



This final 2016 edition of SAJOT also marks the last of the special celebratory issues to commemorate the 40 year anniversary of the Department of Occupational Therapy, University of the Free State. However, due to the funding requirements for publications laid down by the Department of National Education, we were only able to publish a minimum number of articles dedicated to this event in each edition. We therefore plan to publish a selected number of the remainder of these articles throughout 2017. All articles pertaining to this celebration are identified by \*\*\*. Readers will also notice a new symbol printed on each article. This symbol denotes that SAJOT – as an open access journal – is distributed under the terms of the Creative Commons License code CCBY-NC-ND 4.0, which means that you are free to copy and redistribute published material in any medium or format, but under certain terms. For more information of the terms of this license, please log on to <https://creativecommons.org/licence/by-nc-nd/4.0/>.

We open this edition of the journal with a commentary on ethics in clinical education<sup>1</sup>. Clinical education – on which so much of our profession's future depends – affects a large proportion of our community, whether in our role as clinical therapist, academic supervisor or student. The commentary is based on a study to determine various barriers and facilitators to clinical education, and highlights those issues relating to ethical and professional conduct in the clinical education context which emanated from the results of the original study. The revelations by students regarding the conduct of clinical educators that could be construed as unethical, and in some instances even negligent, should be of concern to us all and warrants some serious introspection and critical reflection on our conduct as professionals.

A further commentary, on the challenges and opportunities of Occupation-based Hand Therapy (OBHT)<sup>2</sup>, advocates for this approach to be adopted in the treatment of the upper limb *in conjunction with* the more commonly used biomechanical approach. The authors – based on international literature and on their collective clinical experience - put forward some barriers to the implementation of OBHT together with some valuable guidelines as to how this holistic approach can be implemented in the South African context.

The first of three undergraduate studies reported on in this issue focuses on whether children with Down syndrome – together with the diagnosis-specific problems associated with this condition – also struggle with sensory processing, praxis and related social participation which could exacerbate their engagement in occupation<sup>3</sup>. This study is the first of its kind done on a South African population, and the results contribute to the emergent understanding of the sensory processing, praxis and related social participation of children with Down syndrome within the South Africa context. In the second undergraduate article, students from UFS set about developing an emotion regulation scale for adolescents<sup>4</sup>. After conducting an extensive literature search, a 39-item scale to identify the strategies employed by 404 adolescents drawn from a student population, was developed. A confirmatory factor analysis (CFA) model proved the provisional scale, as well as the items, to be reliable. Further research for the development and the refinement of this scale is recommended. The third student article sheds some light on African mothers' experiences and vulnerabilities of having a child with cancer<sup>5</sup>. The students emphasise that greater efforts need to be made towards improving awareness

of the community about childhood cancer by colleagues working in more rural areas in an attempt to demystify the myths existing in the African culture which render these mothers susceptible to occupational risk factors, particularly occupational disruption and imbalance.

Three articles report on the experiences of clients on occupational therapy intervention, adding to our insight and understanding from our clients' perspective. In a mixed methods study<sup>6</sup>, the many challenges facing stroke survivors in the Western Cape are reported, and include early discharge due to bed-shortages, no or limited treatment protocols and resources, no dedicated beds or wards and limited access to community services. Two recommendations put forward by the authors are the direct and active involvement of primary caregivers in the rehabilitation process and the expansion of occupational therapy and other services specifically dedicated to the management of this population. The factors affecting adherence and non-adherence to pressure garment therapy from the perspective of burn survivors are highlighted in a study conducted in the Western Cape<sup>7</sup>. Some results reported in this study, are distressingly similar to those reported in a South African study conducted by Stewart et.al.<sup>8</sup> almost 16 years ago, and indicate these issues have still not been adequately addressed. In another study<sup>9</sup> (also from the Western Cape) the significance of the ability to drive is highlighted by clients with Spinal cord injuries, and the recommendations are aimed mainly at educational bodies providing entry-level programmes or continuing professional development, to include student training in driver rehabilitation, in order to meet the return-to-driving needs of clients with SCI's.

Four articles in this edition should be of interest not only to clinicians, both newly qualified and experienced, but also to clinical and academic educators in particular. The first focuses on the value of simulated learning and the training of clinical skills<sup>10</sup>. Participants in this study reflect on how this 'hands-on' approach to learning has stood them in good stead in their clinical placements in that it provided a 'safe' learning environment and contributed to their confidence in dealing with their 'real-life' clients. In an article from South Australia<sup>11</sup>, valuable insights are gained from the collective experience of professionals into the requirements, development and maintaining of inter-disciplinary collaboration within as well as between different centres. Another article from the UFS<sup>12</sup> shows how collaboration between academics and clinicians in a supervisory capacity can narrow the gap between theory and practice in relation to the application of Occupational Therapy conceptual models.

Finally, we hear from our new colleagues on their experiences of the compulsory community service year<sup>13</sup>. The significant findings reported in this article will help us better prepare our students for the challenges and to work towards offering appropriate support whilst completing this service.

A warm welcome is extended to new members of the editorial committee Janine van der Linde, Hester van Biljon and Denise Franzsen who will assist with the screening and review processes, and Helen Robinson who will be involved in final editing and proofreading of articles in preparation for publication. We look forward to working with you and thank you for your preparedness to assist in the quality of the articles we publish.

I would like to express my heartfelt and sincere gratitude to Marj Concha, for her unwavering support, patience, leadership and guidance over the last two years.

## REFERENCES

1. De Witt PA. Ethics and clinical education. *SAJOT*, 46(3) : 4-9.
2. De Klerk S, Badenhorst, Buttler A, Faruz M, & Oberem J. Occupation-based Hand therapy in the South African context. *SAJOT*, 46(3): 10-14.
3. Van Jaarsveld A, Van Rooyen F, Van Biljon A-M, Janse van Rensburg I, James K, Böning L & Haefele L. Sensory processing, praxis and related social participation of 5-12 year old children with Down syndrome attending educational facilities in Bloemfontein, South Africa. *SAJOT*, 46(3): 15-20.\*\*\*
4. Strauss M, Raubenheimer JE, Campher, D, Coetzee, C, Diedericks A., Gevers H.D, Green K & Van Niekerk S. The development of an emotional regulation scale for adolescents. *SAJOT*, 46(3): 41-48.\*\*\*
5. Naidoo D, Gurayah T, Kharva NI, Stott T, Trend SJ, Mamane T & Mtolo S. Having a child with cancer: African mothers' perspective. *SAJOT*, 46(3): 49-54.
6. Cawood J & Visagie S. Stroke Management and Rehabilitation in a Western Cape Province setting. *SAJOT*, 46(3): 21-26.
7. Pillay R, Visagie S & Mji, G. An Exploration of Burn Survivors' experiences of pressure garment therapy at a tertiary hospital in South Africa. *SAJOT*, 46(3): 73-79.
8. Stewart R, Bhagwangee A, Mbakaza Y & Binase T. Pressure garment adherence in adult patients with burn injuries: An analysis of patient and clinician perceptions. *American Journal of Occupational Therapy*, 2000; 54(6): 598-606.
9. L. Mtetwa L, Classen S & van Niekerk L. The lived experience of drivers with spinal cord injury : A qualitative inquiry. *SAJOT*, 46(3): 55-62.
10. Van Vuuren S. Reflections on simulated learning experiences of occupational therapy students in a clinical skills unit at an institution of higher learning. *SAJOT*, 46(3): 80-84.\*\*\*
11. West M & Boshoff K. A Quantitative exploration of the characteristics and practices of interdisciplinary collaboration. *SAJOT*, 46(3): 27-34.
12. Vermaak ME & Nel M. From paper to practice – therapists and academics working together in enhancing the use of occupational therapy theoretical models. *SAJOT*, 46(3): 35-40.\*\*\*
13. Van Stormbroek K & Buchanan H. Community service therapists: thriving or just surviving? *SAJOT*, 46(3): 63-72.

\*\*\* Articles commemorating the UFS anniversary.

**Blanche Pretorius**  
**Editor in Chief**  
**SAJOT**