Creighton UNIVERSITY

School of Pharmacy and Health Professions
Department of Occupational Therapy

Cultural Differences in Chile that Impact Occupational Therapy Practice

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BACKGROUND

As a doctorate of occupational therapy student at Creighton University, I completed my doctoral capstone experience (DCE) in Punta Arenas, Chile. During my time in Punta Arenas, I spent time at *Centro Diuron* for older adults getting direct clinical and cultural experience. This is a day program for older adults with a variety of different diagnoses who have mild to moderate levels of dependence.

The Day Center for the Elderly Program aims to: Contribute to improving the quality of life of vulnerable older adults through maintaining or improving their functional abilities.

The Day Centers for the Elderly Program purpose: To maintain or increase the level of functional abilities for older adults with mild and moderate dependence who are in a situation of social vulnerability. Focusing on activities of daily living (ADLs), instrumental activities of daily living (IADLs), social and family participation.

The services offered are in a group or individual sessions. Group and individual activities are completed with physical therapist, occupational therapist, nutritionist, speech-language pathologist, and psychologist. This case study will compare a group during two sessions. The focus will be on what activities were done, what worked well, and what models of practice were used.

RESEARCH QUESTION

How does cultural differences in Chile impact occupational therapy services?

CLIENT HISTORY

Patient A:
- 80-year-old female
- PMH: Hypertension, dyslipidemia, CVA, diabetic II
- Pt reports: 1 fall in last 6 months and difficulty sleeping

Patient B:
- 60-year-old female
- PMH Hypertension, diabetic II, asthma, and arthritis
- Pt reports: No falls and slight difficulty with sleeping

Patient C
- 70-year-old female
- PMH: Hypertension and dyslipidemia
- Patient rereports: No falls or difficulty sleeping

Patient D
- 90-year-old female
- PMH: No PMH documented
- Patient reports: No falls but doesn't leave the house by herself because of her vision and hearing problems

Patient E
- 75-year-old female
- PMH: Chronic renal disease and dementia
- Patient reports: Falling recently because a dog tripped her

Patient F
- 66-year-old female
- PMH: Diabetic II, hypertension, dyslipidemia, and arthritis
- Patient reports: Reports falling while walking her dog

METHODS

Session 1: During the group's first session they participated in BINGO. Participants were given two BINGO cards. One of the occupational therapist read off each number while I wrote the numbers on the whiteboard. The focus on this group intervention was to increase social participation, fine motor skills, visual scanning, visual acuity and hearing functions.

Models of practice used: Model of human occupation (MOHO) and person-environment and occupation (PEO).Type of group: Parallel group

Session 2: During the second group session patients were able to choose 1 of 3 activities to participate in. Dominos, bowling on Xbox or making decoupage. The focus of these activities was social participation. Dominos also focused on fine motor skills, visual scanning, visual acuity, and problem-solving. Decoupage focused on fine motor skills, attention, problem-solving and visual functions. Bowling on the Xbox focused on gross motor, stability, balance, visual awareness, attention, and problem-solving.

Models of practice used: Model of human occupation (MOHO) and person-environment and occupation (PEO). Type of group: Parallel group

RESULTS

Session 1: Participants seemed to enjoy BINGO. Many of the participants were laughing and making jokes with each other. Visual scanning was difficult for one of the participants and needed assistance in identifying the numbers. Participants who had difficulty with visual scanning used only one BINGO card. One patient had difficulty with auditory functions and relied on the whiteboard to see the numbers. We used different sizes and shapes for BINGO chips to grade the activity for participants. The winner won a prize which helped increase motivation to participate in BINGO.

Session 2: The three different activities allowed for different levels of social interactions. Decoupage allowed for minimal interaction, dominos moderate interaction and bowling significant amount of interaction. Participants working on decoupage were confident in their abilities to complete the task independently. Participants playing Dominos needed assistance in visual scanning and attention. Participants bowling on Xbox needed stand by assist for balance safety. Playing the Xbox in front of others encouraged other participants to also participate in Xbox.

What didn't work well was some participants did not want to change seats and that's how they chose their activity.

Observed cultural differences:

- In Chile greeting someone, including patients/clients, consists of a kiss on the cheek. Not greeting someone with a kiss on a cheek can be seen as offensive.
- Long-term and short-term goals in the US are presented in COAST format. Goals must obtain Client, Occupation, Assistance Level, Specific Condition, and Timeline (Gee, 2014).
- In Chile, average time for people to go to bed 11:00 pm -12:00 am.
- Diurno Center therapist would take pictures of all the participants participating in therapeutic activities as proof that therapeutic activities.
- In the US if a patient is a government-paid facility, the therapist must provide goals for the patient and prove that the patient is making progress towards those goals. If goals are met or have plateaued, then the patient will be discharged.
- Most insurances will require a script from a physician to provide orthosis to a patient. In Chile, the OT can decide to make orthosis without a physician approval.

BOTTOM LINE FOR OT

By 2050, the percentage of ethnic minorities in the United States will have risen by approximately 28% (Murden, 2008). To provide client-centered interventions it is important to have a diverse cultural understanding of beliefs and practices (Salls et al., 2019). Having cultural immersion experience has shown to have positive influences on occupational therapy practitioners (Salls et al., 2019). It is important for occupational therapy students to gain cultural experience during fieldwork to become a well-versed occupational therapist. Having cultural experience during fieldwork can help provide the students the confidence to work with patients with different cultural backgrounds (Sonn et al., 2018). This is an important aspect of fieldwork because it provides the students the confidence to build rapport, obtain an occupational profile as well as provide client-centered interventions for all their patients.

REFERENCES

Gee, B. M., Strickland, J., & Salazar, L. (2014). The Role of Reusable Learning Objects in Occupational Therapy Entry-Level Education. *The Open Journal of Occupational Therapy, 2*(4). https://doi.org/10.15453/2168-6408.1108

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* DISCLAIMER: The English version is a translation of the original in Spanish for educational purposes only. In case of a discrepancy, the Spanish original will prevail.

Hi, My name is Andrea and I had the opportunity to complete my Doctoral Capstone Experience in Punta Arenas, Chile.

My main objective during my time in Chile was global health perspective.

More specially, how does the culture in Chile influence occupational services?

- During my time in Punta Arenas, I gained clinical experience in four different settings.
  - Outpatient hands, inpatient rehabilitation, mental health and community setting.
- My research focus was specifically on the community setting.

- The community setting was intended for older adults with mild to moderate levels of independence.
  - Some common diagnosis were: Stroke, arthritis, and diabetes.

Preparing for a group activity

Centro Diuron

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CLIENT HISTORY

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My research focused on one specific group of 6 patients. I reviewed each of their charts and documented their past medical history and what the patient reported during the evaluation.

Sessions

- **Session 1**: During the group's first session they participated in BINGO. Participants were given two BINGO cards. One of the occupational therapist read off each number while I wrote the numbers on the whiteboard. The focus on this group intervention was to increase social participation, fine motor skills, visual scanning, visual acuity and hearing functions.
- Models of practice used: **Model of human occupation** (MOHO) and person-environment and occupation (PEO).Type of group: Parallel group

- **Session 2**: During the second group session patients were able to choose 1 of 3 activities to participate in. Dominos, bowling on Xbox or making decoupage. The focus of these activities was social participation. Dominos also focused on fine motor skills, visual scanning, visual acuity, and problem-solving. Decoupage focused on fine motor skills, attention, problem-solving and visual functions. Bowling on the Xbox focused on gross motor, stability, balance, visual awareness, attention, and problem-solving.
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- What didn’t work well was some participants did not want to change seats and that’s how they chose their activity.

Observed cultural differences

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- Long-term and short-term goals in the US are presented in COAST format. Goals must obtain Client, Occupation, Assistance Level, Specific Condition, and Timeline (Gee, 2014).
    - In the Centro Diurno they only provided overall objectives for the participants.
- In Chile, average time for people to go to bed 11:00 pm -12:00 am.
    - This could effect ADL's and IADL's.
    - Dinner can be anywhere from 7:00 11:00pm.
- Centero Diurno therapist would take pictures of all the participants participating in therapeutic activities as proof that therapeutic activities.
    - They had to provide these pictures to the University to maintain their funding for the program.
- In the US if a patient is a government-paid facility, the therapist must provide goals for the patient and prove that the patient is making progress towards those goals. If goals are met or have plateaued, then the patient will be discharged.
    - Chile did not have strict regulations on meeting goals.
- Most insurances will require a script from a physician to provide orthosis to a patient. In Chile, the OT can decide to make orthosis without a physician approval.

Bottom Line for OT

- By 2050, the percentage of ethnic minorities in the United States will have risen by approximately 28% (Murden, 2008). To provide client-centered interventions it is important to have a diverse cultural understanding of beliefs and practices (Salls et al., 2019). Having cultural immersion experience has shown to have positive influences on occupational therapy practitioners (Salls et al., 2019). It is important for occupational therapy students to gain cultural experience during fieldwork to become a well-versed occupational therapist. Having cultural experience during fieldwork can help provide the students the confidence to work with patients with different cultural backgrounds (Sonn et al., 2018). This is an important aspect of fieldwork because it provides the students the confidence to build rapport, obtain an occupational profile as well as provide client-centered interventions for all their patients.

Fun Facts

- “Box” means patient room.
- They love mayonnaise.
- Winds would be 25 mph on a typical day.
- Italiano on a sandwich means it will have mashed up avocado.
- Stores would not open before 10:00 am.
- Uber is illegal.
- There are dogs everywhere!
- Sushi has fried chicken in it.
- You must honk and wait for someone to come to your car to pay for a parking meter.

Thank you!

Questions?