



Abstract Title: Drawing on Eastern Europe to change Canadian health profession education

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Introduction/Background

Prior to the fall of the Berlin Wall in 1989, Eastern European states formed part of the communist former Soviet Union, which provided 'cradle to grave' protection to the whole population. The historical changes in the socio-economic system in ex-communist European countries affected their populations' health and quality of life dramatically. Their institutional arrangements had been designed for a very different economic system. They were incompatible with the incentive mechanisms of a market economy. Countries were ill-prepared to cope with aging population, cultural diversity, economic changes, poverty and social/health inequality. As they joined the European Union, they underwent social and educational reform and developed 'new disciplines', including occupational therapy.

A European survey (Böhnke, 2004) showed that a majority of people in transition countries view social injustice as the main driver of social exclusion processes. One response has been to focus on health equity, social inclusion, and community development, such as the unique development of occupational therapy education directed at social/health reform.

Purpose

To spark Canadian dialogue on health equity, social inclusion, and community development in health profession education, emphasizing the rights for persons with disabilities and refugees, drawing examples from developing Eastern European occupational therapy education.

Approach or Action

In the transformation of Eastern Europe, the question was whether to establish individualized occupational therapy or take risks to emphasize a responsible and political role for occupational therapists. Eastern Europe occupational therapy education developed with strategic thinking in establishing cross-sector partnerships that have contributed to social reform. The presentation approach will be to engage participants in dialogue sparked by examples from Eastern Europe.

Outcomes

Outcomes for this presentation will be energetic dialogue to consider new approaches for health profession education in Canada based on two outcomes from Eastern Europe reform.

- Ten established schools for Occupational Therapy in 6 different countries with curricula focusing on health equity, social inclusion, and community development
- Occupational therapy practices that emphasize partnerships focusing on social policy changes towards more rights for persons with disabilities and refugees

Conclusion

This presentation will spark Canadian dialogue to change Canadian health/social profession education. Experiences from Eastern Europe show how occupational therapy education was focused on working with communities on capability development through engagement in 'occupation' and 'occupational justice' in facilitating inclusive communities. Use of a systematic approach for implementing community development in Europe has focused education on the rights of persons with disabilities and their families (Author, 2011).

References

- Böhnke, P. (2004). Perceptions of Social Integration and Exclusion in enlarged Europe European Foundation for the Improvement of Living and Working Conditions, Dublin, Ireland
- Author. (2011). Eastern European transition countries: Capacity development for social reform. In: Kronenberg F, Pollard N and Sakellariou (2011) (eds) Occupational Therapy Without Borders. Vol. 2. London: Churchill Livingstone/ Elsevier.

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