A: Self-care is the main priority. It is the OT's job to address swallowing issues.

Q: *What changes could you make in order to allow you to spend longer on the ward?*

A: Re-organise my timetable and discuss whether the other OTs can cover some of my other caseload.

Experiences: It was interesting to see how the experiences of the other set members came across as they framed the questions they asked. One member talked about groups and education sessions that she has run for carers and patients, where patients can learn from each other's experiences and support each other.

Other members described using 'sensitisation' techniques (Ugandan OTs use this term to mean promoting the role of occupational therapy) to ensure that appropriate referrals are made. Some had made posters and put them in the office where the doctors write their notes. Two members talked about attending ward rounds and giving feedback about patients' occupational performance.

One member talked about a referral system used in his hospital, whereby the doctor uses a tick box referral form for occupational therapy, physiotherapy and the orthopaedic officer.

The action plan: Lilian formed an action plan to: attend the doctors' meetings and present a case study about how OT can benefit stroke patients; give a presentation at the medical school, for medical students, on the role of OT; make posters about OT; run weekly educational workshops for patients, attendants (family and friends who look after the basic needs of the patient) and staff on self-care after a stroke. No referral would be needed and images would be used to communicate with people with different tribal languages; and re-organise staff time within the OT department, to ensure that the stroke ward has three full days of OT input.

The activity learning set gave Lilian space to think about her problem. She received support as the other group members related the problem and gave validation that the problem was worth exploring and prioritising. Her action plan did not contain many revelations or actions that she had not considered before, but the problem was given a forum that provided a focus and clarity.

FEATURE

Volunteering in St Lucia

Beatrice Anyalagbu reflects on life as an occupational therapist in St Lucia

When I first told friends that I was going to work as an occupational therapist in St Lucia, many were envious. They envisaged long, lazy, cocktail-filled days in a hammock on a beautiful beach, occasionally dragging myself up to assess a child for work. But of course the reality is markedly different.

St Lucia is a picturesque island 27 miles long and 14 miles wide, with a shape that is said to resemble an avocado. One of the Windward isles, it is situated between Martinique and St Vincent, and north of Barbados. St Lucia boasts a lush, green, dramatic tropical landscape, and is a stunning place to live and work.

The Child Development and Guidance Centre (CDGC), established by Dr Schuling, a German paediatrician, has been in operation for 12 years, providing comprehensive developmental assessments and therapy for children with identified needs.

The CDGC provides ongoing assessment, diagnosis, intervention and support for children with developmental difficulties aged from birth to 16 years, including cerebral palsy, Downs syndrome, autistic spectrum disorders, attention deficit hyperactivity disorder and general speech and language delay and disorder.

The CDGC receives no funding from the government and the major financial support comes from Förderverein Villa Kunterbunt (a German fundraising organisation), and local fundraising is ongoing.

When fully staffed, the team consists of the paediatrician, a physiotherapist, a speech and language therapist, the office manager and, of course, the occupational therapist. There are no locally trained paediatric therapists and experienced volunteer therapists from overseas dedicate a time period to work at CDGC, normally from three to six months, but sometimes longer. Volunteers receive a monthly stipend.

The team works closely together. Joint sessions are carried out when needed and joint medical/therapy notes are kept.

On a day-to-day basis, therapists will see children with a wide range of diagnoses, from a range of backgrounds. They will assess the usual functional areas and have access to a well-resourced therapy room. They will engage in sand or water play; perhaps using a therapy ball or hammock swing with a child, carrying out drawing or pummelling play dough. Maybe they will jump on the mat or dance in front of the mirror.

All OTs working in St Lucia need experience, flexibility, resourcefulness and enthusiasm; a sense of humour helps and lots of energy.

Attitudes to disability and lack of education mean that, even more than in the UK, part of the OT's role can sometimes include proving basic information to families about their child's diagnosis. Although OTs see people from all walks of life, some of whom maybe wealthy and influential, poverty is a fact of life for many people in St Lucia; it is something that is entrenched and widespread.

It can be difficult not to be able to give the same level of service that you could provide in the UK, especially regarding basic equipment, such as seating, to children who desperately need it.

Children are children wherever they are, and while a few are shyer than their UK counterparts, most can be 'won over' with bubbles, balloons or singing.

Anyone coming to St Lucia to volunteer will be inspired, surprised, challenged, engaged, frustrated, indignant and rewarded. You will have the chance to explore a breathtakingly beautiful island; rainforests, volcanoes, amazing beaches, hot springs and mud baths. And you will hopefully have the opportunity to laze in a hammock with a delicious cocktail within reach, at least occasionally.

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