHT
“Splinting the Upper Extremity” Lecture & Labs
Tufts University, School of Occupational Therapy November 25 and December 2, 2013

Kimberly Erler
MS OTR/L
“The Role of Occupational Therapists in Acute Care and as Members of a Hospital Ethics Committee”
Boston College Nurse Practitioner Program December 3, 2013
Suzanne Curley  
**Clinical Specialist**  
**Hand Therapist**

**A Certified Hand Therapist Develops Pediatric Skills**

Despite spending most of my career in the outpatient department as a hand therapist, I have long considered myself a generalist, having worked on inpatient and burn floors as well as in the rehab setting. I was able to find a constancy in all these areas as I worked to assist patients resume important life roles that they had lost due to a variety of illnesses and injuries. Truly, I found my experience in one arena made me a better clinician in the next area I worked. For the most part however, all the areas involved working with adults.

This past year, due to some staffing changes, I was presented with the opportunity to work in the pediatrics arena, evaluating infants in the newborn clinic. While I had some limited experience working with young children and had recently had my first child, I was nonetheless a bit intimidated about working with infants and assisting them in their life roles of feeding, sleeping and bonding...which were very different than the usual work, self care and leisure tasks I was used to addressing! As this challenge approached and I prepared in every way possible...studying, observing, discussing, reading, talking and practicing!...I realized that I was more prepared than I had expected due to all my previous experience. I was able to use my refined observation skills, developed as hand therapist, to observe subtle differences in babies and recommend ways to work on them. I was used to working in an interdisciplinary manner from inpatients, and so quickly established trusting and supportive relationships with the other members of the team. I was comfortable educating patients and their families on home programs and customizing them to achieve their stated goals. As I reflect on this experience, I’m proud to have risen to this clinical challenge and appreciate the opportunities that Mass General offers.

Victoria Peake  
**Staff Occupational Therapist**  
**Pediatric Specialization**

**A Pediatric Specialist Broadens her Scope of Practice**

When I started at Mass General nine years into my occupational therapy career, the majority of my clinical experience was with a pediatric population. Working in this department has provided me with numerous learning opportunities and exposure to patients of all ages and across clinical areas, drastically widening and deepening my breadth of clinical practice. I have been able to apply orthopedic splinting skills that I learned with adults to newborns with congenital upper limb malformations. I have been able to use my knowledge of sensory modulation strategies to help manage both adults and children on the autism spectrum who have difficulty tolerating a hospitalization. I have found that having knowledge of treatment philosophies on mental health disorders has been invaluable in knowing how to provide emotional support to families of infants in the NICU who are faced with stress, trauma, anxiety and loss. The opportunities to deliver services to such a wide range of patients across the age spectrum has broadened my clinical skills and knowledge and has helped to shape me to be even a more effective pediatric clinician.
A Weekend Day in the Life of a “General” OT

On a Saturday, nearly six years ago, I anxiously met with my coworkers to divvy up the work for my first weekend here at Mass General. As a new graduate with limited experience, working a minimally staffed weekend day felt intimidating. When I have only worked with certain patient populations, how can I be of help to my more experienced coworkers?

In my years since, however, I have sought opportunities to expand and generalize my skills. The Occupational Therapy (OT) Department has not only provided these opportunities, but has also encouraged me to think beyond the boundaries of rotations, populations and diagnoses to approach each patient as they should be approached: as a unique individual with distinct needs who will likely call upon some combination of all my skills as an OT. While I have always worked to broaden my skills, I never realized how important “being a generalist” truly is until a recent Sunday when we received a consult with “T.,” a 13-month-old boy with a complex medical history, including significant anoxic brain injury. When the consult printed, I initially hesitated. My experience with pediatrics was limited, but I felt that if I drew upon my rotations on neurology and acute psychiatry, I could take the consult.

Once I met this incredibly sweet and remarkable young boy and his caring parents, I found myself drawing upon multiple skill sets that I have acquired throughout my time here at Mass General. As I suspected, my neurology background allowed me to identify T.’s needs as well as the barriers to his ability to engage his environment in a meaningful and age-appropriate way. The most prominent of these barriers was T.’s abnormal tone, including spasticity in his arms. Using my experience with sensory strategies from inpatient psychiatry, I was able to provide calming sensory input in order to fully stretch T.’s arms. Reaching even further back into my experiences at Mass General, I used my splinting skills from my time on orthopedics/trauma/burns to fabricate a set of small, felt-lined cone splints, to allow T.’s hands to rest in a more functional and comfortable position.

On Monday, when the primary pediatric therapist returned, she offered to let me join T.’s next OT session, during which T. was able to interact with a musical toy. It meant a great deal to me that the primary therapist wanted me to see T. succeed, as well as provide me with additional knowledge to expand my practice as a whole. These are the opportunities that being a Mass General “Generalist” OT provides – the opportunities that allow us to better ourselves so that we can better the lives of the patients we serve, no matter the day of the week.
Professional Association Involvement

American Occupational Therapy Association (AOTA)

Regina Doherty
OTD, MS OTR/L
ACOTE Program Directors Executive Council
September 2011 - Present

Regina Doherty
OTD, MS OTR/L
ACOTE PRODEC Entry Level OTD Task Force
October 2012 - May 2013

Sarah McKinnon
MS OTR/L
AOTA Hill Day Participant
September 30, 2013

Sarah McKinnon
MS OTR/L
CEU Accréditor and Reviewer
American Occupational Therapy Association
2013 – 2014

American Association of Hand Surgery

Carol Harmon Mahony
MS OTR/L, CHT
Head of Association Members, Membership Committee
2013 – 2014

Taber Hilton, Hand Therapist
Waltham
On September 30, 2013, I had the opportunity to visit Capitol Hill in Washington, D.C., and participate in Hill Day in order to discuss key legislative issues affecting the occupational therapy profession and the state of health care. Organized by the American Occupational Therapy Association (AOTA), Hill Day is an annual opportunity for occupational therapy professionals to bring their concerns straight to their state lawmakers’ offices, offer solutions, ask questions and listen to guest speakers on the topics that affect their work. While proudly representing Mass General, I met with staff members of Senator Elizabeth Warren (MA-D), Senator Edward Markey (MA-D), Representative Michael Capuano (District 7) and Representative Stephen Lynch (District 8).

The goal of Hill Day is to educate legislators that occupational therapy plays an essential role in meaningful and effective efforts to improve society’s health, along with improving the health care system. I represented AOTA and Massachusetts occupational therapists to urge congressional support to pass the Medicare Access to Rehabilitation Services Act (S. 367/H.R. 713), which seeks to repeal therapy caps that limit Medicare coverage of outpatient occupational therapy that are medically necessary for rehabilitation services. I was also able to discuss the role of occupational therapy in meeting the needs of people with mental health and substance abuse disorders, and urged recognition of occupational therapists as behavioral and mental health professionals under the National Health Service Corps (H.R. 1037). Additionally, I sought support for the Rehabilitation Improvement Act (S. 1027), a bill to improve, coordinate and enhance rehabilitation research at the National Center for Medical Rehabilitation Research (NCMRR) at NIH. Lastly, I encouraged funding for special education by explaining the impact that federal special education funding cuts have on the ability to provide services to students with disabilities.

As an occupational therapist for over five years, I have been proudly able to assist with the rehabilitation needs of the adult population with various neurological, orthopedic and chronic diagnoses. Given my professional experiences, as well as my thorough knowledge of the role of occupational therapy, I was able to confidently support the role of an occupational therapist with populations that I don’t see often, such as outpatient, mental health and pediatric populations. My ability to generalize the role of occupational therapy across populations and settings allowed me to be a confident advocate for the practice, just as it allows me to be a well-rounded occupational therapist in the diverse acute care setting at Mass General.

Occupational therapy students and practitioners are working together to improve quality, access and research for patients requiring occupational therapy services. Meeting with legislators can be an intimidating, but a very rewarding, experience. I left feeling motivated and confident that my voice was heard on behalf of other occupational therapists.
April is National Occupational Therapy Month. Each April, Mass General recognizes the contributions of our OT staff with a dinner reception, highlighted by a special guest speaker and the presentation of the new OT Annual Report. Our 2013 speaker, Hilde Waerstad, is a physical therapist and research associate with the Massachusetts Institute of Technology’s AgeLab. AgeLab is a multidisciplinary group exploring how new policies, programs, products and services can support quality living for an aging global population.

Each year, the department also organizes a special OT Month community outreach project. In 2013 we hosted a donation drive, collecting clothing, toiletries and other items for the Boston Health Care for the Homeless Program. It’s an organization that brings essential health care and other services to homeless children and adults throughout greater Boston.
Invited Speaker

Stephanie Smith
MS, OTR/L
“Domains of Practice”
Innovation Unit Meeting
January 23, 2013

Amy Orroth
OTR/L, CHT
“Peripheral Nerve Injuries, Tendon Injuries and Arthritis”
MGH Institute of Health Professions
February 4, 2013

Carol Harmon Mahony
OTR/L, CHT
“Hand and Wrist Injuries: Fx and Soft Tissue”
MGH Institute of Health Professions
February 26, 2013

Leslie McLaughlin
MS OTR/L
Victoria Peake
MS OTR/L
“Innovative Occupation-Centered Practice with Children and Adolescents”
2013 Lead the Way Symposium
Boston University Sargent College of Health & Rehabilitation Sciences, Occupational Therapy Department
March 5, 2013

Victoria Peake
MS OTR/L
“Developmental Care in the NICU”
Part of the “Care of the Sick Newborn: Best Practices” Spring 2013 Lecture Series at Mass General
March 22, 2013

Jessica Ranford
MS OTR/L
“Putting Occupation into the Medical Setting”
American Occupational Therapy Association
April 2013

Julie MacLean
OTR/L
“Occupational Therapy for ALS Population”
Mass General Inpatient Occupational Therapists
May 1, 2013

Julie MacLean
OTR/L
“Occupational Therapy: Helping You to Stay Independent While Living with Parkinson’s Disease”
Parkinson’s Support Group at Mass General
May 8, 2013

Gae Burchill
MHA, OTR/L, CHT
Carol Harmon Mahony
OTR/L, CHT
24th Annual Smith Day Conference:
“Case Studies of Hand Transplantation and iTouch myoelectric prosthesis”
MGH Orthopaedic Hand Surgery Department
May 17, 2013

Suzanne Curley
MS OTR/L, CHT
“Professionalism”
Tufts University
September 23, 2013

Julie MacLean
OTR/L
“How Can Occupational Therapy Help Following A Brain Aneurysm?”
Aneurysm Support Group at Mass General
September 30, 2013

Logan Sharma
OTR/L, CHT
“Kinematics of the Wrist & Hand”
MGH Institute of Health Professions
October 6, 2013

Sharon Serinsky
MS OTR/L
Down Syndrome Program at MGH to Lovelane
October 23, 2013

Sharon Serinsky
MS OTR/L
Occupational Therapist Representative for Grand Rounds Interprofessional Panel
SHRS Interprofessional Case Rounds
MGH Institute of Health Professions
October 29, 2013

Logan Sharma
OTR/L, CHT
“Burn Care”
MGH Institute of Health Professions
November 25, 2013

Regina Doherty
OTD, MS OTR/L
“OTD 101: Understanding Clinical Doctorates”
Massachusetts Association of Occupational Therapy (MAOT) Annual Conference
November 2013

Kimberly Erler
MS OTR/L
“Ethics in the News”
Mass General Collaborative Governance - Ethics in Clinical Practice Committee
December 4, 2013

Platform Presentation

Regina Doherty
OTD, MS OTR/L
(and J. Case-Smith, J. Jepson and S. Taft)
“Entry-level OTD Stories: Present and Future”
Panel Presentation at the ACOTE Program Directors Executive Council Meeting
American Occupational Therapy Association
San Diego, California
April 2013

Poster Presentation

Regina Doherty
OTD, MS OTR/L
(and M.E. Evenson)
“Integrating Active Learning into Interprofessional Education”
American Occupational Therapy Association Education Summit
Atlanta, Georgia
October 2013
In August of 2013, I fulfilled a life goal by accomplishing my Post Professional Doctorate in Occupational Therapy from Rocky Mountain University of Health Professions.

My decision to go back to school, 34 years after graduating with my bachelor's in occupational therapy, was simple. I have always prided myself in being a life-long learner by taking courses and continuing education, however advancing my professional degree has always been an ambition of mine.

Working continuously since graduation, I have had the opportunity to experience much change in the profession over the years. This change has included seeing new theories emerge in practice, a growing base of research, new professional frameworks guiding practice, huge advances in technology, as well as changes in the academic requirements for OT. With the rapidly changing health care environment creating new and challenging demands on leaders, I knew I would greatly benefit from returning to school in order to advance my clinical practice as well as to enhance my administrative and practice leadership skills.

Completion of my OTD has filled me with a sense of satisfaction and strength. This came not only from the successful completion of the demanding work load, but also through the relationships built at school during this time. When I started in the program, I remember writing about how much I value, respect and truly enjoy being an occupational therapist. Today, that feeling is only magnified. My new degree has provided greater clarity to my leadership, as well as enhanced my ability to mentor, guide and lead others around practice, responding to health care changes. As I sit here and write this, I have an even deeper appreciation for education and the value of continuing competence throughout one's career, which makes me excited about this next chapter in my life. With that being said, I’m hopeful that I will continue to leverage my new knowledge base to be a more effective leader and further shape the impact of occupational therapy on clinicians, patients, our health care providers and the profession, in the years to come.
When I met Tim, he was upside down. The head of his bed was positioned upright, his legs were splayed across the top, and he was looking at me with a mischievous grin from a bundle of pillows and blankets in the center of his bed where his head was nestled. Tim was a 9-year-old boy with a diagnosis of autism and reactive attachment disorder, and he was hospitalized because of worsening problematic behaviors of hitting and biting. Occupational therapy had been consulted to complete an Autism Care Plan, which is an individualized care plan that included information about Tim's sensory preferences related to activities he needed to participate in while in the hospital (i.e. medical and nursing care), as well as the best ways to communicate with him. I had been recently trained by more experienced pediatric OTs in assessing sensory preferences; however Tim was my first patient who had diagnoses of autism and a psychiatric disorder.

Considering Tim’s enjoyment with being positioned upside down in his bed, I interpreted that he was seeking vestibular and proprioceptive sensory input. Therefore, for my first treatment session I brought in materials that would provide opportunities for him to receive that input, such as a large therapy ball and a few seizure pads. I supported Tim as he tried repeatedly to stand on top of the ball or rolled on it so that he was supporting his body weight through his arms, and then crashed his entire body down into the pads. His repeated attempts and laughter, followed by his more relaxed affect and body posture after our session, were indicators that his sensory needs were being met and helping him cope with being in the hospital. I left the pads in his room, and on my next session he exclaimed, “I love the mats you left!” His mother further explained that he had piled them on the floor at the end of the bed, and he had enjoyed repeatedly crashing into the mats by falling from the end of the bed.

In collaboration with his mom, I created a sensory diet for her or his 1:1 observer to use with him that included activities that provided vestibular and proprioceptive sensory input, such as frequent “silly” walks around the unit (i.e. walking backward, side stepping). In addition to his sensory needs, Tim also had emotional needs that his mother and I worked hard to meet. For example, he became agitated when his mother would leave at night to go home. I created a “social story” called “Tim’s Good Night” that helped him prepare for her leaving each night.

Two years ago, I rotated from a combined cardiac/pediatric rotation to the inpatient psychiatry unit. On Blake 11, sensory assessment and intervention were already incorporated into our group programming and with patients who were self-injurious. However, when observing patients with acute agitation or mania, I recognized some of the same sensory-seeking behaviors I had witnessed in Tim, such as restlessness and pacing. There were also several young adults with an autism spectrum disorder or developmental delay with sensory and communication needs. I consistently found that many of these patients became calmer when provided with opportunities for engaging in sensory activities based on their individual preferences. In essence, these activities appeared to meet their sensory needs and helped them cope with their symptoms and hospitalization. In collaboration with the Clinical Nurse Specialist, I adapted the Autism Care Plan and Blake 11’s Crisis Prevention and Safety Tool to create individualized Coping Care Plans. Two years later, the Coping Care Plan is a standard occupational therapy practice for all high acuity patients on Blake 11.

I attribute the development of my clinical skills in this area to my rotations over the past five years, which included experiences with patients with a variety of cognitive, behavioral and sensory needs on the pediatric service, the neurology service, the cardiac service and the medicine service.
Committee Participation

Partners-Wide Committee

Jessica Ranford, MS OTR/L
Member, Stroke Quality Leaders Committee

Hospital Committees

Kimberly Erler, MS OTR/L
Member, Collaborative Governance: Ethics in Clinical Practice

Leslie McLaughlin, MS OTR/L
Member, Collaborative Governance: Fall Prevention

Katherine Russo, OTR/L, CHT
Co-Chair, Collaborative Governance: Patient Education

Kristen Hill, MS OTR/L
Member, Collaborative Governance: Pain Management

Karen Turner, MS OTR/L
Co-chair, Collaborative Governance: Restraint Solutions in Clinical Practice

Karen Turner, MS OTR/L
Co-chair, Collaborative Governance: Quality and Practice Oversight

Stephanie Smith, MS OTR/L
Member, Interdisciplinary Staff Advisory Committee

Kimberly Erler, MS OTR/L
Member, Optimum Care Committee

Department Committee

Jennifer McAtee, MS OTR/L
Katherine Russo, OTR/L, CHT
Janet Skolnick, OTR/L, CHT, CLT-LANA
Stephanie Smith, MS OTR/L
Members, PT/OT Staff Advisory Committee

Awards

Norman Knight Clinical Support in Excellence Award

Awarded November 12, 2013
to: Elizabeth Caraballo, Outpatient Occupational Therapy Aide

Ms. Caraballo received this award in recognition of her exceptional skills in the areas of patient advocacy, care that is compassionate and thoughtful, and commitment to quality patient care.

Partners in Excellence Award: Community Service

Awarded April 2013
to: Regina Doherty, OTD, MS OTR/L

Dr. Doherty received this award in recognition of her work on the MGH Institute of Health Professions Community Day Committee.

Partners in Excellence Award: Leadership & Innovation

Awarded April 2013
to: Logan Sharma, OTR/L, CHT

Ms. Sharma was part of a multidisciplinary team that received this award in recognition of their work on a hip and knee replacement guide and video for patients, “Good as New.”

The Partners in Excellence awards program recognizes exceptional Partners employees and teams in one of the following five categories: quality treatment and service, leadership and innovation, teamwork, operational efficiency and outstanding community contributions.
In August 2012, I joined the multidisciplinary Outpatient Pediatric Feeding Team, a team that was already comprised of speech and language pathology, nutrition and a gastrointestinal nurse practitioner. The mission of this team is that of assisting families and children of all ages with feeding or swallowing disorders by providing a multidisciplinary evaluation (made in one patient visit) and a comprehensive outpatient treatment plan.

The team model provides the clinical expertise needed to assess a child’s medical and nutritional needs; as well as the mechanics of feeding, including motor and sensory issues. Children’s feeding problems may be a result of reduced oral motor strength, which affects chewing of food, or heightened oral sensitivities, which can cause the child to have difficulty tolerating a variety of textures. Any feeding problems can delay the development of feeding milestones and affect the health of the child, not to mention creating great anxiety for the child and family.

The OT provides a unique perspective and clinical expertise in the area of oral sensory issues that may be interfering with the feeding process. For example, a child who presents with hypersensitivity to textures or touch input inside and outside of the oral cavity will not tolerate different types of food consistencies. The occupational therapist also assesses the child’s motor and postural skills to see if they may be a factor in the child’s success with feeding. The pediatric occupational therapists also play an important role in collaborating with the entire Feeding Team to determine how best to treat the child. Through our shared expertise and individual perspectives, we are able to outline an integrated outpatient treatment plan that addresses the child’s multiple needs (medical, nutritional and developmental) and helps the family and child prioritize the goals of treatment.
Omar Lopez
Board Member, Winchester Basketball Association
2004 - Present

Sarah McKinnon
Chairperson, Strong Women, Strong Girls Junior League of Boston
2011 - Present

Mackenzie Ewing
Volunteer, New England Disabled Sports
November 2011 - Present

Emily Firn
Occupational Therapist Volunteer, Mercy Ships Guinea, West Africa February 2013

Logan Sharma
Counselor, Arthur C. Luf Children's Burn Camp Union, CT July 13-21, 2013

Carol Harmon Mahony
HAVEN Holiday Gift Program MGH HAVEN Domestic Violence Program December 2013

Logan Sharma
Instructor, Adaptive Ski Program Winter 2013-14
Occupational Therapy Services

Total Staff  59  
Clinical Staff  42  

Inpatient Service
Patients  9,218  
Visits  24,816  

Outpatient Service
Patients  5,151  
Visits  16,530  

Locations

MGH Wang Ambulatory Care Center
Room 127 at MGH Main Campus  
15 Parkman Street  
Boston, Massachusetts 02114  
Telephone: (617) 726-2960

MGH West - Waltham
PARC Building  
40 Second Avenue, Suite 360  
Waltham, Massachusetts 02451  
Telephone: (781) 487-3800

MGH Revere HealthCare Center
300 Ocean Avenue  
Revere, Massachusetts 02151  
Telephone: (781) 485-6222

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