## **Lee** [01:00:01]

Hello and welcome to your First of Everything podcast. My name is Lee and I will be hosting today's podcast. And I'm very, very lucky that I have Thomas with me today who's going to be sharing some of your experiences from practice? How are you? You're okay?

## **Thomas** [01:00:17]

Yeah. I'm doing good.

# **Lee** [01:00:18]

Good, good, good. So thank you for coming to speak to me. So you're going to be sharing some of your experiences or your first experiences of having to explain what it is that you do within your role as a occupational therapist. Yeah.

#### **Thomas** [01:00:34]

I mean, at this point, I think it's a universal thing. No one knows what an occupational therapist is.

#### **Lee** [01:00:39]

So if you had a particular situation where you've had to.

## **Thomas** [01:00:46]

I've had a I've had quite a few, I mean, I've, I've been on two placements so far. I'm currently halfway through one. Right. And I've had things ranging from on my last placement in older adults, being introduced by a nurse as the physios have arrived.

#### **Lee** [01:01:07]

Not me. That's not me.

#### **Thomas** [01:01:10]

Ranging to. I had quite an interesting discussion with the psychologist last week because I'm doing a mental health placement. Right. Quite an interesting, discussion

with her because, she had no idea what an occupational therapist does. So it's quite interesting. Just talking about that. And between you and me, I'm not 100% sure what a psychologist does.

## **Lee** [01:01:32]

I think this is the thing, isn't it? When we talk about MDT. So the multidisciplinary team. Yeah. It is massive, isn't it? And, I think it is difficult to know exactly what everybody's remit is. How do you begin to start sort of explaining what your role is? What how how, how where how would you. Explain. Occupational therapy.

# **Thomas** [01:02:00]

So I'd probably. I've heard there's quite a few ways people go about this way. I probably go about it would be, just a simple. It's helping people, engage in occupations they enjoy, they want to do, and they need to do. So if you need to go to a job, if you want to go to the park, if, like all these different things that no one really thinks, like when you go to the shops, you've probably gone to the shops at least once this week, right? Yeah. Oh, yeah. But, only if you had some sort of disability or some sort of mental disability or anything like that, would you actually realise how difficult it was?

#### **Lee** [01:02:42]

No. Well, yeah, because it's not my lived experience. So. Yeah. So probably will probably.

#### **Thomas** [01:02:47]

Be, Oh, I'm on my way home. Well, I've got time. I'll just pop to the shops. And in like ten minutes I'll be back. Right. Yeah. But if someone who maybe has a physical disability then, there's loads or even a mental disability like I've seen quite a few times. Currently it's, there's way, way more steps behind it. So if you have like social anxiety, you might not even want to get into the, into the shop. You might struggle with standing in the queue, you might, might not be able to do, deal with like the inperson cashier or on the other hand, you might not even be able to do the, what they called.

Lee [01:03:27]

The.

**Thomas** [01:03:28]

Yeah, the self-service ones.

Lee [01:03:29]

It's horrible things.

**Thomas** [01:03:30]

Oh, yeah.

**Lee** [01:03:30]

I mean.

**Thomas** [01:03:33]

Horrible things. I mean, we struggle with them, as it is. Imagine someone with anxiety doing that.

**Lee** [01:03:39]

So then thinking about that person at the checkout. What would the OT role be in supporting that individual?

**Thomas** [01:03:50]

So I've seen this scenario play out quite a few times. And so what we usually use is exposure therapy. So if you had a thing of, I can't remember if they used to do it, I think I might have done ages ago where it was, if you have a fear of snakes, you get locked in a room full of snakes, like I'm a celebrity sort of thing.

**Lee** [01:04:09]

Oh my gosh, that would be my worst nightmare right there.

**Thomas** [01:04:12]

And so it's like, you get so scared. And then after a while, this, fear calms down. It's similar to that, obviously. Obviously it's nowhere near that because that would be empathic. There'd be a terrible day in terms of ethics. It was, it would. But, what we so it would be, depending on like the service users, experience so far. So we first have a look at, what their baseline is. So currently can they leave the house if they can, can they get to the shops. Are they able to get around the shops just seeing what they're able to do now and seeing how we can help with that. For example, if they struggle going to the shops, we might arrange to meet them outside the shops and then go in and then go around doing the shopping with them so they feel a bit more supported and then build it up from there. It might go from meeting them outside to meeting them in the shops to, meeting them at the tills, to meeting them back, back outside once they, once they've done the shopping themselves. So it's just, it's these small steps which you wouldn't really imagine. You know, like, I'm sure I'm going back to you. I'm showing again. But. So you obviously, as I said, you don't really think twice about going to the shops. I'm sure you don't really think twice about walking across the threshold and walking into the shops, do you?

**Lee** [01:05:45]

No.

# **Thomas** [01:05:46]

It's just there's the door. Go through it. Right. But obviously that would be quite an important step for a service user. They might struggle with that. And and though it might seem a bit small, it might for them, it might be this massive obstacle. They think, oh, I cannot do that, I really can't, I have I have to meet you outside. And so what we'd be doing was we'd be building it up over time. And we might even do it like a different time. So it might do it when the shop's empty. So they, so feel a little. That wasn't English, and they feel a bit less anxious and so slowly building it up, to increase their confidence so they can do the shopping by themselves. And so they feel confident doing that, if that makes sense.

#### **Lee** [01:06:30]

No. Absolutely makes sense. And it is. It's a really I'm repeating myself. But it's a really accessible analogy. If you is that kind of how you when you're when you're in these discussions with other professions trying to explain is that the kind of.

**Thomas** [01:06:47]

I might give an example. Yeah. Yeah. I mean, that's the thing. It's all well and good. Given the, textbook answer of we help promote occupation, for different service users with things they want to do, need to do and all that. But then some people just. Oh, what does that mean? You haven't really given an example. You just saying words I don't understand. So it's quite it's quite helpful to give an example. Obviously then it does come with its drawbacks, because then if I'm explaining that that's what we do in mental health, then if we're going to do something like older adults, physical health, obviously we're not going shopping in older adults physical health, they're going to be questioning how that all works. But it is quite useful from a, I'm not sure how you'd phrase it like a scenario to scenario standpoint.

#### Lee [01:07:39]

So I suppose what you're saying, in order to support people, the people around you, to understand your role, you have to have to be quite creative in how you communicate that in a way that they can relate then to their practice.

#### **Thomas** [01:07:54]

Yeah, I'd say the way I explain it probably changes from, situation to situation based, on like where I am, the experiences of the other person. For example, I'd probably give a different explanation to a service user or what I'm doing than to if I was talking to, a nurse on the ward or doctor or someone in the other, another member of the MDT.

# Lee [01:08:20]

What would your top tips be in terms of for other OT students? To being able to explain their role in the MDT, what their role is and what they can do within that particular area?

#### **Thomas** [01:08:37]

I mean, it would probably, as I've said a few times, is obviously occupational therapy is a very broad, job role. And so we have placements like everywhere. And so, it would probably, probably quite be quite based on where they are would depend on the sort of role they had. I mean. I think I've, I've heard quite a few. I've heard, I mean, these quite a few of these are like talking to a service user. So I'm not sure how they'd relate to the MDT, but, I've heard I've heard some people giving a simple one like, it's similar to what a physio would do, which just if you've got, if you've got a service user, they're, they're a bit confused. Yeah. It's just like they're not going to

want to stand there for about five minutes. Just what an occupational therapist does. Yeah. For that. No they're not going to want to do that. They just want to go back to bed. So so occupational therapy is is a job where we're helping to achieve helping service users, to achieve occupations they might need to do, want to do or have to do, like going for a job, taking part in a certain activity, that sort of thing. I've heard that one is quite, quite well used. I had one which wasn't actually an occupational therapist. It was a, it was a physio that told me this one doesn't really. It's quite a nice way of phrasing it, but it's, If I have to, if I can remember correctly, it is, it was something along the lines of, physio adds days to life. Occupational therapy at life, two days, which I quite like the sound of.

# **Lee** [01:10:21]

Oh, that's really, really nice. I really like that there's a tagline in there somewhere, isn't there nothing live today? I really, really like that. That in itself is quite a, a powerful message in itself. I really, really like that. Thank you for sharing. Your experience. And I actually feel. No, I feel like I've actually learned from you today. I think you've taught me something, around, occupational therapy. And thank you for putting it into such a relatable way for somebody who hasn't got that background. It's actually been really beneficial. So thank you very much.

# **Thomas** [01:10:58]

Well, thank you for having me. Thank you.

# **Lee** [01:11:02]

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