THE TRAINING OF THE OCCUPATIONAL AIDE

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The war we have just passed through has brought to light many new methods of shortening the period of convalescence in our patients. This is the natural sequence of the constructive policy that medical science has pursued for the past decade, all research work having directed all its energy toward new methods for the relief and cure of the patient. The various specialties have been more clearly defined and in their collaboration over the medical and surgical problems a demand for new adjuncts toward treatment has been created. Innovations must justify their existence by demonstrating to the most critical their ability to improve the technique of hospital treatment. Any foreign element introduced into hospital régime meets with the most careful scrutiny and scepticism. It is for this reason that the standard-bearer of this comparatively new adjunct to the medical treatment of patients in the hospital should be one well equipped in personality, physical fitness, and education.

The history of occupational therapy the reader will not attempt to touch upon, the scope of this paper dealing solely with the problem of the training of the occupational aide.

A discussion of this detail of the important subject of occupational therapy is of no avail unless we all agree on the premise, viz., that occupational therapy is fundamentally an expression of treatment for the sick in hospitals, sanatoria, or institutions prescribed by the physician as an adjunct to his treatment—that it is not an amusement as a toy or plaything, but an opportunity for the patient to obtain mechanical motion, increased muscle

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187
power, or mental balance, at the same time producing something of material value to himself.

Occupational therapy is not to be confused with a separate and distinct phase of the work, namely, vocational training. In this division are included the permanently disabled. This is not a therapy, but the art of teaching a craft adapted to his disability for the purpose of self-support. The occupational aide represents a profession distinct and sufficient unto itself. Her field of activities is broad. It is so correlated with other phases of the patient's welfare that an intelligent conception of the normal as well as the abnormal is necessary. Personality sells goods the world over. A salesman sells his goods only when he has demonstrated to the prospective purchaser that he has something worth buying or that the article increases the efficiency of his business. If he names his selling price before he accomplishes this, he usually fails in his purpose. Can we not apply this simile to the occupational aide? She is supplied with her medicine-cabinet filled with arts and crafts. She is the doctor's representative, to use her judgment in offering to the patient that craft best adapted to his needs. It is personality which makes the initial impression for good or bad on the varying types she will meet in the wards. The picture she presents should be expressive of neatness in dress (a clean uniform), cleanliness of skin and hands, an expression of cheerfulness and an attitude of confidence and faith in her approach. She shall have decided before approaching the patient what her selection of craft shall be. This decision is made after careful deliberation over the prescription of the doctor expressing the needs of this particular case. There should be no reference in conversation to the patient's physical condition. Her presence is justified solely by order of the physician. The craft should be explained in an intelligent and careful manner, with the one idea in mind to convince her patient that it is for his physical well being, and not an amusement. She shall stay with the patient a sufficient length of time for him to master the technique beyond the point of considering it a labor productive of discouragement. The length of time for work designated in the physician's order should be adhered to strictly. The
manner in which the patient accepts her treatment, the earnestness of his work, the benefit to his disabilities, are all expressive of gratification comparable to the terms made by the salesman.

The present status of an occupational aide in hospital wards is that of a foreign element in the usual routine of that institution. At the outset of her training she should be taught to realize that the moment she enters the portals of an institution she falls under the jurisdiction and surveillance of the superintendent or director. Her activities and work in the ward should be strictly confined to hours designated by those in charge. Her conduct and the manner in which she manifests her presence and performs her duties should be beyond reproach. Her attitude towards the nurses or other workers in the hospital curriculum should be such as to express coordination and helpfulness. At the expiration of her allotted time, she should so have arranged her work as to remove all evidences of disorder and confusion. In short, her presence should have so blended itself in the general atmosphere of the hospital that her future visits may be welcomed by all the hospital staff.

We all know that no one department organized during the war met with more opposition and severe criticism at its birth than that of occupational therapy. The fact of its survival and its present standing stand for the highest commendation and praise for its ardent backers and co-workers. The existence of the occupational aide as a definite and well defined profession bespeaks the demand and necessity as an adjunct in our civil hospitals. The type of applicant during the war was more or less influenced by a spirit of patriotism and self-sacrifice in her eagerness to do something in solving the tremendous problems before us. The greater majority of aides graduated in this department were of the highest order of intelligence and efficiency. Now that the profession is stabilized and the demand is applied to civil hospitals and industrial cases without the glamour of war, the motive and reason for a girl's taking up this work must of necessity be altered. In short, she enters the field primarily as a means of livelihood, although she must of necessity possess an appeal as well as a belief in her own ability to make a success as
an aide. Experience has taught us that the daily duties of an occupational aide in its broadest conception are extremely arduous. She must of necessity possess a physical endurance equal to that of a trained nurse. She should be capable of passing a physical examination, searching enough to elicit any heart lesion, digestive disturbances, joint disturbances, flat feet, in fact any physical incapacity which would in any way lower the standard of her efficiency in this vocation.

The bitter experience of this war has again taught us the important lesson of physical fitness for service. A healthy body in a vast majority of cases presupposes a healthy mind. Here again the mental attitude of an occupational aide should be so impressed with a spirit of self-sacrifice and love for her vocation that it should be inexhaustible in its supply of cheerfulness, integrity of purpose, and unselfishness.

We now start with our accepted applicant with the arbitrary age limit between twenty and forty, presumably possessed of the two qualifications, personality and physical fitness, and launch her upon the all-important education.

The Boston School of Occupational Therapy, organized as a war measure, graduated one hundred and twenty aides. Most of these were sent abroad to serve in the reconstruction hospitals. The results of their excellent service speak for themselves. Their record substantiated the school's existence and expressed a demand for its reorganization and continuance.

During the past year, after the splendid work under the supervision of Miss Green and Miss Wigglesworth, the school was legally incorporated with a board of directors, with Dr. E. G. Brackett as its president. Coincident with this action, the Massachusetts Society of Occupational Therapy was formed with a membership of 80 members enrolled at a public meeting where 800 persons were present, which is indicative of the interest manifested in the subject of occupational therapy in our community.

The relationship of the state society to that of the school is that of a guiding influence so correlating its activities as to insure the highest possible standard of efficiency in the graduates of the
school. The school curriculum as voted upon and accepted by
the directors of both the Massachusetts State Society and the
Boston School of Occupational Therapy has already been given
by Dr. Brackett.

The present status of occupational therapy may be likened to
that of the young child who has passed through the gamut of
children's diseases, well started upon its convalescence towards
normal health and vigor. In attempting to analyze this subject,
one is confronted with the perfect maze of ramification of ideas,
each one capable of developing a separate field of work in itself.
There are many who would argue for as long a course as four
years for the training of an aide; justly so, perhaps, if we consider
the aide purely from the standpoint of a teacher productive solely
as to the technique and quality of the article to be produced.
However, we interpret the vocation of occupational therapy in
its truest conception, which is as before stated an adjunct to the
medical treatment of patients. Is not the aide losing the valuable
experience of the practical application of her work in any time
spent beyond one year of technical training? The sale of all
goods in the commercial world is based entirely upon the law of
supply and demand. The large number of appeals that are
coming to us from all departments of charitable work for the
services of the occupational aide expresses a demand far in excess
of our present supply. This desire for the services of the aide
from medical workers is based entirely upon the excellent record
of those graduates who have pursued precisely the policy put
before you. The successful entrée of occupational therapy into a
new community is contingent upon two factors: first, the ladies'
auxiliary of the hospital, upon whom the burden of financing
usually falls; second, the sympathy or antipathy of the superin­
tendent of the hospital. This is not a theory but a fact in the
writer's experience. Some three years ago, a careful survey was
made of the small hospitals throughout New England. Results
show that in all of the communities where an occupational aide
is permanently established, she has been financed by the ladies'
auxiliary, and the superintendent of that hospital is heartily in
sympathy with the work.
The question has often been asked, Why should we not train the nurses in a hospital to become aides? The profession of an occupational aide has become so stabilized, covering a field so separate and distinct in character from that of the nurse, that should she attempt to combine the two, both phases of hospital work would fail. In no instance have we found the nurses antagonistic to this work in the wards. In a hospital of one hundred beds, the nurses went voluntarily to the superintendent and stated that occupational therapy in that hospital had reduced their work 33\(\frac{1}{3}\) per cent.

The number of applications received this year for entrance to the Boston School of Occupational Therapy conjures well for the future supply of aides. We must not jeopardize the future success of this comparatively new work by allowing our graduates to estimate too highly the value of their services. This is not offered in the light of criticism but as a suggestion based upon the inability in several communities to meet even the present standard of salary for the aide.

Each point presented in this paper is capable of elaboration. It has been my effort to give a brief outline of the status of occupational therapy in and about Boston. It is our wish to establish a profession based upon the highest ideals, productive of the greatest efficiency in the application of therapy to the patient. In putting before you this tentative scheme or outline towards the training of the occupational aide, it is with the hope that it will invite criticism from which may emanate a universally accepted school curriculum of the highest standard of efficiency.