

Lee [01:00:01]

Hello and welcome to your first of Everything podcast series. My name is Lee and I'm very, very fortunate today to have done with me, who is a student occupational therapist. And you're going to be sharing some of your experience around something that I'm really, actually really passionate about, which is that translation of theory to practice, is that correct?

Dan [01:00:27]

Yeah. I was hoping to talk just a little bit about, some of those first experiences that I've had where I've kind of seen it go from being abstract to kind of like seen it in clinical practice.

Lee [01:00:37]

Now it's going to be a really, really fascinating, fascinating conversation. And I think, that transfer of knowledge from theory to practice can be it's a skill, isn't it, in itself, which, is something that we develop over time. Do you do you want to share a couple of those instances with us?

Dan [01:00:57]

Yeah, sure. So, yeah. And like I say, it is it can be tricky. And I think I think part of just learning theory in general is that it's, it's always a little bit divorced from the doing it itself, the real experience isn't it. So but I kind of see the necessity of having to kind of. Get through all that and then and then try and see it a bit later on. So, yeah. I'm coming from occupational therapy. I'm an occupational therapy student in my third year. And, one experience that stands out for me is when I was in, my second year on my third practice placement and stroke. And, I remember being really kind of like, well, trying to take in everything really, like a sponge, just being really interested, being really eager, trying to be as independent as it could be, asking a lot of questions. And it was just this kind of moment where it was asking a lot of questions about like, well, why did my educator do X instead of Y? Or so we've done a kitchen assessment or a mock a cognitive screen. So, you know, like I try and trying to be really critical about that. And, kind of the point in getting around to is just to say that in OT we have something called the OT process, which is kind of like an iterative model. It's kind of like sequential, and it's all based on receiving a referral. And then the steps you need to take in your clinical reasoning to create an intervention and work with that patient to then, lead into like a, like a discharge of that patient from occupational therapy services. And yet the penny really dropped for me when I sort of realised exactly the, the whole patient pathway in that stroke setting was really

mirroring that OT process. So it really came from seeing how the OT process wasn't just this like, set of arrows and words in a model on a screen. This was actually if we start asking the critical questions about why are we doing what we're doing here and where is it taking us and why. It's all about kind of mirroring that OT process. And I think when I really learned that and started to understand everything we're trying to do in the stroke setting is about moving the patient safely towards discharge, then something really sunk in and I was like, okay, that now everything sort of makes sense because from OT we, you know, we're told quite early on that we can work in so many different settings and we can see so many different kinds of patients, and we can do so many different kinds of interventions. So when you go into a setting like that, with that in mind, you sort of think anything's on the table, you know, but actually you are working in your your kind of professional scope, even as a student, you've got like a set of limitations of what you can do. So it's just about kind of saying, alright, well, in this scope and stroke, what am I needing to focus on to help this person with their occupational needs and then move them towards kind of discharge. And so yeah, that was really it with the OT process. It was really seeing how. That is really there to go do each step of the way.

Lee [01:03:53]

Now that that's really interesting. I really like the point you made around. It's not just arrows on a sheet of paper and actually how that you can translate that into your sort of provision of care, you know, the support that we offer. How is that sort of light bulb moment, if you like, how is that impacted your practice moving forward? Has it? Has anything changed?

Dan [01:04:23]

Yeah, I think so, because it just means that, for occupational therapists, maybe it's like. Like he was nursing. You might move around a lot of different settings. There's rotational posts and stuff like that. You're going to be, seeing quite, quite a wide variety of different clients across, across your time. And I think for me, it just means that whatever setting you're in, just really try and get to grips with, what is the scope of what you're trying to achieve in that setting and understanding where the patient's coming from and the referral and then maybe where they go into on the discharge so that you kind of know. So like for example, in stroke, I was kind of wondering about, you know, do we need to do things at home with the patients, like how far does this kind of role go? But then actually there's a whole lot in dedicated to, you know, like, community occupational therapy. So that's where our role can kind of cut off. And then we're just looking at how do we get this patient from an inpatient bed to back to their home environment and then everything in between. And yeah, I think I think it's just kind of trying to see how. In occupational therapy. We're always trying to work in

occupations and individualising the interventions for patients. But what is the what is the Sentinel working in? And it's quite important to understand what your what your role is in, in, in that sense in itself I think as like a separate kind of idea.

Lee [01:05:50]

I think again, really, really sort of interesting point. And one of the things I'm kind of picking up from you, Dan, and just as you're talking through this, actually, how much do you think that sort of because I'm, I'm hearing it a lot in what you're saying that in trying to transfer that sort of theoretical knowledge into practice, how much does reflection play in sort of that development? Do you feel that if you utilise that as a tool that you found beneficial?

Dan [01:06:22]

Oh, yeah, for sure. I don't even think there's been a placement that I've been on where I haven't had to like just out of my own sort of feeling of, I just need to do this to set everything straight, just sit down and try and understand from my own kind of point of view, trying to trying to consolidate everything I've learned so far and what I know. And it's good that you mention that actually, because about the reflection, I remember one thing that I did with my educator, I think John and one of our supervision, visits was I tried to kind of map out just in like, like paper and pen, my own sort of patient pathway as how I understood it. And I just done this off my own sort of needs, really just it was just this kind of like a desire to understand just what's going on here. So I know where o.t is fitting and at what stage, you know, because, it's not just a patient you're seeing for stroke is a have they had a stroke? Yes or no? And then they moved to a different section. And then are they rehab potential yes or no? Okay. So if they are what does that mean. And then you go through all that kind of different things. It was quite like a flowchart really that I created about like, sort of understanding that that kind of patient pathway. And then again, all of that is like it's just linking back in with the OT process, just with each different step. It begins again, and then you run it each time. So yeah, there's been a lot of reflection on the, on that side of just trying to. Just I think just keeping a healthy curiosity about what's going on and, just trying to become as familiar as you can with the environment you're working in.

Lee [01:07:54]

I love that statement, a healthy curiosity, it's, I think, so important and, to because it's through that that we learn, isn't it? And we, we form those questions and that professional curiosity actually is something to develop that stays with us through our whole careers. What sort of what would be your top tips just from your experiences?

Or one key piece of advice that you would offer to maybe, pre-registration learning learners on, healthcare career pathways or thinking about, a health kit? Can't even say it. Healthcare career pathway?

Dan [01:08:36]

Yeah, sure. So I'd probably say if I can slip in two tips, this would be good. So the first one is probably just not to be overwhelmed with the ideas. Just take it. Take it easy and take it slow and let the realisations come just naturally, just by first taking it in and having some awareness, but then kind of getting in there on your placements, in your clinical setting and then seeing it in action. And then the second one is probably more practical is just just trying Journal. That's that's what's helped me a lot. Almost kind of journal out everything that you're learning and what you're experiencing as if you were teaching it to somebody else. And I think just the process of doing that just kind of exercises your own, sort of like resources and faculties and helps you embed the knowledge kind of deeper. And that can be really useful, I've found. Anyway, personally.

Lee [01:09:29]

Now, I love that. And I'm a big advocate for journaling. Journaling as well. And I think it's also nice to look back on it, isn't it. In like a couple of months time and you kind of go, oh, that's where I was. But look, I've come now and you can kind of gauge your own development against some of those points that you've written previously, which I personally I find, useful as well, because when you're so busy, you've got placements, you've got assignments and different things. It can actually be quite hard to track your own development in some ways.

Dan [01:10:03]

Yeah. It becomes more of a personal project for you, doesn't it? Rather than an assignment for a module on the course you're doing, you know, and yeah, like you said, you can track your progress through it and you can add to it over time and keep it for your own sort of needs.

Lee [01:10:16]

Now that's that's brilliant. And I want to say a massive thank you for coming, to speak to me today. I really enjoy it. I feel like I could speak to you for hours about that. That was, really, really interesting discussion. Some really, really good tips. So just a massive thank you for coming and sharing your experience with us today.

Dan [01:10:36]

Oh, thanks for inviting me on.

Lee [01:10:39]

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