

Editorial comment

In SAJOT Vol 45 no 2 (2015), I indicated that it was the last printed version of the journal. Well, we now enter the new area of electronic journals, this edition being the first of these, so again an historical edition of the South African Journal of Occupational Therapy (SAJOT). This is indeed the end of an era and the beginning of a new one. It is quite a change for those of us who like to hold in our hands a hard copy of what we are reading. However, SAJOT must move with the times and follow the world-wide trend of electronic publishing and so you will be able to read your copy of SAJOT on your iPad. I do hope that you will all enjoy reading this **on line version** of SAJOT Vol 45 No 3.

I would also like to draw your attention to the fact that we have now joined the ProQuest data base. ProQuest LLC is an American information-content and technology company founded in 1938 as University Microfilms. ProQuest provides products, mainly for libraries, but can also be used by researchers looking for specific subject content. We have joined ProQuest so that the content of SAJOT can be even more widely distributed and available to occupational therapists world-wide.

In this edition of SAJOT we are pleased to publish the 2014 Vona du Toit Memorial lecture which was given by Tshinetise Alfred Ramakumba¹ to commemorate Vona's outstanding contributions to the development of occupational therapy in South Africa. Not only was she, among other things, at various times, President of the South African Association of Occupational Therapists, the first Chairperson of the, then newly formed, Professional Board for Occupational Therapy of the Health Professions Council of SA and SA delegate to the World Federation of Occupational Therapists but she also made a massive contribution to the more scientific delivery of occupational therapy through the development of the Vona du Toit Theory of Creative Ability. Alfred himself has quietly and unassumingly made his own impact on the profession through the various important positions that he has held such as President of the Occupational Therapy Association of SA (OTASA) and Chairperson of the Professional Board for Occupational Therapy, Medical Orthotics, Prosthetics and Arts Therapy. His lecture bears testimony to his passion for the alleviation of one of the scourges in our beautiful country i.e. poverty and the role that occupational therapists can play by prioritising economic occupation in their treatment programmes.

The second article² introduces an exciting and relatively new (to SA at least) and much needed aspect to occupational therapy services. With the large number of accidents on the South African roads it is essential that means are developed to assess 'fitness to drive', not only to assess people with a disability but also to evaluate those among the general population who may require driving rehabilitation. This paper describes the validity of the Stellenbosch University on-road assessment. Although it is specific to a part of the country, the information could help in setting up other valid on-road driving assessments.

The results reported in the third article³ are of importance to occupational therapists as they describe the prevalence of work-related musculo-skeletal disorders of the upper extremity found in secretaries and among those spending much of their day at computers. Although the study was conducted in Nigeria the results have widespread consequences for occupational therapy practice and the degree to which we should be applying ergonomic principles in helping people in the work place. The results are not only applicable to helping people at the work place, but also to each and every one of us as we all spend hours in front of a computer or hunched over a smart phone or iPad.

There follows three articles that focus on issues of training occupational therapy students. The first one attempts to determine the learning styles of students⁴ and gives very useful information about the types of styles and therefore leads one in the direction of how to approach teaching. The second⁵ examines the 'lived' experience from the perspective of both the clinical educator and the student, of issues around the supervision that students receive while undergoing clinical training. The education of the student in the clinical setting is an essential part of providing students with clinical expertise. The main issue brought up in this research i.e. fact that many clinicians are reluctant to teach students or help them to deal with patients in the clinical setting, should be of great concern to the profession. Hopefully these results will lead to greater emphasis being placed on the preparation of clinicians to fulfil this important teaching role. The third article looks at the factors⁶ that cause stress in students undergoing a university course in occupational therapy and the ways in which they cope. This article provides information on the different stressors and therefore indicates the type of services that can be set up to provide support to the students. The information provided in all three articles, when looked at together should help teachers in occupational therapy to devise systems that will create much better learning environments for the students.

The next two articles focus on occupational therapy vocation practice. The first⁷ one of these describes the detailed process of constructing a profile tool to use in occupational therapy vocational rehabilitation practices for the purpose of evaluating the service and to see which areas need attention and development in practice. The extensive stage by stage development of this tool which involved all possible stake holders means that the tool is valid, contextually relevant and will provide an essential tool to use in the setting up of and delivering and monitoring a vocational rehabilitation service. It should prove extremely helpful to all those therapists involved in vocational rehabilitation. The second article⁸ on vocational rehabilitation describes the process used to determine the information that should form part of the syllabi for both undergraduate and post graduate students in vocational rehabilitation. Again, if the results of these research projects are viewed together the information should provide the ideal platform whereby occupational therapists can deliver a comprehensive vocational rehabilitation service.

The last article⁹ looks at the number of ethical misconduct cases brought before the Occupational Therapy Board of the Health Professions Council of SA between 2007 and 2013. The authors found that there were a fairly small number of penalties imposed, but this is no cause for complacency within the profession and therapists should take cognisance of the issues that were reported and ensure that they do not repeat the mistakes made.

Last but not least, we are pleased to publish, in this edition, the Occupational Therapy Association of South Africa's (OTASA) Position Statement on Occupational Therapy in Primary Health Care¹⁰. It makes very clear the stance of OTASA and the part that occupational therapy plays in primary health care with community based rehabilitation providing the framework and *modus operandi* for service delivery within this sector. It is an essential document for the Department of Health to understand and use the skills of occupational therapists appropriately as well as giving guidance to therapists.

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