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Occupational Therapy Skills for Health Professionals- Evaluation Report 2021

Executive Summary

From 13 March 2021 to 17 July 2021, 54 Ukrainian rehabilitation/health professionals from all over the country participated and successfully completed, the “Occupational Therapy Skills for Health Professionals Course”. This was developed in partnership between the Australian Federation of Ukrainian Organisations, Ukrainian Ergotherapy Society, Ukrainian Catholic University and Curtin University.

The course consisted of:

- Twelve on-line content modules that were modified for a Ukrainian context, translated and delivered online from Australia and Canada. (From March-June 2021)
- In May/June 2021, 5 ‘trainer the trainer’ workshops were conducted to enable local trainers to administer the in person workshops
- Two weeks (11 days) of in person workshops were held with 52 participants in July 2021

Course participants were asked to complete a survey to provide feedback on both the on line and in person sessions. Forty percent of course participants completed the survey with overwhelmingly positive feedback and some excellent suggestions regarding changes for future implementation. See Summary of Results pgs. 2-3 and Comments from Course Participants (Appendix 1).

The course curriculum has now been handed over to the Ukrainian Ergotherapy Society to repeat next year as both a critical source of income and integral part of the resources required to continue bringing evidence based occupational therapy practice to Ukraine. All on line, training of trainers and in person sessions were completed on time and under budget with enough funds remaining to support the local provision of the course in 2022 (see page for 5 for financial summary). This will be done with support from Ms Kirrily Manning, Curtin University.

Project Background

Historically the profession of Occupational Therapy has emerged following significant unrest and hardship, particularly in the west, post both world wars. It is not surprising that the need for occupational therapy has escalated following the war in Ukraine. Whilst injured soldiers requiring rehabilitation is likely to have been the catalyst for this rapid emergence, occupational therapy practice has a wide application across diagnoses and the life span. When the initial funding proposal for the “OT Skills for Health Professionals” course was written, Ukraine did not have one tertiary occupational therapy degree. Since then, there is now one university in Kyiv offered a World Federation of Occupational Therapy (WFOT) accredited course, and another two offering non WFOT courses.

Despite this commendable achievement, there remains much needed occupational therapy skills and training for local health workers who will never be able to take a minimum of 2 years away from paid employment to obtain an additional degree. The Ergotherapy (occupational therapy) Society and providers of rehabilitation services in Ukraine, need more formal education to be scaffolded with practical skills based training in occupation based therapeutic techniques that can upskill practitioners to apply these techniques into current practice.

The OT Skills for Health Professionals course was initially scheduled for 2020 however was delayed due to COVID travel restrictions. With a need to have the online and practical sessions delivered close to each other, and the uncertainty as to when travel would be able to start again, delay was sadly inevitable. It was anticipated travel would be possible in 2021 for Australian occupational therapist Kirrily Manning to travel to Ukraine to facilitate 3 weeks of in person training/application. However, as time drew closer, it became evident the Australian government would not be allowing international travel and the operational details were revisited between the Australian Federation of Ukrainian Organisations Humanitarian Chair, Ms Diahanna Senko, the members of the Ukrainian Ergotherapy Society, Ukrainian Catholic University and Curtin University. It was agreed the budget would be amended to enable local trainers (experts) to be coached to deliver the in person training sessions. (see Appendix 3). The time for this was changed from 15 to 11 days as the time for translation would no longer be required). See Appendix 5 for schedule change.

Project Deliverables:

- Twelve on-line content modules were modified for a Ukrainian context, translated and delivered online from Australia and Canada. Modules covered an overview of occupational therapy theory, paediatrics, neurology, physical rehabilitation and mental health. Pre reading and preparation tasks were emailed to all course participants and the 4 hour application/discussion sessions held every Saturday over a 4 month period via zoom. This was done via a ‘flipped classroom’ format where pre reading was assumed and application occurring during practical activities.
- In May/June 2021, five ‘trainer the trainer’ workshops were facilitated by Ms Olya Mangusheva, President Ukrainian Ergotherapy Society and Ms Kirrily Manning, Occupational Therapist/Project Manager Curtin University with the 13 trainers identified to deliver the in person practical workshops. Trainers were coached in each area of practice given Kirrily was unable to leave Australia to facilitate this over 3 weeks as originally planned.

- Two weeks (11 days) of in person workshops were held with participants meeting at the Ukrainian Catholic University in L'viv, from 5-17 July 2021.
See Welcome Video here: <https://drive.google.com/file/d/1rhndTsWQvL-R2N1uKcVAzLE1k92bv0O2/view?usp=sharing>

During the in person sessions, practical application of information covered during the online sessions was practiced by participants in a series of co-developed activities/case studies. In addition, knowledge and application based testing were undertaken. (See Appendix 4- Photographs)

Course Outcome and Survey Results:

Each of the 4 core units of the course (OT Theory and Skills; Paediatrics, Physical Rehabilitation, Neurophysiology) had examinations which tested both the amount of knowledge gained and its practical application via case study based questions. These were assessed via 6 exams, 3 being multiple choice tests and 3 being case study applications. The 9 of the 13 trainers did not complete exams as had helped to put them together. Of the remaining 45 participants, two were absent therefore results were obtained from 43 students. All students passed the combined average of the 3 examinations, with 3 failing the neuroscience examination and 3 failing the paediatrics examination, however passing the course overall. (see Appendix 2 for Summary of Results).

The new components of Mental Health and Vocational Rehabilitation were not formally examined as were added to the course much later at the request of the Ukrainian Ergotherapy Society and the schedule prevented the time to be added for it. However, several mental health issues were able to be reviewed though the case studies for other units via inclusions of pertinent issue such as depression and anxiety in the case study narratives.

Participant Survey Responses:

Of the 54 participants, 21 responses were completed. Questions were divided between the online and in person sessions with qualitative feedback also sought regarding the key learnings participants obtained as well as suggestions for future changes to both course components.

Results obtained as follows:

On Line Sessions

Questions: The On line sessions:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
.....were engaging for me as learner	0	0	0	67%	33%
.....allowed me to reflect on the skills I need to develop further	0	0	11%	67%	24%
....preparation materials were useful	0	0	0	48%	52%
....facilitator style helped my learning	0	0	11%	71%	16%
.....will benefit me in my professional practice	0	0	5%	34%	61%

Key Themes in responses to the 3 most useful components of the online sessions were as follows:

- Opportunities to learn together/share information as a group, especially about various OT assessments
- The importance of tailoring therapy to individuals i.e. taking a more problem solving approach
- Learning about the application of the Person, Environment, Occupation approach
- Learning about goal setting and various OT interventions

Link here for participant responses to the online course: <https://drive.google.com/file/d/199-vesrVb7n-oQjoMnRoj-sM2JEG5GD2/view?usp=sharing>

Key themes in responses to things to improve about the online sessions:

- More time review the lesson material (NB material was delayed and often only provided in Ukrainian 5 – 6 days before class). This is due to UCU and Ergotherapy Society relying on volunteers to check translation according to the occupational therapy official translation guide. All agreed this was a critical step to ensure materials were not only accurate but clearly in line with national standards.
- More clinical examples
- More explanation of terms/concepts
- More delivery in own language
- Needing the teacher to come into breakout rooms more (difficult due to translation time)
- Needing to separate subjects and experience between beginners and more advanced students.

In Person/Face to Face Sessions

Questions: The in person sessions:	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
.....were engaging for me as learner	0	0	0	43%	57%
.....were enjoyable	0	0	1%	48%	51%
....allowed me to practice information I gained on line	0	1%	0	57%	42%
.....facilitator(s) style helped my learning	0	1%	0%	43%	56%
.....helped improve confidence to utilise OT techniques in practice	0	0%	1%	52%	47%

Key themes in responses to the 3 most useful components of the in person/face to face were as follows:

- The clinical case studies/examples
- Technical treatment/intervention materials provided/discussed
- PEO
- Importance of being patient/person centred in rehabilitation
- Goal setting

Key themes in responses to things to improve about the in person/face to face sessions:

- More chance to practice- with real people/patients
- Tailor information by speciality rather than everyone covering all sections
- Time management- some days were more intense than others.

Budget

Income and Costs to date

2020

\$30, 000 was donated to translate the significant amount of course materials required for this course.

On line content available here:

<https://drive.google.com/drive/folders/16Q5nHM9IP43j-xDXW0beYeRWEh5NpNjC?usp=sharing>

In person Content Available here:

https://drive.google.com/drive/folders/1GV9TmOF7dLKsP3_jrAoEILGpDWJqMgVF?usp=sharing

Professional translators were utilised and paid with 98% of funds spent on translating and the remainder on overheads and consumables including zoom account. NB No wage was provided to the Project Manager (Kirrily Manning, Curtin), during this time. There are no remaining funds from this initial payment.

2021

Following the translations of all the materials, an additional \$45 000 (\$40 500 less GST) was budgeted for phase 2 of the project to deliver the training. Costs covered as per amended budget- see Appendix 3. Because some of the costs initially allocated to this phase were utilised from the initial \$30 000 including Curtin Staff wages for preparation of materials, significant less funds needed to be drawn from this amount.

Item	Cost
Curtin Staff trainer/Canadian OT trainer wage for 12 training sessions and 5 Train the Trainer sessions	\$5056.69
Translators for above sessions	\$5324.00
Wages for Ukrainian Trainers- Preparation and Delivery for Train the trainer sessions and in person workshops	\$1804.99
Consumables: Gifts/postage/zoom	\$780.00
Consumables required for in person training including photocopying, administration, room hire, meals, accommodation covered by fee charged by UCU	\$0
TOTAL	\$12 965.68

Therefore, there is a current surplus of \$27 534.32 that be transferred into the final phase of the project for 2022 which will support the Ukrainian Ergotherapy Society trainers to replicate the course with a new cohort of participants.

Future Recommendations

Whilst COVID travel restrictions certainly significantly impacted the timing and method of course delivery of this project, in hindsight they enabled some incredible opportunities that may not have been possible otherwise. Being unable to travel from Australia to deliver the in person/face to face training, forced a rethink in how the practical components of the course could be delivered.

It was always the intention/goal of this project to upskill local practitioners to deliver the course, decreasing dependence on human resources outside of Ukraine. By training the 13 trainers, 2-3 from each area of practice, rather than relying on one international therapist, this goal can be reached more quickly. In addition, although not an objective of the project, one of the most significant outcomes has been the creation of a Viber group established for communication of logistics to course participants. Rather than being utilised predominantly for that purpose (as all the technological communications worked very well), it became an information sharing hub where resources, ideas, assessments, and all kinds of sharing occurred. Having 54 OTs connected on an accessible on line platform both during the course and beyond has yielded so many nontangible returns. See Viber group here: <https://invite.viber.com/?g=ynnxf8A5CE1AiVc3pfIN7mlegUY-gQ3b&lang=en>

In addition, 2 course trainers presented the project at the 2021 Ukrainian National Ergo Therapy Conference.

<https://drive.google.com/file/d/1Hk62s29J2b0KdVS9uCsdiaDb7I7LD9mk/view?usp=sharing>

Discussions with the Ukrainian Ergotherapy Society indicate the course will be replicated in 2022, with a new cohort of students. (Dates to be advised). Curtin University occupational therapist/project manager, Kirrily Manning, can mentor to trainers through this process/delivery.

It should be noted that this course, is an *introduction* to occupation based rehabilitation skills, meant for rehabilitation professionals at the beginning of their OT skills journey development. There was a variety of experience within the inaugural cohort of 54 which made analysis of results more challenging. Based on the experience gathered during the course delivery and analysis of the feedback, the following recommendations should be considered for future course replication:

- The materials/modules for all online and in person sessions have been developed and translated. Annual review by the Ukrainian Ergotherapy Society is required to update materials in line with new evidence/scope of practice that may emerge
- More time between course content provision to participants and each *online* session (i.e. minimum of 2 weeks). This will enable more preparation time for the flipped classroom experience to be as effective as possible.
- Online sessions to be facilitated by a Ukrainian in Ukrainian. This will free up time to cover more concepts each week as well as enable easier access in/out of break out rooms to check in with each group during workshop activities. Needing a translator to do this made the process almost impossible due to time restraints.
- When surveying the course participants, survey trainers separately. This distinction was not made for the inaugural course given 9 of the 13 trainers were also course participants (for the sections of the course they were not teaching).
- Consider breaking down the course into the various areas of expertise and allowing generic practitioners/educators to attend the entire course and other practitioners who only work in one area of practice to join for their relevant area only. This would allow for more in depth/focussed case studies/information specific to each area of practice covered.

Every course should still attend/participate at a minimum, the generic OT based modules followed by those relevant to their area of practice e.g. paediatrics, physical rehabilitation, neurology, mental health or vocational rehabilitation.

- Originally the course was designed with a 2 week assessable practicum attached to the in person sessions. This remains an important component in allowing students time to practice and problem solve in situ with real patients. This was not possible due to a lack of qualified OTs able to travel and supervise clinical placements. Consideration to be given to either adding this into the course or the development of case study application/mentoring sessions based on real patients in the work location of each participant.

This could also be done via real life cases with on line support via WhatsApp, Viber or Facetime however could become quite cost/time prohibitive and full costing should be undertaken first.

Appendix 1 Comments from Course Participants

Online- Key Takeaways for Participants

1. Я систематизувала матеріал для себе. 2. Дізналась про нові оцінювання. 3. вчитись вчитись і ще раз вчитись)

про сенсорну інтеграцію, про ігровий метод, про психічні розлади

nadannya prezentatsiy zazdalehid' harantuye krashchu pidhotovku do zanyattya; metod roboty v malykh hrupakh z podal'shym obhovorenyam daye mozhlyvist' vsebichnoho roz-hlyadu pytan'; vykorystannya video z patsiyentamy dozvolyaє rozvyvaty neobkhdni kompetentnosti

1. Структура інтерв'ю та важливість у процесі роботи. 2. Важливість та особливості гри у роботі з дітьми. 3. Заняттєва активність як кінцева мета терапії.

МЕТОДИ ОБСТЕЖЕННЯ. 2. МЕТОДИ ВТРУЧАННЯ. 3. ПОСТАНОВКА ЦІЛЕЙ

Значущість, розвиток, впровадження ерготерапії в Україні

Заняттєва активність, особа-середовище-заняття, фактори, що сприяють і заважають в роботі

Інформація, обмін досвідом

Мотивація має великий вплив на реабілітацію; неправильного рішення не існує, потрібно пробувати і підбирати, що підійде саме цьому пацієнтові; універсального рішення немає

Вміння спілкуватись на відстані, можливість отримати повноцінну та важливу інформацію, обговорювати та дискутувати

Потрібно постійно навчатись, не можна зупинятись Впровадити ерготерапію в практику охорони здоров'я дуже важко Ерготерапія в Україні дуже потрібна

Повторила модель РЕО людина середовище заняття

Особа, середовище, заняття; акцент на сильні сторони клієнта; мотивація клієнта-запорука успішної терапії

Ідея заняттєвого аналізу діяльності, РЕО, використання сильних сторін пацієнта

Менше затрачується часу, більше усвідомлення роботи онлайн, розбір клінічних випадків по малих групах, дуже цікаво і пізнавально

Все сподобалося

Online- Suggestions for Improvements

трохи мене спілкування в групах між собою, іноді ми не знали про що говорити

Не знаю, що ще можна додати, оскільки матеріал гарно поданий, базово і чітко

складно сказати, оскільки все залежить від самоорганізації людини до навчання, і її внутрішньої мотивації здобувати нові знання. можливо зменшити час онлайн занять (до 3-х годин), і давати більше часу на опрацювання матеріалу

надання "домашніх завдань" рандомним групам по вирішенню окремих задач за клінічним випадком

Приклади заповнення бланків, приклади постановки цілей та планування втручання, перед онлайн заняттям разом з матеріалами заняття. Це б покращило підготовку до заняття, особливо з тих напрямків,що є новими для учасника

БІЛЬШЕ ВІДЕОРОЛИКІВ З КЛІН.ВИПАДКАМИ

У поєднанні з очними заняттями

Можливо,більше завдань,які потрібно опрацювати самостійно

В деяких моментах потребувалося розяснення термінології або перелічуваних елементів. Розділення інформації на блоки для початківців (та/або викладачів) та для практикуючих (де пропускаються основи, а дається більш практичний підхід).

Наприклад, якщо спікер буде приєднуватися до малих груп на декілька хвилин та приймати участь в обговоренні

Проводити заняття державною мовою і всі відео теж

Більше розглядати клінічні випадки

Методи формування навичок у пацієнтів/ клієнтів; особливості моторних навичок у пацієнтів різних нозологічних груп; методи дослідження та обстеження пацієнтів різних нозологій

Більше наводити клінічних випадків для кращого мислення і ставлення цілей

In person/face to face Key Takeaways for Participants:

робити більш детальне інтерв'ю 2. більше використовувати заняттєву активність пацієнтів

Я зрозуміла над чим мені треба ще працювати, що потрібно підвчити . А загалом це гарний нагода ше раз перевірити свої знання, побачити недоліки в своїй роботі

про позиціонування при ендопротезуванні, про особливості спинальних травм, про аутизм, про адаптивне обладнання, про психічне здоров'я, цікаво було дізнатися про досвід осіб зі спинальними травмами

навчання методом "симуляцій" є досить ефективним; залучення слухачів до оцінювання колег сприяє кращому засвоєнню матеріалу; творчі завдання у рандомних групах є хорощім інструментом не тільки для закріплення матеріалу але і розвитку комунікації

1. Обстеження, в залежності від запиту пацієнта та діагнозу. 2. Використання моделі "Людина-Середовище-заняття" 3. Використання адаптаційного обладнання та модифікація середовища

НАВІТЬ НЕ МОЖЛИВО ВИДІЛИТИ ТРИ ВАЖЛИВІ. ВСЕ СУПЕР

Значення того, що важливо для пацієнта

Як правильно адаптувати середовище, на що звернути увагу. Заняттєву активність може бути креативною у всіх сферах 😊

РЕО, практичні навички, формування нових питань

З пацієнтом має працювати команда фахівців, а не один фахівець на всі фронти; пам'ятаємо про участь родини; можна пробувати співпрацювати з роботодавцями для повернення пацієнтів до роботи

Робота команди однодумців! з подальшим спілкуванням, створення робочих груп, можливість багато практикуватись

Підбір допоміжних засобів Оцінювання!!!! Встановлення цілей реабілітації

Робота в команді, модель РЕО людина середовище заняття

Методи обстеження пацієнтів; застосування технічних та адаптивних засобів в процесі ерготерапевтичного втручання; сфера ерготерапевтичного втручання

Акцент на сильних сторонах клієнта, особа середовище заняття, слідування за клієнтом

Обстеження чутливості, ортопедія - просто надихнула мене, робота в громаді

Різна подача матеріалу і підхід тренерів не повторювався, не заплановані тести, опитування, додали ще більше бажання показати кращий результат., технічно матеріальна база адаптивних засобів які були представлені очно

In person/face to face Suggestions for Improvements:

по деяким темам була дуже обмежена інформація, очікувалося більшого. потрібно більше практичних занять.

Хотілось б розібрати якісь конкретні випадки, більше поговорити про втручання)

не ставити іспити на кінець дня, оскільки мозок погано працює і втомлений. тему психічного здоров'я ставити на початку першого тижня, а не в кінці другого, оскільки вона була цікавою і важливою, а останні дні інформація сприймалась вкрай важко

більше залучення пацієнтів; більш вузьке та глибоке спрямування курсу навчання

Було б добре, частину очних занять проводити у умовах лікарні, реабілітаційному центрі.
Це б допомогло ще краще зрозуміти і побачити практичні аспекти роботи

ЗАЛУЧЕННЯ РЕАЛЬНИХ ПАЦІЄНТІВ. БІЛЬШЕ ПРАКТИЧНИХ ЗАНЯТЬ

Можливість практикувати з реальними пацієнтами

Подумати над кращим розподіленням часу, так як деякі дні були досить вільні і акінчували раніе, мали більші перерви, а в деякі було велике навантаження, що приводило до затримки після занять і зменшення перерв

Мені здається першу половину дня відвести для загальних занять, як було у нас, а другу зробити тематичною і розподілити за напрямками роботи. На мою думку це було б кориснішим для більш поглиблених навичок з ерготерапії в педіатрії (ерготерапевти, які працюють в педіатрії 2 тижні у другій половині дня опановували навички з педіатрії), неврології, ортопедії, і можливо психіатрії

Більше клінічних випадків

Більше часу приділяти особливостям ерготерапевтичного втручання по кожній із нозологічних груп; робота із реальними пацієнтами

Було бомбезно!!! 😊

Давати більше пацієнтів, як на спинно-мозковій травм

Appendix 2- Examination Results of Participants

No.	Neurology				Physical rehabilitation				Paediatrics			
	Test	Case	Sum	Total %	Test	Case	Sum	Total %	Test	Case	Sum	Total %
1	13	2.5	15.5	62	7	7.5	14.5	58	9	27	36	55
2	10	2.5	12.5	50	7	9	16	64	11	32	43	66
3	13	2.5	15.5	62	9	9.5	18.5	74	11	47	58	89
4	13	2	15	60	7	8.5	15.5	62	10	38	48	74
5	16	2.5	18.5	74	9	10	19	76	7	44	51	78
6	14	3	17	68	8	10	18	72	9	40	49	75
7	12	3.5	15.5	62	10	9.5	19.5	78	10	45	55	85
8	15	3.5	18.5	74	9	10	19	76	10	49	59	91
9	10.5	3.5	14	56	6	9.5	15.5	62	11	43	54	83
10	11	2.5	13.5	54	10	10	20	80	10	42	52	80
11	12	2.5	14.5	58	9	9.5	18.5	74	10	39	49	75
12	9.5	4.5	14	56	7	9.5	16.5	66	7	48	55	85
13	10.5	3	14.5	58	9	9	18	72	11	46	57	88
14	16.5	3.5	20	80	7	8.5	15.5	62	10	33	43	66
15	14	3	17	68	9	8	17	68	11	35	46	71
16	9.5	2	11.5	46	9	9	18	72	13	36	49	75
17	18	4	22	88	10	10	20	80	12	50	62	95
18	13	1.5	14.5	58	8	9	17	68	8	42	50	77
19	-	-	-	-	-	-	-	-	-	-	-	-
20	13	3	16	64	9	9.5	18.5	74	13	50	63	97
21	13	4	17	68	9	9.5	18.5	74	10	46	56	86
22	12	3	15	60	9	8	17	68	14	45	59	91
23	-	-	-	-	-	-	-	-	-	-	-	-
24	13	3.5	16.5	66	9	9	18	72	9	43	52	80
25	11	3.5	14.5	58	9	9	18	72	11	41	52	80
26	11	3	14	56	10	10	20	80	7	47	54	83
27	13	3.5	16.5	66	10	8	18	72	11	13	24	37
28	11	2	13	52	10	8.5	18.5	74	11	33	44	68
29	14	3	17	68	10	9	19	76	11	44	55	85
30	14	2	16	64	8	10	18	72	13	47	60	92
31	13	3.5	16.5	66	8	6.5	14.5	58	9	21	30	46
32	13	2.5	15.5	62	9	8.5	17.5	70	13	47	60	92
33	14	3	17	68	9	9.5	18.5	74	10	40	50	77
34	9	3.5	12.5	50	6	8	14	56	9	35	44	68
35	10	3	13	52	9	9.5	18.5	74	11	42	53	82
36	15	4	19	76	10	8	18	72	10	43	53	82
37	17.5	4	21.5	86	10	10	20	80	13	43	56	86
38	8	3	11	44	9	8.5	17.5	70	8	39	47	72
39	12	4	16	64	7	10	17	68	10	34	44	68
40	16	3	19	76	8	7.5	15.5	62	9	20	29	45
41	15.5	3.5	19	76	9	10	19	76	13	34	47	72
42	13	4	17	68	9	9.5	18.5	74	11	46	57	88
43	18	4	22	88	9	10	19	76	12	46	58	89

NB Total Marks Possible		
	Multiple Choice	Case Study
Neurology	20	5
Physical Rehab	15	10
Paediatrics	15	50

Appendix 3 Amended Budget

Draft Budget for Supporting Ukrainian Trainers On line					
Option C					
	Item				
	<i>In Country/Operational</i>				
	Translator on line 13 x half days	3224	\$62 per hour- 4 hours x 13 sessions		
	Curtin/Canadian Trainer for on line	7280	13 sessions (4 hours each)		
	Translator 3 weeks intensive in person	7440			
			\$62 per hour- 8hours x 5 days x 3 weeks		
	Curtin Staff Wage - Preparing Trainers- 2 weeks	5600			
	Wages for Ukrainian Trainers - there are 12 spread out over 2, 6 day weeks and additional time for prep and on line sessions	3600			
			1600 UAH per day week x 12 days x4 train		
	Translator for on line coaching of trainers	\$960			
			\$40 per hour x 6 sessions of 4 hours =24 h		
	Curtin Staff Wage - Supporting trainers during intensive and debriefing 4 weeks total	11200			
	Additional time outside of 8 hours per day= 38	2600			
	Administration- printing, operations,scheduling, marketing	5000			
	Contingency	5000			
	Sub Total	51904			
	Income- 30 participants \$200.00 (US\$150 each)	6000			
	TOTALS	\$45,904			

Appendix 4- Photographs from In Person Course





Appendix 5- Amended Schedule for In Person (Face to Face training sessions)

Amended Daily Schedule for Face to Face	(W)= Workshop/Tutorial	(A)= Assessment				
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Session 1 : 8:30am-10:30am	1.a)Welcome/Course Outline	6.Paediatric Observation Checklist (W)	10.ASD & Functional Behavioural	Paeds Exam- Multiple choice and short	17. Dementia and Cognitive	21.Introduction to Vocational
BREAK 10:30-11:00pm						
Session 2 : 11:00-1:00pm	3. Task Analysis 1 (W)	7.Neurodevelopment progressions (W)	11.Functional Behavioural Analysis	14. Neurophysical assessment:	18. Cognitive Interventions	22. Worksite Assessment
LUNCH 1:00pm-2:00pm						
Session 3 : 2:00-3:30pm	4.Task Analysis 2 (W)		12. Feeding (W)	15.Neurophysical assessment	19. Neurophysical Case Study	23. Office Ergonomics Assessment
BREAK 3:30-4:00pm						
Session 4: 4:00-5:30pm	5. Grading/Adapting (W)	9. Sensory Processing (W)	13. Paediatric Case Study Application	16. Neurophysical Assessment Vision	20. ADL Assessment (W)	24. Graduated Return to Work programs
	Monday	Tuesday	Wednesday	Thursday	Friday	
Session 1 : 8:30 to 10:30am	Neuro Examination (A)	28. Spinal Injury (W)	32. Scar Management (W)	Physical Rehabilitation Examination (A)	39. Sensory Modulation	
BREAK 10:30-11:00am						
Session 2 : 11:00-1:00pm	25. Adaptive Equipment (W)	29. Cervical Spinal Injury	33. Physical Rehabilitation Case	36. Depression (W)	40. Mental Health Case	
LUNCH 1:00 to 2:00pm						
Session 3 : 2:00-3:30pm	26. Home modifications (W)	30. Wheel chair and seating	34. Intro to OT and Mental Health	37. Psychosis and Anxiety	41. Mental Health OT	
Break 3:30-4:00pm						
Session 4: 4:00-5:30pm	27. Introduction to Splinting (W)	31. Manual Handling (W)	35. The MSE (W)	38. Cognitive Behavioural Therapy (W)	Free	
NB: Sessions outlined above may be subject to change depending on availability of the trainers and feedback from participants and other key stakeholders						