

FIRST NATHALIE BARR LECTURE



Nathalie Barr

Building a Legacy Through Mentorship

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It is difficult for me to put into words what it feels like to stand here before you as your first Nathalie Barr Lecturer. I feel deeply honored. My appreciation goes to those who recommended me for this honor and to Nathalie Barr for making it possible.

This is a very personal time for me and so I would like to thank the many members who have voluntarily given their time and commitment to ASHT committee activities and ASHT advancement—to the past Presidents: Bonnie Olivett, Karen Prendergast, Gloria Hershman, Pegge Carter, Mary Kasch, Georgiann Laseter and Shellye Bittinger, all friends and colleagues; to those of my great staff who give so much of their skill, support and love; to Dr. James Hunter and Dr. Lawrence Schneider for giving me the opportunity to extend my horizons; and to Dominique Thomas, Jean Claude Rouzaud and Philippe

Chamagne, in the audience today, who have pioneered hand therapy and the International Federation of Societies of Hand Therapists in France for all the world. Without all these exceptional people I would not be here today.

Having never met Nathalie Barr, I looked forward to meeting her at this meeting. I was saddened to receive a letter from her, saying:

I hope this reaches you in time to convey my very good wishes in inaugurating the First Nathalie Barr Lecture.

Guy Pulvertaft has told me a little about you and I am very proud that you have been able to undertake this task and my thoughts will be with you on that day.

I am very sad that I will not be able to attend the meeting as I had fully intended to do, but my husband is not very well and I do not care to be away at the present time.

... I have been so thrilled by the progress that has been made in the past thirty years and have to smile sometimes when I think of the primitive materials on which we had to rely and the ingenuity required to keep up with the hand surgeons!

With every good wish and regards...

Nathalie Barr

Although we have not had the privilege of personal contact with Nathalie, as we thank her I would like to recall some of the highlights in her life that reflect her dedication to her profession and the warmth and enthusiasm she gave to it.

Nathalie's career has spanned wars and continents. From her early days during World War II in the Royal Navy, she went on to the special hand unit within the famed Rehabilitation Service of the Royal Air Force under Wing Commander Kit Wynn-Parry. Jean McCombie worked with Nathalie and recalls those years at Chessington. She says that "Nathalie and the other therapists were all housed and worked in huts treating mainly the casualties of the Korean War, including varying conditions from gunshot wounds to polio victims. Physical therapists and occupational therapists worked together on each patient, perhaps not as closely as it is done today; however, clinical sessions with Wynn-Parry included all therapists."

"Nathalie was indeed a pioneer in occupational therapy. Her department was full of the many gadgets that she would devise for each individual patient, depending on their disability. This in the 1950s was new and innovative. She was light years ahead of her time in rehabilitation and equipping patients for future work. Her department was full of lathes, engineering equipment, etc., all of which was adapted to the needs of each patient.

"She was a leader in a quiet efficient way, with a bubbling good humor and vision. She was truly a team member... kind and helpful to and appreciative of her colleagues. There are, I am certain, hundreds of occupational therapists who learned from her. She was a pioneer in the United Kingdom and I doubt if any surpassed her... even now."

"Nathalie left Chessington to embark on a new venture. In 1960 she was invited to Hong Kong to help in the establishment of a Rehabilitation Center. There, as Chief of Occupational Therapy, she added another chapter of success and rewarding service to her life. Before 1957, the population of Hong Kong was under 800,000. Suddenly, into this quiet, unassuming community a stream of refugees came pouring from the mainland of Communist China... three and a half million by the census of 1961. Once more she started, as she had done so often before, treating patients, teaching and promoting rehabilitation. It wasn't easy. Equipment was not available, and a lot of it was makeshift. This is where Nathalie Barr's keen mind scored! The innovativeness, humaneness and enthusiastic spirit that made her stretch beyond her supposed horizons are a lesson to us all."

Clinician, leader, teacher, chairman of councils and committees, coauthor with Wynn-Parry... she

truly deserved every honor she received. Her sights were never narrow as her life has shown so well. The development of a Rehabilitation Center in Hong Kong, where it was sorely needed, was a fulfillment to her and should be a challenge to us.

As the American Society of Hand Therapists moves forward into the future it may serve us well to think of the spirit that pioneered the specialty of hand therapy, the foundation upon which we continue to build and the legacy we shall leave to those who follow. It is incumbent upon all of us to become Nathalie Barrs... leaders, mentors, teachers, role models. As such, we must be advocates of professional excellence and masters of the art of hand therapy.

We have the responsibility to provide and develop in the staff and students the professional and personal characteristics that will serve them for years to come. Our success or failure will be reflected in them, because the composite of their individual enthusiasm, knowledge, skills, vision, values and humaneness is a determinant of what our profession will become. And let their sights never be narrow, for hand therapy will encompass the world.

Albert Schweitzer said, "One thing strikes me when I look back on my youthful days, the fact that so many people gave me something or were something to me, without knowing it. Much that I would have otherwise not felt so clearly or done so effectively was felt or done as it was because I stood under the sway of these people. If we had before us those who have thus been a blessing to us, and could tell them how it came about, they would be amazed to learn what had passed over from their lives to ours."

I know that I feel a deep gratitude to the hand surgeons and hand therapists whom I have been privileged to know, who have made my life throb to a swifter, stronger beat... who, by their charisma, energy and example, influenced my goals and changed my life. Almost ten years ago, during an annual American Society of Hand Therapists meeting in San Francisco I met with five other therapists: Judy Bell, Louisiana; Pegge Carter, Arizona; Mary Kasch, California; Bonnie Olivett, Colorado; and Karen Prenzgast, New York, all of whom had expressed an interest in forming a new association of occupational therapists and physical therapists specialized in hand therapy. That first meeting was held in a room at the Fairmont Hotel. What I remembered most is how excited I was. I had no doubt that it was the beginning of something great. I have never gotten over that feeling of excitement, and I urge each of you to catch the excitement of a growing, young society. Become involved in its many activities and gear up with your colleagues for its next challenge!

Thus, the American Society of Hand Therapists had its beginning, with the help of those surgeons who gave wise counsel and encouragement to the birth of a new specialty and its society. Dr. George Omer, Dr. Lewis Millender, Dr. Gordon McFarland, and Dr. Robert McFarlane; a special tribute must go to Dr. James Hunter, who by his vision and example was making it work at the Hand Rehabilitation Center in Philadelphia.

From the beginning, I always envisioned the American Society of Hand Therapists as the focal point from which an International Society of Hand Therapists would emerge. In my Presidential Address in 1981, I spoke of the desire of therapists from other countries to meet the needs of their patients through the development of their own hand therapy societies, where knowledge could be shared and research and education furthered. Today, there are hand therapy societies in Australia, England, France and the United States.

I envisioned the day when there would be an International Federation of Societies of Hand Therapists . . . today the IFSHT is being organized!

My pride in the growth of hand therapy in this international direction was enhanced by the participation of a group of our members in the First Annual Meeting of the French Hand Therapists Society—held in conjunction with the Annual Meeting of the French Hand Surgeons in Paris, France, in December 1985. During the meeting, Dr. Raoul Tubiana urged that we begin an International Federation of Societies of Hand Therapists. Support for such an International Association was immediate and enthusiastic, with interested participants from Belgium, England, France, Italy, Poland, Switzerland and the United States. It was exciting to plan with our international peers the formation of such an association. The development of an International Federation of Societies of Hand Therapists will not only join together colleagues from organized societies from all over the world for the purpose of sharing knowledge, but will also afford the opportunity to foster the development of regional societies for hand therapists in countries that may not be able to have an organized hand therapists society of their own.

The success of the International Federation of Societies of Hand Therapists is due in great part to growth of hand therapy as a profession and recognition of the American Society of Hand Therapists internationally. Many ASHT footsteps have made this happen. Karen Prendergast and Pegge Carter were invited by Dr. Luis Gomez-Correa to participate in a symposium in Mexico in 1970 and then went on to coordinate a workshop in conjunction with the First Pan American Congress in Guatemala sponsored by the Societies for Surgery of the Hand. In 1978 Pegge presented "The Formation of the American Society of Hand Therapists" at the World Federation of Occupational Therapists Congress in Israel. Karen recently returned to Mexico. Maude Malick and Judy Colditz were in Grenoble; I traveled with Judy Bell to Japan and Gloria Hershman to England. Judy has since lectured in India. Consider the group of the American Society of Hand Therapists members who participated in the First Congress of the International Federation of Societies for Surgery of the Hand in Rotterdam in 1980, through the efforts and support of Dr. Alfred Swanson. Over 200 participants from seven countries crowded into an amphitheater to hear American and Australian hand therapists. The success of the meeting reinforced the continuum of ASHT participation. In 1980 the Second International Meet-

ing of the American Society of Hand Therapists held during the Second Congress of the IFSSH in Boston, USA, added another success to our international efforts. During the summer of 1984 Judy Colditz and her legion of ASHT members traveled to the Republic of China and presented lectures in four cities: Beijing, Changsha, Shanghai and Zhengzhou. There was no place for the timid or faint of heart in this group as they climbed the Great Wall and exchanged knowledge. All these therapists stimulated us by their enthusiasm, service, commitment and vision, and are a lesson in international relationships to us all.

In November 1986, at the invitation of Dr. Tatsuya Tajima, the American Society of Hand Therapists held its Third International Meeting during the Third Congress of the IFSSH in Tokyo, Japan. Abstracts were received from therapists in Australia, Canada, China, Japan and the U.S.—more evidence of the continuing interest in programs on hand rehabilitation throughout the world.

Our role as a hand therapist is an exciting one. In order to maintain professional growth we must always continue to acquire new knowledge and refine our skills. As specialists we must assess our performance as clinicians and collect data on our successes and failures. We must constantly research new knowledge and new insight into the scientific basis for treatment procedures and thereby give credibility and broaden the scope of our profession.

We must share this information with each other through our annual meetings, ASHT-sponsored regional continuing education courses and our publications. The American Society of Hand Therapists' International Newsletter NETWORK provides current information and clinical articles to approximately 800 readers in 22 countries—and was the springboard to the *Journal of Hand Therapy*.

We must never let our sights be dimmed by those who would try to derail our efforts. As we strive to add lustre to our profession—expand its horizons—shape its future directions, our unity may be tested. Divide and conquer may be the plan; however, we can never let that happen. The posture that influences our professional activities both personally and as a society is very clear. As hand therapists (occupational and physical therapists together), as the American Society of Hand Therapists, we must show unity, strength and determination to fulfill our purpose.

We must not only practice the science of hand therapy, but we must also practice our art. Hand therapy can create an environment in which the desire to "do better" is the central element. Close rapport—kindness, warmth, understanding, between surgeon-patient-therapist—is most important to support and motivate the patient and help him set realistic goals. If that motivation is demolished or even impaired, the entire course of surgery and therapy may be complicated or impaired.

If the patient is left with an impersonal feeling as a result of an unsatisfactory relationship with the "surgeon he never sees" or the therapist "who doesn't seem to care," the exchange has failed in a vital respect. Not only is this setting one that will result in

functional results which fall short of those expected, but it may also precipitate legal action by a hostile and angry patient. Patients in carefully planned therapy programs under the supervision of a caring surgeon and therapist move smoothly along from the early days of wound healing through the intermediate period of management to the final stages of reparative surgery and reconstruction and return to work.

Listening . . . explaining . . . and touching the patient truly represent the art of hand therapy. Therapists who practice this "laying on of hands" possess, to begin with, the gift of affection. We like people and have chosen a profession that requires touching. The close up reassuring massage of the therapist; caring, gentle fingers fitting a splint to a painful, arthritic hand; the encouraging words, "you can do it" and the quiet, comforting discussions between the therapist and patient across the treatment table, during which many things can be worked into the conversation, is a uniquely personal relationship. It has its roots in the beginning of medicine's history and needs preserving.

Humanistic practice encompasses our relationships with those with whom we work. We need to be a team—care for reach other and love each other. The difference between the mediocre and a great hand center . . . a mediocre and a great society . . . is the feeling that the members have for each other. Team spirit! When your staff has that special feeling . . . when your society has that feeling . . . you've got a winning team. The chemistry between two or three staff therapists or two or three of our members sitting down together to plan a new program or idea can be incredible, and it works!

In my "Moving Forward" presentation in 1981, I spoke of maintaining a kind of freshness all through life—the kind of freshness that a long distance runner experiences when, at the apex of fatigue, he experiences a second wind that takes him on to the finish line in a burst of renewed energy. In a conversation with Judy Bell this week, we spoke of the fact that while we were there to see the beginnings of the ASHT, we wouldn't be there to see the end. I like to think that there will never be an end. We remain alive through those to whom we hand our achievements and humbled by the knowledge of the need

for continued improvement and the magnitude of the job yet to be done. With the freshness of new runners, we become a sort of "relay race," "passing it on." Each member must accept the responsibility for her own performance and yet there must be a shared commitment to continually maintain a forward momentum, influencing the stimulating the behavior and attitudes of other members in the directions of our society . . . we must orchestrate.

What qualities does it take to orchestrate? To be a mentor to a society, staff, a student, or to a colleague? A friend of mine has a way of saying it: "Any organization is the elongated shadow of the man or woman who leads it."

Eugene Ormandy during his lifetime was conductor of one of the country's greatest orchestras. He demanded no more of his musicians than he did of himself, which was everything. He would say, "People say to members of my orchestra, 'How do you keep up with such a demanding schedule?'" And his beloved players would reply, "If the old man can do it, we can do it." That's my philosophy. Ormandy said, "If the conductor gives, the orchestra gives. If the conductor rests, why should the players try?"

You know who the orchestra leaders are. You have seen them function. You may be one of them, or may have been influenced by them, as I have.

Like the Conductor Ormandy, she sets the style—sustaining, enhancing and projecting the personality of the organization through her own personality. She is tough and sensitive; creative and visionary; vigorous and stimulating; astute with a sense of humor. She has drive, with the ability to lift those around her to the level she expects of them. She enjoys life.

Surgeons and therapists who show this life-long desire for growth both professional and personal—who have a terrific need to learn and explore and teach—a restless spirit that makes them like Nathalie Barr stretch beyond their supposed horizons—who demonstrate a humaneness to both colleague and patient—who have an abiding faith. They who can orchestrate and give us their talents and skills—who show by example the joy of living, to make the most of time—to be loved and love—give to us a precious gift for the future of our professional and our personal dreams, as we clasp our hands around the world.