

THE ESSENTIAL GUIDE FOR NEWLY QUALIFIED OCCUPATIONAL THERAPISTS

Transition to Practice

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INTRODUCTION

Hello.

Good practice and good manners dictate we introduce ourselves, and explain our role(s) before getting into the activity we have planned with you, an approach you should be aware of from placements!

Julia

After joining the Royal Navy straight from school, my background originates in health, social care and education in a number of roles. After settling in Lincolnshire I originally had a role at a residential support unit for people with autism. From there I moved to teach life skills at Lincoln College, supporting students with physical and learning disabilities to achieve the best they could. This aim underpins my practice to this day. I joined the Children with Disabilities (CWD) team for the first time as a community care officer (occupational therapy assistant), meeting Ruth at my interview! Four years later I successfully applied for and joined the work-based learning occupational therapy degree course affiliated with Sheffield Hallam University. Twenty-eight intensive months later I graduated and started life as an occupational therapist (OT) in adult social care (ASC) working with people over the age of 65, a job I loved. I decided to leave social care after a restructure moved me to a generic role, as I wanted to retain my occupational therapy skills. So in 2012 I rejoined CWD (and Ruth), later leaving to gain experience on a Band 5 rotation in a general hospital. There I had the opportunity to work in orthopaedics, surgery, stroke rehabilitation and general medicine, later promoted to Band 6 prior to returning to adult social care as a senior occupational therapist. In 2016 I sought an opportunity to return to CWD, enabling me to reduce my hours, yet again joining Ruth! Now, as this book nears completion, I am on the

move again, gaining new experience in an emerging role working in Lincolnshire's Integrated Equipment Store.

When she approached me with her cunning plan for this book, I thought about my experience interviewing occupational therapists and realised this might be something worth investing time in. As an occupational therapist with a busy workload and an individual with a full life I am aware time is a precious commodity; investing in this book is important for me as it supports your transition to practice, time being something in short supply in the workplace. My suggestion to Ruth that we make this a collaboration with other occupational therapists was because I strongly felt this book would be enriched by the voices of our colleagues from different settings: voices combining to form a complex picture similar to an embroidered image where all the different threads and stitches form the whole.

Ruth

My route to becoming an occupational therapist was the 'traditional' one, A levels and college (St Andrew's School of Occupational Therapy, if you are interested) at 18, graduating three years later. Taking the traditional route further, my applications at this point were for rotational posts, starting life as an occupational therapist in a unit for adults with learning disabilities. I enjoyed this so much I persuaded them to allow me to extend for an extra two months before moving to a 'care of the elderly' in-patient ward. At this point life intervened, and I found myself moving around the country but remaining in roles linked to care for those over 65. Finally we settled in Lincolnshire and I began my working life here initially in intermediate care, moving on to adult social care. In 2005, looking for a change of direction, I moved to the Children with Disabilities Team. If I was looking for a challenge, then I certainly found it. First, I had to scale a cliff-face in terms of knowledge, I was so far out of my comfort zone! Then there are all the changes introduced over the intervening years requiring yet more adjustment. I am one now of two practice supervisors managing a team of ten occupational therapists. Certainly not where I expected to be all those years ago.

Demonstrating that even occupational therapists qualifying back in the 1980s with decades of practice still need to progress, I returned to study in 2007. An MSc in accessibility and inclusive design under my belt, I thought life would settle down but, no, I then embarked

on a PhD which, with a fair wind behind me, should be completed around the time this book is published. I mention this to show:

- Occupational therapy offers variety and challenge, sustaining interest and enthusiasm throughout a (hopefully) long career.
- You are not the only one learning and developing – we all are.

Why add to our busy lives by writing this book? This was not part of the plan at all. In a chance conversation with a social work colleague I (Ruth) learned she was writing a book – her second. This intrigued me, so I asked for details. Cutting a long story short, I learned her first book was written to guide newly qualified social workers through their first year post graduation. I can't claim a 'lightbulb' moment, more a slowly spluttering candle, but an idea lodged in my subconscious, and eventually I looked to see if there were books for newly graduating occupational therapists. I found plenty for newly qualified social workers but none for our profession, plenty on specialist occupational therapy clinical areas but none to help with students' transition to practitioner.

I may have been qualified for 30+ years, but this does not mean I am qualified to write this book on my own. I know my limitations. By this point I liked the idea of the challenge, and wanted to see if I could actually move this on.

Taking time to reflect I realised Julia's wide range of experience was exactly what I needed. At this time she was working in adult social care, so once I had persuaded her to join me for coffee and cake I began my campaign to get her on board. Once Julia had considered my proposal she came back with an excellent suggestion, to get others on board. More coffee and cake followed, and we had a plan – a toolkit with chapters written by occupational therapists currently working in each of the areas we wanted to cover. More coffee and cake later (our preferred method for stimulating thought processes) we came up with a list of colleagues we hoped would join us, and wrote our book proposal form. Sending it off to Jessica Kingsley Publishers, we put it to the back of our minds, being very surprised when they contacted us to say they liked the idea! We then began contacting the occupational therapists on our wish list. Not everyone felt able to join us but networking and recommendations saved the day and our edited book project commenced.

Now is the perfect opportunity to introduce our contributors:

Sean

Sean first encountered occupational therapy as a profession in 2007 whilst working for his local authority supporting service users who required assistance with living independently due to long-term conditions, often resulting in a referral to the occupational therapy team. Wanting to find out more about this profession which helped so many people Sean arranged insight days with local occupational therapists in both social care and healthcare. This enabled him to gain insight into the broad spectrum of occupational therapy thanks to some outstanding, enthusiastic occupational therapists who since qualifying Sean had had the pleasure of working with. Sean applied and was accepted on Sheffield Hallam University's practice-based learning programme in 2010, qualifying in 2013. He started life as an occupational therapist as a rotational Band 5 at the local hospital trust gaining experience in the out-patients team in hand therapy, working with patients recovering from upper limb injuries. He also enjoyed a rotation with the community rehab team, having the opportunity to work with a wide range of patients with complex conditions. Following this Sean transferred to trauma and orthopaedics, here he found his occupational therapy niche and has never looked back. Sean is passionate about ensuring occupational therapy in the acute setting has a pivotal role in the patient journey through the healthcare system, with an emphasis on reablement and recovery, and is enthusiastic about service improvement and promoting our profession.

Melanie

Melanie qualified as an occupational therapist in the early 1990s in South Africa and began work with adult physical disability in an acute setting (burns, strokes, arthritis and neurological conditions). After relocating to the UK she worked across different settings (care of the elderly, orthopaedics, mental health for the elderly in the community) before starting her career in paediatrics.

Initially Melanie worked mainly in community settings, homes and schools, with a short spell working in a paediatric acute setting gaining experience of a wide range of disabilities. Melanie then moved to social care: children with disabilities, before moving to independent practice and pursuing further training in sensory integration (SI),

recently completing a diploma in SI and considering completion of the MSc within the near future.

Melanie considers herself fortunate to work alongside many very experienced colleagues who have been a great support and who have taught her a tremendous amount. She feels she has learned the most though from children and families she has been privileged to work with. For Melanie, personal reflection on her own performance at work is ongoing, she never stops learning and growing, welcoming change and enjoying challenges.

Sara

Following the completion of a BTEC national diploma in health and social care and HND in care, Sara was successful in gaining a position as a community support worker within a local adult community mental health team. She had some understanding of this role, due to a previous placement, but at this point in her career was unsure as to what career pathway to undertake but really valued the work with patients.

During this time Sara's supervision was carried out by an occupational therapist, and the approach she adopted followed her supervisor's example. It didn't take long for Sara to identify occupational therapy as her chosen career and, with the encouragement of a very knowledgeable occupational therapist (Cathy) and a supportive team coordinator, applied and was accepted, enrolling on the Lincolnshire work-based learning occupational therapy degree course affiliated with Sheffield Hallam University.

On completing her degree Sara began her career as a Band 5 occupational therapist within a local adult community mental health team. Now qualified for six years, during this time Sara's knowledge and experience has grown, and she now works as a Band 6 occupational therapist in an integrated community mental health team. This role, within a supportive and highly skilled team, requires Sara to deliver occupational therapy interventions alongside an occupational therapist and an occupational therapy assistant, act as the carers' lead for the team and act-up as the team's deputy team coordinator.

Sara reflected how a hot chocolate with a friend lead to an unexpected development – adding writing for publication to her repertoire!

Ruth

Ruth was first introduced to occupational therapy at a careers convention held in the college where she was studying for a BSc (Hons) in health studies. This changed the direction of Ruth's studies and career.

Having grown up with a medical condition requiring many years of treatment, Ruth discovered that her hobby had made a positive impact on her health. As soon as she read more about occupational therapy, she realised she had first-hand experience of the importance of occupation in a person's life and wanted a career in occupational therapy. Having made the decision to leave her degree course, Ruth arranged work experience in a local hospital occupational therapy department. During the same year Ruth applied for and was offered a place at the University Hospital of Wales to train as an occupational therapist.

In 1995 Ruth qualified as an occupational therapist. She returned to Cornwall and worked as a basic grade occupational therapist on the rotation for nearly three years. This provided her with a broad range of experience including learning disabilities. For the next five years, Ruth worked in a community mental health team and an assertive outreach team. In 2003, having moved to Lincolnshire, Ruth had an opportunity to join a community learning disabilities team where she remained for the next 11 years. In 2014 Ruth returned to Cornwall to continue working in a community learning disabilities team. Ruth feels incredibly privileged to work with so many amazing people and with such an inspirational team.

Dawn

Dawn qualified as an occupational therapist at the College of Ripon and York St John in 1983. During her time in York she met her husband Garry who was training in the Royal Air Force. Throughout the earlier years of their marriage they moved frequently, mainly up and down the beautiful east coast of England and Scotland, with a period in Hampshire.

Dawn has worked in general and psychiatric hospitals, but following each excursion into health work she returned to her first love – a community occupational therapy role. During a career break to raise her family, Dawn completed an Open University degree course, attaining a BA Hons. Returning to a work environment Dawn

spent some time as an activities coordinator in a care home. She also completed care shifts and would recommend this as invaluable experience for anyone involved in hands on moving and handling. A 'return to practice course' completed with the University of Derby provided a theoretical refresher with practical updates at a large general hospital.

Dawn is currently based in a community team with adult care in a market town with a widespread village and rural community. In her spare time she enjoys swimming, cycling, reading and chocolate!

Jo

Jo qualified as an occupational therapist from St Loyes School in Exeter in 1996. Since then, she has worked in a broad range of settings in community and residential services, including time spent in Romanian orphanages. She has developed specific expertise in working with children with complex disabilities in a social care setting.

Throughout her career Jo has had a particular interest in manual handling. She worked as an assessor for a national equipment company for several years, specialising in the assessment and provision of hoists and slings. Jo is an Institute of Occupational Safety and Health (IOSH)-accredited moving and handling trainer and has also worked as an independent occupational therapist.

Currently Jo has a role within the Children with Disabilities Team, enabling her to utilise her extensive knowledge both on supporting children with disabilities and their families, and also promoting and supporting the use of safe moving and handling techniques in her own casework and assisting colleagues with their decision-making in this area of practice.

Kate

Kate is a well-respected occupational therapist, with 30 years of clinical experience, specialising in housing for the last 25 years. She is a director of The OT Service, providing occupational therapy services to case managers and consultancy to companies and individuals on the needs of disabled people and those aged 50 and over. Kate continues to work with individuals, housing associations, insurance companies and individuals to maintain a close link to the grass-root needs of

clients and customers, as she passionately believes every client is an expert in their condition; this enables her to keep developing her skills.

Kate has been chair of the Royal College of Occupational Therapists (RCOT) specialist section – Housing and the genHOME project – and represented RCOT in Europe (Council of Occupational Therapists for European Countries – COTEC). She is presently on the team editing the third edition of the *Wheelchair Housing Design Guide*. She also worked with Bristol University on the publication of *Minor Adaptations without Delay*, funded by the Housing Corporation and RCOT and part of the team who developed a Housing MSc pathway with York St John's University.

Kate has presented her work on inclusive design and housing standards nationally and internationally, including Australia, Bosnia, Croatia and Greece, and is also passionate about promoting products and adaptations meeting functional need but also considering aesthetics, as she believes a home should be a place where a client wants to be and not look like a clinical institution.

So what are we trying to achieve with our toolkit? How is this going to assist you as you transition to your new role as a qualified practitioner?

We can't provide you with the 'how' for each and every situation you will encounter. We have painted pictures of occupational therapy in the real world, created by people working in these clinical areas. Not every area – the book would be huge – but those most frequently considered by new graduates. You may have been lucky enough to have experienced these areas as a student, but during placements you are protected in many ways, supported by a placement educator and your university. Placement educators plan your time in their departments considering learning opportunities, adjusting their responsibilities, ensuring you will have the time you need with them. By your final placement you will have become increasingly autonomous in your actions, but still with a high level of support and oversight. Now, following induction, you are expected to take responsibility for your actions and decision-making with reduced support. This is it, the real world.

Not everyone knows where they want to work, which clinical area to choose. We may be able to assist in making this decision as one chapter may stand out from the rest. Alternatively it may serve

to confirm an area you don't feel comfortable with at this time (never say never!).

Two contributions do not relate to a specific clinical area but are just as relevant nonetheless: Adaptations and Manual Handling. We strongly suggest you read these as there is relevance to *every* area of occupational therapy. You may not recommend adaptations but understanding the criteria and process will assist you to understand why the ramp/stair lift/level access shower your patient needs isn't provided immediately, or why the sensory/therapy room you believe will promote a child's development cannot be funded by a Disabled Facilities Grant (DFG). Your accurate information sets the scene for the occupational therapists who then assess for, and recommend, adaptations and impacts on their therapeutic relationships.

Advising someone they *should/could* have an adaptation funded may appear to be couched in language indicating this is only a possibility. This is not what is heard or understood, possibly leading to disappointment in the future. This may not just impact on relationships, it may lead to a complaint being submitted, as the patient's expectation has not been met. The occupational therapist has completed their assessment and correctly applied criteria but a complaint was almost inevitable. Please consider how you would feel if your patients *came* with expectations you could never meet. How would you feel about a complaint arising from inaccurate information from a member of your own profession?

Manual handling is not only relevant for those working in 'physical' areas. We all move items, so understanding the impact of poor technique offers you protection, as much as providing sound advice to others protects them. Working in mental health or learning disability settings does not mean all your patients will be ambulant or independent in transfers; keeping your knowledge up to date is time well spent.

Whilst the contributions from practising occupational therapists are useful and interesting to read, transitioning into work is more than joining a team or service. You need to prepare yourself for the ups and downs we all face at some point. The chapter on adapting to working life will assist in managing stress we feel in adapting to a new role and environment and through the challenges presented by the current financial climate.

There are 'boring but essential' parts to everyday life and our profession is no exception. The section on information governance and data protection is designed to set these within practice, not to take you through the detail of the legislation.

Ah, yes, legislation, inescapable in any area. It creates the responsibilities and obligations of our parent organisations, resulting in the commissioning of occupational therapy provision, it protects us and our patients/service users and enables provision of equipment and facilities. Legislation is a thread running through all sections and chapters, but to demonstrate the interconnectivity of key legislation and range across clinical areas they have been combined in a table for easy reference. Here you will also find a summary of the Mental Capacity Act 2005, possibly the legislation with the most impact on our current interactions and practice.

We cannot ignore continuing professional development (CPD). Building knowledge, understanding evidence and growing as individuals not only benefits patients and service users, but also ourselves. Learning and developing keeps us enthusiastic about our role and profession. This in turn presents a positive impression for those we meet; remember this includes those with influence and who commission services!

This is not a book designed to be read from cover to cover in one sitting, nor for all chapters to be read in the order they are presented. This is a toolkit, dip in and out, selecting the parts you need at any given time. Toolkits have preferred options but contain additional items, there 'just in case', often rediscovered in times of need. We hope this book will work for you, mainly for your first steps into the workplace, but there for future reference if required.

ADAPTING TO WORKING LIFE

Ruth Parker and Julia Badger

Congratulations! You passed your degree, celebrated, reminisced and stored memories about the wonderful experiences and/or opportunities studying occupational therapy and student life can provide. Your Health and Care Professions Council (HCPC) registration paperwork is complete and ‘in the bag’ – you have remembered to do this, haven’t you?

You’ve dipped into and read the chapters of this book on areas of practice, and may already have job applications, interviews or a job lined up. Now the realisation of starting your (to be hoped long and fulfilling) professional career as an occupational therapist starts. Such exciting times! Some of you will be ‘chomping at the bit’ to get going, while others may have reservations and feel they are at a ‘crossroads’.

Occupational therapy is a vast, multi-faceted discipline. Opportunities to participate in areas of practice you experienced on placements may assist decisions around which direction to take. Equally, you may want to taste the smorgasbord, moving around core areas of practice or role-emerging opportunities. There is no right or wrong way; it is about personal taste and what works best for you. Whatever your choice, please read on, as the following information may help.

Transition from student to professional life

Housekeeping

While packing up your student home, sorting what to keep, recycle or throw away, take time to complete some housekeeping on your online/social media presence too (Twitter, Facebook, Instagram, etc.). This may mean removing images and postings or simply adjusting

your privacy settings. Bear in mind you are making the transition from student to a registered allied health professional (AHP). What is acceptable as student behaviour may be perceived differently or negatively by employers or patients/service users. Media sources have many examples of professionals losing their registration because of ‘inappropriate’ or ‘unprofessional’ behaviour outside of the workplace identified through their online presence. This is not to say you need to be a saint from now on (please enjoy life and share with others), just be aware of your profile and professional standards.

Settling in to your new community

You may find you will be relocating away from family and friends, either out of choice (yay – dream job) or necessity (phew – got a job). Look for a house/flat share with other professionals or people in work; preferably one where you can rest at night. You will need to rest after a full day at work; expect to feel tired! Make good use of local knowledge or internet search for activities, interest groups, community amenities and facilities. There will be no ‘freshers’ week’, and there is unlikely to be a large group of people of a similar age, experiencing the same excitement and trepidation, the same common factor. It is hard being alone, not knowing a place or people living there. It is also hard to take the first steps in a new environment, you just have to pick your hard.

PLEASE BE BRAVE AND JOIN IN

Not only will this help you adjust to your new ‘home’, reducing feelings of isolation and loneliness, but it also helps you integrate with your community, workplace and help hone your signposting skills.

First day in a new job

Think about how you will travel to your workplace and what you need to get through your working day. We hope you will have learned these basic skills from previous employment and practice placements but just in case you have forgotten:

- If possible, take time to make an informal visit and meet members of the team (you may not have had the opportunity to do this at interview).

- Will you be wearing a uniform? What are the rules about wearing uniform to/from work? Is there a dress code?
- Take something to eat and drink; you may not have time during breaks to purchase sustenance.
- Will you need a work diary? Stationery? Notebook? Some employers provide these items, others do not. Ask!
- Factor in travel time and means of transport. Will you be using public transport, driving, cycling or walking? Do not leave this until the night before or the morning of your first day.
- Seek advice on parking and/or traffic congestion at peak times.
- Contact your new manager or mentor if you are going to be late. First impressions count and, though it cannot always be helped, being late for work on your first day is not a good start.

Integrating into the workplace

In the first few weeks of your new role you should have an induction period. How this period is set will be dependent on the environment or area of practice. For example, in a forensic setting there will be a formal training period (anything up to two weeks) where you will learn safety policies and procedures essential to staff (qualified and non-qualified) working in a secure environment. The majority of workplaces will have a mentor scheme: someone organising your induction period and helping you to settle in. Utilise induction time wisely. Ask questions; there are no 'silly' questions. People in the workplace do not mind being asked questions. *They do mind repeatedly being asked the same question by the same person though.* Write the answers down! Complete all compulsory training while you have the time to do it.

Introduce yourself and get to know names and roles of team members, take up opportunities to 'shadow' and observe how they work. A new job equals new information – a lot of new information. If you have a photographic memory, great! If not, get a notebook and write in the following:

- team members' work contact details (phone/mobile/bleep/email)
- contact details of any other teams or agencies useful to your role
- processes/ways of working – if the process is complicated create a flow diagram or a list, any form enabling you to break it down and understand what you need to do (don't be afraid to ask for assistance if you are struggling with this)
- who's who in the wider team or establishment
- how to find work-related paperwork either on the intranet or in the stationery cupboard
- printer ID number and your IT user name
- password prompt(s)
- your staff number (essential for booking training or speaking to payroll/Human Resources (HR)/Information Technology (IT))
- any questions (and the answers) as they occur.

Obviously this list is not set in stone, use it as guidance and add more relevant information to your work role. The notebook will become your work 'bible', keep it with or near you during the day. The information it holds will be invaluable when you are working on your own.

The National Health Service (NHS) has a preceptorship programme for newly qualified occupational therapists. It provides protected time and support to assimilate theory, and to practise skills learned as a student in real-life situations. Other employers may offer similar schemes, and I urge you to actively engage in this opportunity. This effectively supports your continuing professional development, assists integration into working life, evidences progression and consolidates learning experiences, including working collaboratively with others.

Relationships

It can be challenging at times to get along with everyone in the team. You will work with people from a wide range of cultures, backgrounds, personality types, and values and the difference in ages can be vast,

from apprentices just leaving school to people nearing retirement age (and beyond).

Consider for a moment, if everyone was the same, if we all had the same learning style or character? Life would be bland, wouldn't it? Either nothing would get completed or we would all be irritated by each other; it's often the mirror reflection of our own flaws we pick out and dislike in others.

TOP TIP

Find common ground, respect the quality and difference in personality, make an effort to listen to others and reflect on what you have learned. Keep the lines of communication open; no sulking!

Attitudes to work can differ too. There will be members in the team with other priorities outside the work environment (family, informal carers for others, or both). They may not have the same enthusiasm and energy as you or the same career aspirations. Try to find common ground and appreciate them for who they are. One of the best working relationships I experienced was with an occupational therapist who is my polar opposite in personality type. If anonymously paired up on paper, as a team-building exercise, I can imagine sharp intakes of breath, a few chuckles of laughter and some mutterings of 'oh no, it will never work'. But we did; we were the 'dream team' (hand on heart). We accepted and respected each other's skills, openly communicated and had a shared sense of humour. And this is the key to getting on with others: communication, acceptance and respect (with a few laughs).

There will be team-building activities or training opportunities; actively engage in these as they help you to develop professionally and engage with team members. If possible, join in with social activities – you don't have to do everything but the occasional appearance helps. During the working day when workloads and caseloads are pressured and heavy, you may be feeling stressed, or observe a traumatic incident and be upset (yes, this does happen), and it's reassuring to be able to turn to people you work with for support because you know they will understand as they may have 'been there' themselves. Equally team members may turn to you for support. It works both ways.

When you are working in a team, for safety reasons it is vital to let other team members know where you are during the day. Sign in/out of the office, update your electronic calendar if you use one,

or update the message board. Find out if your team use a ‘buddy’ system for when you are on lone visits. Remember to call in and let your ‘buddy’ know you are safely back at work or home. (If you are the ‘buddy’, check they are safe if they have not contacted you by the agreed time.) Look after each other.

MANAGING A CASELOAD/WORKLOAD

Caseload = The number of cases (patients/service users) assigned to you in a given time.

Workload = The amount of work required to manage your caseload and successfully meet outcomes. The workload reflects the average time it takes you to do the work for each case and complete other non-casework such as training or secondary duties and projects.

Managing and maintaining caseloads/workloads is not a simple task as there are many challenges. Our working environments are progressively more pressured, with increased demands on services and the complexities of individual cases. It is a balancing act affected by reduced budgets, staff turnover, job freeze or difficulties recruiting qualified workers – all whilst managing restructures, implementing changes in legislation and applying time-intensive best practice.

Manageable caseloads/workloads make a real difference in your ability to engage with patients/service users, deliver quality services and achieve positive outcomes. Some employers will be using strategies to make your caseload/workload manageable, for example caseload weighting (a strategy balancing caseloads, tasks and duties).

There are periods when pressures intensify, attributed to a wide variety of situations:

- increased awareness of a condition or maltreatment
- implementation of new legislation and associated impact on eligibility criteria or service remit
- environmental factors such as changes in the weather (e.g. upsurge in fractures from falls)

- economic issues, for example those on low incomes choosing between 'heat or eat' (increased chest infections, pneumonia, self-neglect, etc.).

You only have to read media reports to understand the difficulties health and social care services face in today's economic climate.

As a worker you need to *make judgements and prioritise your workload*. It is helpful to allow time in the morning to quickly triage your caseload and decide how you will make best use of your available time. You also need to be flexible and not get stressed when interventions run over (as they will do). Do not rush your patient/service user to complete an activity. No clock watching; they will pick up on this. Get to know people on your caseload and allocate time when they are at their best. You will be wasting time trying to complete an assessment when the patient/service user is distracted, such as near a mealtime when they are hungry or if they have visitors waiting. If you are unsure how to prioritise your caseload within your area of practice and/or remit, ask! Team members will have tried and tested strategies which can help.

Essentially workload management is about the *balance* between facetime with your patients/service users and paperwork. Fewer distractions can help but equally so can increased communication with mentors and other team members. Sometimes it can take a fresh pair of eyes (that is you, by the way) to look at systems and processes and identify if they meet practice needs. Are any processes inefficient, is there duplication? Discuss in supervision ways you think processes no longer add value. Offer up ideas.

There have been rapid advances in technology during this millennial age. Are there useful tools or have you used technology in another area of practice which would work well for you and your team? There has been an emphasis in social care for 'smart' working or telework such as use of laptops, tablets, smartphones and so on, where staff use a network to securely access systems and work 'remotely'. In some rural areas this is effective for both service and workers as it reduces travel time. However, it has its challenges, including feelings of isolation and disconnectedness from your team; this way of managing your work is also only as good as the technology used.

When caseloads/workloads are high you will find it challenging to take time out to attend training. New practices are time consuming to learn and implement into your current workload, so make allowances

for this. You will know what you need to do to complete your job effectively and efficiently but, in the face of competing pressures, you may be required to make compromises. Please do not be despondent, address these issues in supervision and appraisals. This demonstrates you understand your role and your own strengths and weaknesses within it.

Work–life balance

Experiencing a sense of balance in life is an individual and personal concept. You will have read many theories on this and introduced occupational balance or work–life balance into assessments and outcomes for the people you work with. During the transition from student to working professional it may be difficult to get out of the habit of frequent mid-week socialising with friends. (Hey, even I am encouraging you to get out there, socialise and integrate in the local community.) However, you will find your manager is unsympathetic if you roll into work late every morning, exhausted from the activities of the night before. You are being paid to do your job, and there will be an expectation that you will act professionally, be ‘value for money’ and provide a good service.

It is equally important, with the stress and intensity of work settings, that you do not get sucked into the culture of over-working, staying late or taking work home to complete paperwork, write reports, catch up on emails and other demands.

TIP

Avoid ‘work, eat, sleep, repeat’.

Add further stress from family issues or ill-health which increase demands on your time, and we have a classic recipe for burnout and long-term health issues. You will not be effective at work as your ability to function will be impaired.

Getting the work–life balance right can be tricky at times. Some occupational therapists adapt strategies they have learned from their area of practice, such as time management and compromises, but trying to find solutions to the problem can cause further stress. Sometimes you need to say to yourself ‘stop, slow down’. Reclaim your breaks during the day, arrive and leave on time and take all your annual leave. Limit time spent reading and answering emails during the day

(so time consuming!). Get moving and have an outlet for letting off steam like going for a walk or swim, or take up a new hobby for during breaks.

If you feel the balance is out of kilter, let your supervisor know how you feel so your workload can be reviewed. If it is not possible to reduce current work, they will know not to add additional casework. Build up your resilience to the pressures of work and home life; regain a sense of balance and wellbeing.

Resilience

Resilience appears to be a ‘buzzword’ at the moment. Essentially it means having the ability to recover or adjust to change; bounce back in the face of adversity, learn from it and be stronger. It is really important for you as an occupational therapist to be able to do this and not to get burnt out, stressed or worn down. The transition from student to professional life is particularly stressful, you have just got your head around starting in your new role, but you may feel you are expected to be an immediate expert. Think about the challenges you have faced to get to this point in your life so far, and you survived. Now you have more challenges to face; it’s the rollercoaster of life.

Reflection is an excellent tool to utilise to increase your resilience. Occupational therapists are so good at this; it is core to our ethos and values. Keep a reflective journal – I still have one and dip into it when I experience periods of self-doubt. Choose your preferred model and apply it to an intervention or interaction you experienced. Unpick the core issues then bind them together again and see how it flows. Review what you have learned. Maybe you found a simple error, an ‘oh I forgot to do...’ Learn from this. Remember it for the future. It could be you did nothing wrong. You worked within your remit or even above and beyond this. Still unpick it. Was there an agenda you were unaware of at the time? Had ‘going above and beyond’ created a sense of increased expectation from your patient/service user? Learn from this too.

You will feel tired, and at times vulnerable. These are normal human reactions to the intensity of professional life. As occupational therapists we often see, hear or read about extreme traumas people we work with have experienced. You can sometimes feel the physical symptoms of shock. This is when a support network comes in to its own, and you should talk to your manager as soon as possible.

Most employers have a counselling service. You are not weak, asking for help and support is a strength. Learn from experiences and establish strategies to help you manage and recover. Have a plan. It could be something simple, taking ten minutes out, a short walk to ease the stress, fresh air, a tea break or even booking an appointment with the counsellor. Whatever it takes to get you through until you can engage with your support network.

Recognise these signs in others, offer support and signpost to appropriate agencies. I once witnessed a brilliant nurse, the epitome of resilience, slowly break down over the course of a difficult afternoon. She waved off offers of support from colleagues. I bought her a coffee and a chocolate bar, returned to the ward, directed her to the ward sister's office (said she had a call), told her to sit down with a cuppa. She collapsed into the chair and cried. Nothing was said; it didn't need to be. It was a small token, an act of kindness enabling her to stop, think, readjust and move on. And, yes, before you ask, someone had done exactly the same for me when I was in a similar situation. I learned from it and became stronger, grew more resilient.

Complaints/comments/compliments...or... compliments/comments/complaints?

Feedback is good, something we can learn from, add to our reflective practice. The title above is not a typo, we refer to 'the complaints procedure', but look at your organisation's feedback process. I'd wager it refers to compliments, then comments and *finally* complaints. Most of us focus on negatives, but *take on board positive comments* from patients, service users and colleagues, note these for your log, let your supervisor know.

Comments are just as relevant, they may be 'neutral' but result from someone feeling there was something to say. Reflecting on these can result in changes to practice benefiting you and those you work with.

Now, complaints, these are not the totally negative experience you may expect. Like people, complaints come in many shapes and sizes. Those expressed directly to you require a response, and to be registered in the person's record. We don't mean 'you didn't bring me my cup of tea on time' type complaints by the way. Direct approaches need to be responded to/acknowledged, sometimes requiring an apology.

Remember ‘I am sorry...’ (even if you don’t really feel you are in the wrong) can mollify and placate, supporting effective therapeutic relationships.

Formal complaints are subject to policy and procedure, each organisation having their own process. There may be an online method to register a complaint but a letter or email cannot be disregarded just because ‘correct process’ has not been followed.

Your first step is advising your manager or supervisor, then registering it appropriately. It is hard to hear someone is unhappy with your approach or work, and you can’t help but feel defensive and upset. Reading and reflecting on the content of the complaint with support may highlight it is not all about you (we do tend to internalise things!). It may be the core of an issue is about delays, lack of written information, difficulties in accessing a location, things not entirely within your control. Even if the information is about your actions, remember you do not act in isolation. You will have discussed treatment plans or recommendations with your supervisor, they supported your proposals.

This is where commitment to record keeping is key. Clear, concise and accurate records illustrate actions, intentions and understanding of situations and are evidence as if a complaint is lodged. So, what if it is a ‘he said, she said’ situation? There are always two sides to every situation, and the person writing the letter or email will feel strongly about the issue. Reviewing records of visits or interventions should indicate the ‘how and why’ of situations. It may be that a complaint refers to a specific visit, being written some time after the event, your recording (completed in a timely manner) demonstrates your view of what occurred or said. Investigations consider both; records made at the time are not written with a purpose of showing you in a good light or deflecting potential criticism, therefore are viewed as an accurate record in the first instance.

This may seem strange, but complaints can be viewed positively. It may be that you did misread a situation? Reflecting on this is part of personal development. Our team investigates complaints appropriately and remedial actions are taken as needed. But it doesn’t end there. Different aspects are considered. It may be that a trend is identified, linking this to other complaints received, and as a team we adjust our practice. This isn’t always about the individual.

For example, we have hectic working lives and are not always able to respond to emails immediately. How long is 'too long' before responding? What if the email is about an area which is not your responsibility? What if the case is 'dormant'? Reviewing a complaint we reflected and realised there were differences between team members' views and practices. This was discussed and a consensus reached giving a rule-of-thumb timescale for the team to follow.

Any complaint makes for uncomfortable reading, however experienced or confident you are. Try not to let this become something you review over and over again, unpicking every word and inference. This will lead to stress and affect confidence: work with your supervisor and decide to treat it as a learning opportunity. Take control.

See it, do it, show someone else

Finally, you have adapted to professional life and made the transition from student to a practising occupational therapist. So where do you go from here? I am a great believer in consolidating any learning experience and recommend you do the same. An excellent way to do this is by becoming a practice placement educator (remember how scary they were?). Embrace the opportunity to demonstrate and teach the skills you have learned in your first few years of practice. You will be amazed at how far you have come and developed valuable experience, in your area of practice and in life, on the way. Put this down as a training need in your next supervision or appraisal.

Congratulations again, enjoy working life and especially enjoy being an occupational therapist.