

Podcast transcript

Career conversations: Adam Jackson

Hannah Spencer:

Hi everyone and welcome to this podcast recorded and produced by the Royal College of Occupational Therapists.

This is one of a series of podcasts which really focus on hearing and sharing the career narratives of our diverse workforce and highlight a whole range of possibilities in occupational therapy.

My name is Hannah Spencer and I'm an occupational therapist that's had the absolute pleasure and privilege of facilitating and capturing these conversations with members of our occupational therapy community.

Let's start with some introductions. Can you give me a brief introduction to yourself and your current role or roles?

Adam Jackson:

Yeah, so I'm Adam, occupational therapist by background, hence I'm here. Still a current occupational therapist, probably just in a different role. My current roles would be a complicated description. My substantive role is I am currently clinical lead for a team called the Live Team, which works within Notts Healthcare, mental health division. So across kind of all adult mental health, old people's mental health and disabilities to improve patient engagement, experience and involvement. So a little bit of directly we'll do sessions, indirectly we work with social prescribing community partners to get them into the inpatient setting, do a lot of fundraising to enable things to happen. But currently, as we speak, I'm covering as interim ward manager until I go on my leave, for Silver Birch, which is one of our dementia wards. So I'm currently doing that as a split post.

Hannah:

So the purpose of our conversation today, Adam is around that kind of career journey and what's brought you to this point.

So let's kind of start at the beginning. What drew you to occupational therapy? Can you pinpoint the source of that kind of career journey as river?

Adam:

I have to be honest. I always joke, and it's fine to have that experience, but I always joke that everyone has this kind of life changing experience that brought them to OT. That an OT came in one day for the granddad and really helped out, and they saw that... I'm a little bit different in that never really happened.

So prior to OT, qualifying in OT, I'd never really heard of it, to be honest. I knew it existed, I'd seen it on the signs as you walk through the hospital. Like most, I didn't really know what they did. And it

was only because I had a friend that qualified in mental health nursing at the time and she said, if choose again, I'd do OT, definitely do OT. And she said to me, because we both worked at Mencap at that time as support workers, and she said, 'actually, you'd make a good OT'. And then it was just by chance that about six different people within that time frame said, 'oh, have you heard of OT?' because I think that would match. So I looked into it, thought how it's described, that's pretty much that's me on paper, what I stand for, my values. It's what I want out of health and social care really what I want it to be. And that was the point, really.

Yeah, I looked at it, it matched me as a person, what I wanted applied to University of Derby, shout out, and to be honest, I thought I'd never get in, because, again, probably not typically, I went the mature student route... I'd done my A levels many years before. It was probably my rogue years, my A levels, let's say, so the grades reflected that. But Derby were really good and said, look, you've got this experience in terms of being a support worker in learning disabilities, in social care. At that point, I'd just started to move up to management, so a bit more of the leadership style of stuff. And they said, yeah, we'll review your case in terms of your experience, rather than just the grades, which I'm thankful that they did.

Hannah:

So it sounds like that kind of support workforce experience was really kind of key to shaping your career in terms of occupational therapy. Can you tell us a little bit more about that?

Adam:

Definitely, I think it's always good. And we have in the Live Team, where my substantive role is now, we take on student placements, like sandwich placements, so they'll be with us for a full year in various guises, implementing the five ways. So we've got two sports students with us at the moment and they come to us to experience health care, see what area they want to go in, but kind of get advice, career advice, from us. And one thing I will always say to them is it's good you've come in this placement because that background experience, even if it's just volunteering for a short while, if it's just popping in for the day in different areas, is invaluable. Because you see what you want, but you also see what you don't want in terms of health and social care. Whether that be your job role and how things are treated and respected and used. But the people at the heart of what we do, so what they miss out on, what could we do better? Yeah, you get to see that bit and it gives you a good mindset for starting in something like OT. How can post qualification, how can I tackle that?

Hannah:

So that definitely kind of contributed towards your...

Adam:

Definitely, invaluable experience.

Hannah:

What else has contributed along the way, Adam?

Adam:

My friends call me the Energizer Bunny for good reason. I kind of want to sit back and do things by half. So there's a lot of life experiences, I suppose, that have contributed to it. And I think I see some people this is going out to people that are looking at this as a career, and a lot of people that run our

course were worried about, well, I've got kids, or I'm looking at kids and I'm moving a house and I'm doing this and it's going to get in the way. And granted, yes, it does add to the workload and the stress, but actually it prepares you well in terms of an empathy point of view when you're taking things on that are very stressful, like adopting kids, which is what we're doing at the moment, or naturally having kids and you've got newborns at home and moving house. Actually, that can be applied to the people you come across. Our patients are people at the same time, they're going to have the same stressors, they're going to be planning parenthood. I work in inpatient settings primarily, if we think of moving house, we're doing it of our own free will to somewhere we want to go, and the stress that puts us under... actually we're dealing with people who were whisked away out of the house, sometimes overnight, by people they don't know to an environment they don't know.

And actually using that from an empathetic point of view and a person's point of view, what impact that's going to have. Because we sometimes focus on yes, this diagnosis of schizophrenia, this is what we need to be focusing on. But actually as OTs, and as a full MDT, we all work together, we're all in the same boat, put into the centre what the wider experience of that person is, actually, they've been put in a place they don't know, against their will. So many areas that they once had control over, they've lost. And what does that mean? What does that mean? How can we tackle that? How can we give them that back?

Hannah:

How has your environment around you enabled or restricted your career journey, then? That's a nice segue.

Adam:

It is smooth.

I must admit, I've been very lucky in terms of my environment enabling me to progress.

So I started I work for Mencap as a support worker; all the way through there I had a really good manager, she was very promoting of development and experience and pushing me forward at the same time. You have to grasp that yourself, you only reap what you sow. You have to go out and get it at the same time. So I was really lucky. At the start of my career, they were already pushing me for what's next, even if that wasn't within the company, they were really open and honest and said, look, yeah, you might get a bit stuck here. Go out, qualify, get yourself out there.

But then obviously post qualifying, so well, how the environment enabled... we were part of the early release of students when COVID-19 became a thing, so I think that was a different environment to freshly qualify in. It's bizarre to think that actually, as a qualified occupational therapist, I've never worked outside of COVID-19, and there are so much more restrictions and things that have been in place that you have to build a resilience to, and that extra problem solving level, especially in terms of OT, when we're all about social engagement and communities and identity and coming together. A lot of that was just halted because we had to keep people safe. It was there for a reason. But I think as much as it was stressful and it's been bizarre, I think if that's a key word to describe it as, it's helped. If you can tackle it in this climate, you're well set for when things return to normal or when things happen again. There's always some kind of various different outbreak or things we have to respond to. So it's actually built that problem solving skill quite well.

But in terms of environment for, you know, Notts Healthcare... When I qualified, I went to Cygnet. Again, they were very supportive and I was surprised because you... kind of I might be playing devil's advocate here... People are quite often against private for reasons that I know, but we did a

good job with what we had. But also they were very person centred. I think they can be somewhat demonised, the private sector. And yet you get your good and bad in all sectors and areas, but actually they were person centred. And for what can be quite a difficult, high demand area, to work within, we did a good job at putting the person forward and making sure every discipline... and they were very heavy on OT actually Cygnet were, they put OT to the front... Meaningful engagement and things like that, they let it shine through. So that enabled me, as a freshly qualified, fresh out of uni, early released... it was really good to have that support where our voice was heard. It makes a big difference when senior management are willing to listen to your discipline because obviously, as OT, we know that it's quite a misunderstood profession. Not everyone gets what we do and why we do it, but it makes a big difference when management is on your side.

And I think I had a similar experience coming over to Notts Healthcare so where I worked on the Orion unit, the learner disability assessment and treatment unit, I came over and there was no kind of structure in terms of meaningful activity. I remember the day I started, I turned up to a converted bedroom with an old, battered filing cabinet and a very disgruntled looking activity coordinator. I was like, good grief, what have I done? But again, there was a new manager that was in, that was very heavily on meaningful activity and the value of OT and what we bring, not just enabling us to do the job, but empowering the rest of the team, so the HCAs and the rest of the MDT, to know what we do. And it really helps when you've got that backing from up top.

And I think that has I've always been interested in leadership side of OT. When we did our public health module at Derby, creating a service in Australia for First Nations, and that was where I saw myself in OT, that kind of wide strategic level, population level. And I think people I saw the good values in the ward managers that I came across in the service managers at Mencap I came across and I took the positives and I wanted to do the same. So when an opportunity came up to be a ward manager, which again, the environment has been so supportive at Notts Healthcare. Typically ward managers are viewed as nurses. We have to be a nurse, all the job adverts, say NMC registration, but a lot of work was put in to changing that so that AHPs could apply using some of that AHPs into action, AHP leadership stuff that's going on. And I was really happy to kind of be part of using that to get into the ward manager position and bring what had been given to me to enable me to that point and actually put OT therapeutic value at the focus, especially within being an inpatient and taking that leap and being part of enabling that therapeutic focus on inpatient care.

Yeah, glad I've done it and I'm glad I was supported to do it. And the feedback I've been given is that, I can only speak for Notts Healthcare because that's the Trust I'm in, but senior management have said in all directorates, learning disability and MESOP, mental health of older people, they're wanting to give it to your AHPs. They're wanting OTs to come in because they value our different view, our problem solving skills. What we do as a core actually matches with leadership very well in terms of education, problem solving, overcoming things, working in a person centred manner, adjustments. It's leadership at its core. And senior management, they're wanting that, but people just aren't, OTs aren't biting, aren't wanting to take that leap. And I think it's probably some fear, I think conversations I've had, a lot of the fear is loss of professional identity comes up in terms of why they wouldn't take that leap. And what I would say is be prepared for your professional identity to change, definitely, and having to fight a little harder to keep it. But you can definitely keep your OT identity in alternative leadership positions like award manager or clinical lead of the Live Team, as I am now, you can definitely maintain your OT professionalism and people will say, oh, do you miss being an OT? But that's your opportunity to say, I still am, I still am, I'm still using my OT lens, I'm still using my OT skills, I still am an OT, just in a different way. But yeah, don't be scared to take that leap, I think would be my advice. You can keep your identity and the OT focus in different places. Yeah.

Hannah:

So you've alluded a little bit to the environment being really supportive in that transition to practice, even though it was in strange circumstances. I know also you've kind of progressed really quickly through that transition to practice. Can you tell us a bit about how that experience has been for you? Kind of was preceptorship a thing? How supervision played into that?

Adam:

Yeah, definitely. I mean, so for context, for people who were watching, listening and digesting this in any which way, qualified in 2020 as part of the COVID... So that was what, two and a half years ago now, probably, at which point I'm now hate to be hierarchical, but yeah, now in a band seven position. Have been in a band seven position in various guises in terms of ward manager and clinical lead. And I suppose, yes, stereotypically, that is quite a quick launch into a senior position. I think what has helped me, which alludes to the first part, we were talking about my previous experience with Mencap being years of being a support worker. God, the amount of times I've heard, I'm only a support worker, I'm only a HCA. Twaddle. Absolute twaddle. Hate it. We're all a team together. Yes, we've all got our different views and our professions and experiences, but we're all in the same boat, we're all paddling in the same direction. And that has helped me progress and kind of and you do get... people have kind of looked at you funny when they ask, because it naturally comes up, when did when did you qualify, then? And you get the nice part of it when I sheepishly say a couple of years ago, you get both sides of it. So you get people that actually go you could never tell. Wow. And that gives you that little ego boost, if you like. It does make you feel good, I can't lie, that they think you've been qualified for much longer, but again, I haven't been qualified for longer, but I've been doing what I do just without the title for so long. And, yes, there is a difference, do you know what I mean? I'm not going to throw away the validity of qualifying. I can add much more of a theoretical base and clinical reasoning and all that, but the underlying approach to what I did was always the same. When I was a support worker, it was putting the people first, it was valuing day to day engagement, it was doing the doing, which is what underlies the OT.

And I think what I did was actually, I looked at the job description of these senior band six and band seven roles, and actually, I did have what was listed in terms of experience. The only thing that I didn't have, which is what I questioned before applying, was sometimes they can be quite strict on, you must have two years of experience to apply for this role. But the NHS, they were quite flexible with that. And I think it's not being creative because it is what it is. What is that experience? As we said before, yes, I worked for Mencap for many years, doing the doing. So, I have got that experience and I did work with various professionals in terms of working for Mencap in supported living... I was working with professionals to get that person that bath seat because they needed it, because of physicality helping the manager get those extra hours because they were being isolated and occupational deprivation that we now know it as. But we were starting to see that. So, yeah, take your experience. It doesn't have to be what's on paper and on your ESR of how long you've been qualified.

Hannah:

What about challenges along the way? What about boulders kind of in your river? Yeah. COVID as a boulder and as an environmental influence.

Adam:

Yeah. COVID was definitely a barrier in terms of what we learned...what we learned at Uni, in terms of how it's going to be and how that could be implemented, was two very different things. Like I say, with the restrictions of COVID... and the burnout, I think it's working longer hours, it's people being

off sick and what the COVID restrictions meant. If you had symptoms, you couldn't come into work which was needed to keep people safe. But that also meant at times we had two staff members when we were meant to have twelve and NHS staff are still recovering from that burnout, from whatever happened, from watching patients that areas that we didn't expect patients to be dying and passing on working in patient mental health setting, having a patient pass from COVID. And that's not something that staff teams are used to, they're not trained in palliative care. We're used to having people that just unwell and we work with them and move them on. There's a lot of mental impact that comes with that, that's still being reeling from it and learning how to do your job and how to be a professional in that it definitely added boulders in the way because you had to deal with to make sure you were okay. Before you learned how to implement the MOHOST...

Hannah:

It was surviving.

Adam:

Yes. Everybody went into pure survival mode. And I think acknowledging that at this point, we're still coming out of that.

I think in terms of other boulders, the timing sometimes like I started to allude to earlier. Yes, you've had the positive of you've been qualified for two years. You do come across those people that kind of are quite hierarchical and 'you've only been qualified for two years. What do you know?' But I think just don't be afraid to. I'm a very logical person in my approach and actually, if I can sit with that person, thinks I don't know anything and say, oh, well, actually, I think this because of that experience, I think this should happen because of that assessment that I did that I am trained to do. Still, regardless of time, if you can strongly be confident in reasoning for your positioning and your voice, you can win those people over, generally, as long as they learn... It's a safety net, isn't it? Everyone wants to feel safe and secure as OTs. We know this. We want that structure around us. And historically, that structure has been that you are led by people with a wealth of years of experience, and it equates to time. But as long as you can sit down and have those conversations and say, maybe I don't have the time, but I definitely still have the experience and this is how I can back it up.

Hannah:

Do you feel like you've been able to be or to bring your best kind of authentic self to occupational therapy?

Adam:

I think I have in the majority. I think again, I've been very lucky to have supportive management and like I said, you can't underestimate the value of having senior leadership on your side, even if it's just turning up to a meeting and saying, yeah, listen to him. Yes, we value OT, so listen, even if it's just that it goes so far, have been my authentic self because I've had that. I'm lucky to have that supportive management and the people around me on my side. I think I'm quite a headstrong, bolshy at times, person with strong views. And I think I've used that to my advantage, being headstrong with what my authentic self is. And at times where that's being questioned and being challenged and being pulled into other members of the MDT wanting me to do X, Y and Z as an OT because that's what they think the process is rather or being pulled toward medical model rather than... having the personality to be like, no, I don't agree with that because of X, Y and Z. Back it up, don't be obstructive for being obstructive sake. Again, if you sit and you take the time to reason to use your experience qualified and non-qualified, because I worked in LD services and did

previously, I could pull on my unqualified and that was respected just as much as my qualified. Yeah, and then with time I was able to be myself. And you don't have to question it because it becomes embedded that they're like, all right, okay, 'this is what I think. What do you think?' Rather than just putting a one-sided story across.

So, I think I've been quite lucky in terms of being myself and what I value. And there have been times where... pick your battles; pick your battles and choose your wars, is something I've learned before I was qualified and something that has put me in very good stead. I think you can hear the rhetoric of be strong and stand for your professional identity and go too far the other way, which I will hold my hands up, I think I have done in my time qualifying. I can be quite headstrong in what I think it should be. And I've had to work hard and I've had to reflect and take 5 seconds and say, okay, what can I do to change that? And take a step towards the middle in terms of and I'm still being my true, authentic self. Some people might say, well, that's just you're laying down and you're giving up on... it's not you can still stand for what you believe in, but everyone around you also has things they believe in and whether you agree with it or not, it's just as valid and it's how you work together to hear everyone's views and everyone be their authentic self together.

A key bit of what I found in leadership and what has been really respected by staff and really build a rapport is me saying, I don't know, being able to say, actually being honest, I'm not sure about that. But I will support you to find out. I will go and find out and learn so I can help you. But at this time, I'm not sure either. We are human, we're all one team, and you don't have to be invincible and know everything and have control of everything, but you can still be your authentic self whilst meeting in the middle and working with others. So, yeah, I've been quite lucky in terms of maintaining myself and having people that were willing to be around whilst I learned some of that myself.

Hannah:

Have there been times where you think that your kind of career journey has changed direction in a way that you've not anticipated?

Adam:

Yeah, the pace definitely wasn't anticipated, but, yeah, I'm lucky that I've had that. I've been able to challenge that and take the chances, you know what I mean, that the opportunities were there and they were listened to. And I did think I'd be a preceptor... so for context, I never did a preceptorship. The same week I was going to start my preceptorship, the same meeting.. the preceptorship paperwork was on the table in the same meeting that I said I'm leaving to do my band six role. So she was like, well, scrap that then. And I think there's pros and cons. I think everyone has a different journey and that is fully valid. If you really want to do your preceptorship, if you don't quite feel confident and need that process 100%, do it. It's invaluable. But also, don't be afraid to challenge that. If you get a couple of months into your preceptorship and you feel you've had that background knowledge, you've had that experience, you tick those boxes on the job description, you want to make that positive change. Don't be afraid to take the leap, even if it's just for the interview experience, getting your name and OT out there being part of that discussion, even if it's just for that, and then do it.

Don't have to stick to the stereotypical norms of, you will do your preceptorship, you'll be a band five... I mean, I was a band five, I think, for technically from when I got my pin or HCPC registration. I think I was a band five for about six weeks when I was offered my six roles. So, yeah, you don't have to stick to the typical I had that experience. And the only difference between the five and the six is that leadership. And for me, yes, you can learn from the training and it is important to bring the theory. But me, the key bits of leadership come from your personality, it comes from your interpersonal skills, your experience of what working life is like. You've seen the other side, how can

you be empathetic and work with them to get the work done? Whatever it is that you're discussing.

Hannah:

What's been most important or helpful for you in that career progression and development as an occupational therapist?

Adam:

Definitely those around me being supportive, and I think to be open and honest with those around you in terms of where you want to be, what you're struggling with, what you need to get there. Again, I can only speak for Notts Trust because that's who I work for, but nine times out of ten, it's kind of ask and you shall receive. People often say, oh, we don't get any progression opportunities, we get no training, we get no... but actually you haven't asked for it in the proper way, you haven't gone out there.

And I've always said to my teams, obviously within reason, because we have to do budgets and timings and stuff and all that, but within reason. If you see something, even if it's in the RCOT magazine and it's not entirely related to the course, or it's not through the Trust. If you can come to me and say it is fully valid, this is what you will bring to the team, how it's going to work. I'll put you on it, I will sign off that form that pays for it, because it's invaluable and it's what I've got, really. It's listening to that team member, it's letting them feel heard, it's keeping their skills, it's retaining their skills and motivating them to stay within that area of work. And ultimately, patient care is better for that because you get consistent staff, you get that knowledge coming in, and as OT, that's what we want, excellent levels of care.

But being honest as well, this might seem a really odd one. Twitter. Personally, I hate Twitter in a personal capacity, don't use it. But obviously we had that module where you sign up and you have to make a profile, and everyone just sat there like, why am I at Uni making a Twitter profile? What's that about? But I must admit, and this is the advice, because I was at a careers fair this week at NTU, and they were looking at how do I get in touch? How do I experience different places and people? And the most invaluable thing for me, actually, is Twitter, because of that, being able to quickly link in with people, network with people, get your name out there, even that when it crops up at a later date, they'll be like 'oh yeah, I spoke to him about such and such' or, 'oh yeah, they showed interest'. And when something comes up in terms of someone else running a project, they might have your name then in mind and it's another opportunity for you. And actually, it's helped me in leaps and bounds, networking. Even if it's just, 'hi, I've heard your name and I really appreciate what you do and I'd love to have a chat one day'.

Don't undervalue messaging someone saying, can I have a ten minute Teams about what you do, learning about what they're part of the big cog is, don't undervalue that. And it's worked wonders, because the amount of times I've come into the different roles, the different ward managers and the different areas and directors and kind of people have already known me, that they've seen my name and like, oh, it's you. And it might be from something as little as a Twitter post. The social prescribing post that I did on Twitter, the people that still that was you. That went a little viral. So, yeah, don't underestimate the little things because they've been really helpful. Those ten minute conversations on teams, that Twitter conversation, going to a careers fair and just popping around and asking, okay, what do you do? How can we help each other? Because that has been really helpful. I think it can be if you let it. From my experience on the inpatient wards, OT can be such an isolative role because people don't understand it, because of the time pressures. You do have to literally run onto a war, do the assessment, go back and write your report, get it ready for the discharge meeting. And if you let it, you can be swept into isolation.

Hannah:

What do you wish you'd known before you joined the profession. What would you say to your early career self? What would you say to your younger self?

Adam:

Be prepared for paperwork. Being honest, that would be my first one. At Uni you can be sold a little bit of a dream that you're going to be sat doing art classes with your patients, which you still do, you know, I mean, don't date that, you still do. But there is a lot of paperwork that comes with post qualification. Yeah. Being confident in that you're still doing what you need to do as an OT, you still are being person centred, even if it's not patient facing every day.

Other advice to my younger self, stick with it. I mean, into another kind of point of context, I nearly didn't qualify as an OT. It was only because of Karen Newberry, shout out, lecturer at Derby. It was only because of Karen that I continued. In year two I nearly dropped out because, if I'm being honest, I sat with her and said, what is this? What am I doing? I don't know why I'm doing this? But I sat down with Karen and she said, she's like, look, even if you qualify and then don't go into OT at all, at least take it, have that lens. You will always have that occupational focus in the back of your mind that is guiding what you do, but stick with it. And I'm so glad I did. So in some ways, I owe my career to Karen Newberry. But, yes, stick with it and don't be demotivated.

Healthcare is hard. You will have times, you'll have days, if not weeks, where you sit at home wondering, why do I do this? But stick with it because times do get better. I haven't stuck to OT. People see OT as that typical OT pathway, but I probably have not stuck to that. And advice to my younger self is, don't be afraid... that you don't have to stick to that. Even as a ward manager, what I've done in terms of promoting the identity of OT, the value of OT has been invaluable. Don't be afraid if you don't. Stick with it.

Hannah:

Where's next for you, Adam?

Adam:

Fingers crossed, all going well, adoption leave. So, yeah, got that coming up in three weeks, all being well. So I think what's next for me is a breather. Let my feet stay on the ground for a little bit from what has been a very turbulent, excellent pathway. Wouldn't change it for the world, but, yes, I'm more than ready for that five minutes breath. Right, let's stop progressing for a little bit. Let's settle. So I'm looking after me for a bit next, which, again, don't be afraid to say that's what you need to do.

I've laid the foundation for my kind of professional development, if you like. I've got myself out there. I've focused on that for the past couple of years and now it's me time. And I've worked really closely with my managers to take periods of unpaid leave, managers discretion, just to make sure I can be my best when I come back, and that I've had that chance to reflect on the journey and can see where I want to go. Because the question has already been asked, where do you want to go next? How can we progress you to band eight or above? And I was just in that supervision, like I do, definitely do, don't get me wrong, I'd love to make the bigger impact, working at the wider level and progress, but for now, let me breathe.

And I think I saw a very good picture. Vanessa, who was on our course, I think she posted it.

Hannah:

Okay.

Adam:

And it was a picture of garlic clove with a clementine segment in it and it said, just because you can and you fit doesn't mean you should.

Hannah:

For sure.

Adam:

And I think, yeah, that's the other side. You grasp everything as you can if you're ready, but also know when you want to take five. And it's okay to say no. Yeah, yes, it's okay to say no. I've just finished the Mary Seacole programme, which is the leadership programme in the NHS, and a part of that, you do a 360 review. So the current team you're within, do both kind of quantitative and qualitative feedback. And one of the main things is qualitative feedback, which I've already reflected and aware of, was learn to say no. Don't take too much on. Which, yeah, now that I've got into this position, I've acknowledged that this is time to settle, this is time to develop on that really, my ability to say no. And like I said earlier, everyone calls me Energiser Bunny because at times I take on 50 million things and then suddenly realise, what have I done? And I've really focused in this position on quality over quantity, taking on what I can and being confident to say, I'm at capacity, happy to help when I can, but not right now. So that's next for me, really. And I must admit, I haven't given much thought into what's next, because I've done that for two years. I think that's okay, isn't it? Yeah. My focus now is going to be my boys and my family side of my work-life balance, of what we preach as OT is occupational balance. I'm going to practice what I preach a little and take a bit of my leisure time and looking after my kids and my home life, and that's okay.

Hannah:

Is there anything you'd add to anything we've discussed today?

Adam:

Don't be afraid. I think a lot of people fall victim to that stereotypical approach that you've seen, that you have to do your perception, you have to do the two years. And again, if that's what you need for the development, 100%, do it. It's valuable. But also, if you feel ready, don't be afraid to say you're ready. The NHS is crying out for people who care, and that's the key bit. If you've got that experience, if you've got that personal motivation, like I say, I can teach you how to use a rota, I can teach you how to do a supervision. But as long as you feel you're personally ready, you've got those values, you've got that drive to put patients first and be therapeutically involved, go for it. Even if it's just for the experience of the interview, of getting your name out there, do it. Do it. Yeah. In life, you only regret the things you didn't do. So that will be my parting piece of advice.

Hannah:

I've got a quick fire, finish the sentence question to end with the recording with, then.

Adam:

Okay.

Hannah:

So, being an occupational therapist is...

Adam:

Oh, gosh, being an occupational therapist is... I've got one, but it's a bit stereotypical and I don't like that. Being a superhero without a cape. Yeah, it goes around, but it's true. Don't undervalue your professionalism, your opinions, your voice, your experience. So, yeah, just see that yourself as being a superhero without a cape.

Hannah:

Thank you for talking to me today Adam.

Adam:

It's all right. Thank you for having me.