

Editorial comment

This edition of the South African Journal of Occupational Therapy (SAJOT) i.e. **Vol 45 no 2** is an historical edition for two reasons. The first is that this is the **last print version** of this Journal! The Occupational Therapy Association of South Africa (OTASA) under whose auspices the journal falls, has decided that from the December issue i.e. Vol 45 No 3 2015 the journal will only be offered in electronic format. This ends 62 years of the **printed** version being available to members of OTASA as a perk of membership. The exact way in which members of OTASA will receive their Journal has yet to be decided, however members will be informed through sms and email of the way in which they will receive their copy of SAJOT. Obtaining a copy of the journal immediately after publication remains a benefit of membership for the OTASA members. For the immediate future, the full text of the Journal will still be available to members on the OTASA web site (www.otasa.org.za) and as open access, one year after publication, on the SAJOT web site (www.sajot.co.za).

After 62 years of the publication being in print (the first journal was published in 1953 –Vol 1 No 1, Aug 1953) it is useful to remember¹ how much the Journal has developed from one that described only various aspects of occupational therapy (OT). “This trend continued right up until the late nineteen eighties and many very helpful articles on treatment methods, splints and assistive devices were published. This type of article is now published in Focus. It is interesting that SAJOT only obtained an ISSN number from Vol. 30 No 3 in November 2000”^{1:1}. From the year 2000 to approximately 2007, SAJOT was able to publish only two to four scientific articles in each edition. Since then the publication rate of research articles has improved and SAJOT now publishes eight or more scientific articles per edition. This demonstrates the greater focus on measuring the success of occupational therapy and is a welcome advance in the profession in this country.

The second reason for this being a historical edition of the Journal is that SAJOT now has **an impact factor** of 0.1143. This factor is not static and can change from month to month depending on the **quality** of the articles and interest shown in the subjects being printed. We still have a very long way to go to improve the impact factor but it is a start in the right direction. To improve the impact factor, I must say yet again, that we need high quality research articles, specifically quantitative in nature. Currently more articles using qualitative methodologies are published. I would also like to remind you of the review of SAJOT by the Academy for Science of South Africa who reported² that “there is a lack of articles reporting on the effectiveness of occupational therapy interventions in most areas of practice. An increase in experimental and outcomes research that reports on evidence of effective interventions would make the journal more balanced. This research would probably only happen if universities were encouraged to put greater emphasis on these types of study designs in their research foci”².

This edition publishes 8 scientific articles and two “commentaries. Only two of these articles use a quantitative methodology. The first article³ deals with the important subject of standardised tests and the possible problems that may arise if testing is done on a population different to that used for the normative data. This article demonstrated differences in the reliability of the Motor-Free Visual perception Test when translated in to the Afrikaans language and used on a SA Afrikaans speaking population. It highlights the need for tests that are both developed and standardised on a South African population. There have been other studies published in SAJOT^{4,5,6} demonstrating the need for South African

standardisation data and we are in need of a coherent approach to producing this type of data. Another article in this Journal that deals with the use of tests in OT is the one by De Klerk et al⁷ who investigated the use of hand therapy assessments among occupational therapists in South Africa. As they point out, the use of this type of testing is extremely important if we as occupational therapists are going to provide the much needed evidence for successful intervention. They found that, of particular concern was the lack of use of tests for activity participation – an area that one would have thought would be the most dominant type of tests used to measure successful occupational therapy interventions. The authors have provided an extensive list of published standardised tests which should be useful for therapists wishing to provide the much needed information for success in therapy. This article points out yet again, the need of appropriate testing material in occupational therapy.

Another article⁸ in this edition looks at the perceptions that the users have of an OT intervention at a substance abuse clinic in SA. This is a very useful study in that it gives direction and feedback on a specific OT service which helps the therapist to better understand how the service can be improved. All in all, it appears that this particular service is meeting most of its objectives. However it does make the case for more community based intervention and follow up.

An article⁹, in which a very valuable contribution is made to the necessary skill of report writing, describes an inclusive method used to develop a report writing protocol specifically to be used in vocation assessment and rehabilitation. The protocol as described can be obtained from the contact given in the article. It is to the authors’ credit that the outcome from the research process can be immediately implemented to assist therapists in improving their practice.

The article by Wimpenny and Lewis¹⁰ is relevant for educators as it examines the perceptions of two groups of newly qualified occupational therapists, one in the United Kingdom and the other in South Africa, of how the occupational therapy curriculum for mental health had prepared them for practice. It is interesting that they found that, in spite of the rather different practice environments, there was a shared identity, socialisation process and professional identity as well as similar problems. It was particularly good to note that in the both sets of graduates “...an overwhelming desire to make a difference”^{10:27} was found. The graduates mentioned ways in which the curriculum could be improved particularly in relation to the challenges of working in a rural environment.

An extremely interesting, exciting and detailed multi-disciplinary rehabilitation case study of a chronic C4 tetraplegic patient who had undergone an autologous human stem cell transplantation 6 years after injury follows¹¹. It is quite amazing to see the progress that this young man has made over a period of 12 months, with the intense rehabilitation programme that was provided, which would not have been possible without the transplant. There has been no other such case study and this article breaks completely new rehabilitation ground demonstrating what can be achieved in this day of stem cell transplants. A detailed rehabilitation programme is described which will be very useful to therapists in similar circumstances.

Two articles deal with aspects of community-based rehabilitation. The first one¹² describes a process used by undergraduate students to gain entry to a community and looks at their own experiences while acquainting themselves with a specific community in Cape Town SA. The second article¹³ explains, giving relevant

examples, the process of accessing evidence based practices to help with the implementation of a community based rehabilitation project. Not only does it describe in detail this process but can also be helpful to researchers in the production of information that will contribute to outcomes based therapy.

This edition concludes with two commentaries^{14,15}. The first one¹⁴ describes the growth of OT as a profession in Brazil. The growth has been exponential in the last decade to the extent that it has an enviable large population of occupational therapists – numbering 13 536 with 75 Universities training students. The second commentary¹⁵ explains how the Danielson's Framework¹⁶ can be adapted to assist in setting up a new clinical training venue for 3rd year occupational therapy students at the University of the Western Cape and how the clinical supervisor can also be used as the in-situ supervising clinician.

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