LETTERS TO THE EDITOR

CEUs Are Confining

The recent article in the May 1981 AJOT (pp 312-316) on Continuing Education Units (CEU) was thought provoking. CEUs fill a need, but a limited one. The CEU courses offered locally often do not have a range of choices to suit therapists' needs. Also, those courses offered at a distance, besides being limited, are time consuming and expensive. Many courses are supervised or structured by educators and administrators who are inexperienced or unaware of the problems or needs of the clinic therapist.

A suggestion that might fit well into today's multifaceted occupational therapy programs to fit the needs of the therapists, their programs, and still fill the requirements of PSRO without the time and expense involved on the part of the therapist or institution, would be to take advantage of today's technology and develop a library of videotapes.

The videocassettes could be viewed privately for those fortunate enough to have a video recorder available—by local occupational therapy associations who could consider purchasing one, or by local hospitals already possessing one. This would be less expensive for the institution as well as for the therapist since no travel, lodging, or time from the job would be involved. The stop and play-back features are great for a closer look or a repeat of what might not be understood the first time. It could also cover a wider range of material, and, like a library book, could be viewed at one's convenience, rather than on a specific calendar date or hour.

Some of the material offered could be:

1. Supervision and administration. Information not strictly related to patient treatment, but good business administration procedures, i.e., records, cost benefit analysis, staff justification, etc.
2. The when, how, and what in adapting equipment.
3. New materials in splinting or crafts. Perhaps manufacturers would be willing to sponsor all or part of this. That way it would not be limited to those therapists attending the Annual Conference.
4. Craft techniques—old and new, as well as how they serve a treatment objective.
5. Refresher courses in neurology, kinesiology, etc. This would be particularly valuable to the therapist who recently switched areas and needs reinforcement.
6. ADL, testing, sensory integration, etc.
7. Clinical techniques from working therapists who have information to share but lack the time or means to share it in a formal way.
8. Other related medical information, i.e., a. Medications—how they effect a patient and what can be observed in the personality, behavior, or motor performance. b. Speech therapy—how their goals can be continued in occupational therapy. Techniques in listening and speaking. Working with aphasia. c. Psychology—motivation techniques. d. Nutrition—especially for occupational therapy sections with kitchens. e. Physical therapy—transfer techniques. f. Updated medical information on diseases and injuries.

Current CEU courses and others planned could be taped and made available on library loan from AOTA to those unable to attend. Filming could be done by AOTA, local occupational therapy associations, and the larger medical institutions equipped to do so. AOTA should determine the suitability and competency of the tapes. Those that meet PSRO requirements could be listed as such. Those that do not, but are useful, could also be listed, indicating that they are not CEUs. I see the tapes as a terrific help to the occupational therapy schools where the students or aides could see what is going on.

Since attendance is the only criterion at this time, participation could be certified by an administrator, occupational therapy association officer, or, if indicated, a statement by the therapist herself.

I realize that to implement such a suggestion takes time, but it is the only idea I can come up with that fits the needs of therapists, administrations, time/money budgets, geographical problems, and diversity of selection. No one could have access to a video recorder at first, but soon they could be available on a rental basis and AOTA could be ready with a growing library to help the professionals fulfill their PSRO requirements. If the AOTA would go ahead with such a plan and inform the membership, many would be able to budget ahead for such an eventuality.

Delphine K. Favilla, OTR
Potomac, Maryland