

DATE : October 13, 1960

STATE OF MINNESOTA

DEPARTMENT Public Welfare

Office Memorandum

TO : E. J. Engberg, M.D., Superintendent
Faribault State School and Hospital

FROM : Ardo M. Wrobel, Consultant, Rehabilitation Therapies
Medical Services Division

SUBJECT:

In regard to my last visit to your hospital on Monday, October 10 I would like to itemize a few highlights of this visit.

At our first meeting in the morning we talked briefly about items that might be included in an agenda for a meeting of education supervisors. In my meeting with Mr. Knack we seemed to agree on all points, and I might say here that Mr. Knack has an excellent understanding of the problems of education in a hospital setting and personally consider him a capable person. Mr. Knack seems to feel that regular meetings should be held of all supervisors of the education programs in the hospitals for the retarded and that the basic agenda for these meetings should be curriculum development. I feel fully confident that working with people like Mr. Knack we can realize some definite and valuable contribution, not only in curriculum development but in basic objectives.

Mr. Roach briefly discussed the Patient Activity Worker vacancy and explained why he would prefer to retain this position in preference to establishing it on a Patient Activity Leader I basis. As we discussed this in our meeting in your office I would like to affirm that the PAW position would add strength and depth to the ward recreation program. I do, however, agree with you that another music instructor would be extremely valuable to the program. I would suggest here that future position vacancies in the Rehab. Therapies Department should, if possible, be filled with college trained recreation or music graduates. I certainly understand the problems in the past. However, it does appear that the salaries of the occupational therapy positions and recreation position (PAL I and II) will be much more competitive and at least at this stage feel that we can reasonably expect to attract some college trained people.

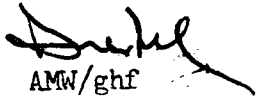
Mr. Roach asked me whether I thought the Occupational Therapy I position could be increased to an O.T. II position. I, of course, do not know what Civil Service would say about this, but it seems to me that the duties and responsibilities of Miss Blom may warrant assignment to the O.T. II level. I believe, that on the basis of supervising the handicraft instructors, teaching psychiatric aides in O.T. and some physical therapy activities and the conduct of her program through medical referral and follow-up would be sound basis for considering this position on the O.T. II level. If I can be of any further assistance in this area, I'd be very happy to help. I might add here that Miss Blom will need to have 18 months experience as an Occupational Therapist I in order to qualify for the O.T. II level.

As I indicated in one of my previous memos, Mr. Roach and I did talk about some areas of working relationships between rehab. employees and nursing service employees. It

appears to me that there is an excellent relationship between the people in these two departments; however, there are a few isolated problems that do, occasionally, arise. In reviewing the possible ways of improving and strengthening these working relationships, we talked about several possibilities. Including more time in the psychiatric aide curriculum devoted to rehabilitation therapies was discussed in the afternoon meeting with you, and I certainly agree that expanding the present teaching program would be inadvisable inasmuch as you are so short of psychiatric aides. As you know the basic curriculum for psychiatric aides is undergoing study and possible change and this may be included on a state-wide basis.

I hope to get started on the department study on my next visit.

Will look forward to my next visit with you folks.


AMW/ghf