Team Building Works

"Intraprofessional Team Building" in the September 1987 issue (pp. 576-582) was a pertinent and stimulating article to me.

Our Psychosocial Occupational Therapy Department at Christ Hospital and Medical Center consists of seven occupational therapists (OTRs) and nine occupational therapy assistants (COTAs) who work together on occupational therapy teams. A typical team includes one therapist as the "team leader" and two assistants. As a department, we have historically been committed to team building, and are well aware of the special challenges and benefits which result from teamwork.

In the Chicago area, the high percentage of occupational therapy assistants working within our department is an exception; the majority of area occupational therapy departments employ primarily occupational therapists. This article has validated my belief that there is nothing wrong with our department's organization!

Once again, thank you for publishing this fine article.

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Additional Information on Parachek

Some additional information might be helpful to readers of the interesting case report "Maude: A Case of Sensory Deprivation" (October 1987 issue, pp. 673-676). The authors, Rogers, Marcus, and Snow, report using the Parachek Geriatric Rating Scale to screen a group of patients functioning at a low level for the treatment group of which the patient Maude was a member. This scale is available in booklet form and includes a treatment manual which I wrote at Dr. Parachek's request. The treatment manual describes a sensory stimulation program for patients functioning at a low level very similar to the one that proved to be very helpful to Maude.

The third revised edition, published in 1986, includes descriptions of several research projects with geriatric patients in the United States and abroad which have used sensory stimulation programs of one kind or another. This edition also includes a reprint of Parachek and Miller's validation and standardization paper referred to by Rogers et al.

The Parachek scores can be recorded in graph form on record sheets, which are also available. The record sheets provide a means of quantifying gains in function over time, and this might be a useful research tool.

The Parachek Geriatric Rating Scale and Treatment Manual and the record sheets, in pads of 100, are available from the Center for Neurodevelopmental Studies, 8434 North 39th Avenue, Phoenix, Arizona 85051.

Once again, thank you for publishing this fine article.

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Raising the Entry Level Would Be Untimely

In the October 1987 issue of the journal (pp. 658-666), Pierce, Jackson, Rogosky-Grassi, Thompson, and Menniger discussed possible repercussions of upgrading the entry level educational requirements in our profession to the master's level. I believe that it would be very untimely to implement this idea. There is a serious shortage of occupational therapy personnel in many areas of the country. The authors estimated that an additional $64,000 in college expenses would be required to meet the master's entry requirements. This expense, along with the decline of grants and scholarships, could further reduce the already shamefully low representation of minorities in our field.

In my technical training I had the privilege of studying alongside someone who inspired me to get the most out of my education. This fellow student was introduced to occupational therapy when her son developed a physical disability. Impressed with the skills of the occupational therapist who treated her son, she devoted hundreds of hours as a volunteer to learn more about the field. In case reports with teachers and fellow students in our certified occupational therapy assistant (COTA) program, this bright student proudly asserted that her goal was to complete her assistant training and go on to become a registered occupational therapist (OTR). Before she could reach her goal, the American Occupational Therapy Association (AOTA) discontinued its program allowing assistants with 4 years' experience to take the certification exam for therapist.

Being a single working parent, this fellow student was unable to quit her job to attend the day classes offered by the 4-year occupational therapy program. She is currently trying to obtain her bachelor's degree in another field and might later seek an occupational therapy certificate.

This talk of raising entry level requirements leaves her disillusioned with the profession she loves so much. Adding roadblocks for dedicated individuals can only hurt our profession. Clearly, the positive ef-