

Podcast transcript

Career conversations: Ed Sum

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?

Ed Sum:

Okay. My name is Ed. My pronouns are he/him and yes, I'm an occupational therapist. I've been an occupational therapist for 23 and a half years. I'm gay, I'm of Hakka heritage, brought up and worked mostly in England, but actually I now live in Scotland, which is a beautiful place to live.

I am a part time bank occupational therapist in a long COVID service, post COVID service, over in England, so I get to work from home. I'm an associate tutor at a university on the occupational therapy and physiotherapy courses. I'm also an associate with Harrison Training, so a lot of neurological conditions, assessment, rehabilitation training. And then also this week, I have properly launched my business. So I provide private OT work interest with OT for sex and intimacy. And another huge part of the business is LGBTQIA+ health and wellbeing. So also, I'm trained to do Indian head massage, so I could incorporate that into some health and wellbeing work as well.

Hannah:

So the purpose of the conversation today is around that career journey and thinking about your occupational therapy career, your experiences in getting to this point. So hearing a little bit more about that. I've found it quite helpful to use the analogy of the career journey as river to kind of guide the conversation and the prompts and the reflections.

So let's start right back at the beginning. What drew you to occupational therapy? Where's the source of your river?

Ed:

I'm not absolutely sure. So I was interested in healthcare, thought about becoming a doctor, very quickly realised I did not want to become a doctor, but very much interested in healthcare. So thought about nursing, didn't know which kind of branch of nursing to go into. Thought about

midwifery, thought about teaching, thought about being a neuroscientist, thought about being a botanist... Got some work experience in a hospital and I think somebody there probably said, have you thought about occupational therapy and physiotherapy? So I kind of went to the careers library, had a look at what occupational therapy was, and it's like, yeah, this sounds good, this sounds good. Being able to work with different people, with different health conditions of different ages... So that kind of got away from which branch of nursing would I like to kind of work in, but what really struck out was the being able to work with people about how they want to live their life. So, for me, the concept of independence wasn't really there at the beginning in terms of that, it was more around helping people to live the life that they wanted to lead. It was also interesting that the qualification allowed us to work at other parts of the world. So I thought, yeah, how exciting. I could get qualification, maybe work for two years in the UK and then I'll go off travelling.

And no, that didn't happen, so I managed to get lots of work experience. This was in the mid 90s, which is really great, you know, thank you to so many people who gave me those opportunities to not only kind of find my passion for occupational therapy yes, this is what it is, but also the diversity of the role. So I was very lucky that I saw different specialities in acute hospitals, a local authority, got to speak to an OT in a hospice, also got to a special hospital as well, because from Nottinghamshire, so I've been able to go up to Rampton and visit there and see that kind of role. So, yeah, thank you to everybody who's been part of that journey, that's helped me to get here, really. It helped me to kind of go, yeah, I like these broader perspectives of human experience and also my interest in neurology and neuroscience as well, was kind of embedded quite early on before I kind of really went into OT, but knowing I could use those skills and knowledge, yeah, really attracted me to OT.

Hannah:

Awesome, so that got you into attracted you to the profession and then you trained and then what happened?

Ed:

So I qualified in 1999, and back then there were a lot of jobs out there, so we were very, very lucky do that. I had met somebody before I started my training, which wasn't planned, so that kind of influenced where I ended up applying for jobs. So I worked in Stoke-On-Trent and I joined the community... I'm not sure if it was a trust then or not.... joined the community healthcare organisation and it was a mixed rotation and it was such a fantastic environment in terms of valuing us as newly qualified occupational therapists. So back then we were basic grade levels and we had basic grade support. We met monthly, we had a rotational lead manager who, I mean, that was Margaret Tinkler. She was amazing in terms of thinking about where I was going to go over the next few years. So I had fantastic supervision on the place and on the rotation, but I had somebody else who was thinking longer term where it would be. And also because of the organisation, everybody knew each other, so they were thinking like succession planning very much in terms of clinical and professional leadership development as well. Margaret was part of the College of OT back then, so very much thinking about our professional growth. And we had a fantastic reputation as occupational therapists in the organisation.

So, yeah, quite a few challenges, but also had fantastic experience being working in learning disabilities in the community, elderly rehabilitation, which included mental health, so associated people with dementia and then moving on to working in the community and doing a bit of hospital avoidance kind of work. So I remember trying to raise a sofa while there was a parrot screaming at me. The district nurse was panicking and I was like 'don't worry about it, let's get this sorted out' so that this person could stay at home safely and not have to go into hospital.

Hannah:

How have things evolved from there?

Ed:

Actually, I then applied for a senior post in adult mental health, which was lovely, working in the community day hospital, so lots of group work. And there Narinder Verma, who is now a lecturer down in New Zealand, she really pushed me in terms of developing myself as a supervisor and some of my management skills. So I didn't really feel I was ready to do some of these things, but she really pushed me and encouraged me to do it. So I learned a lot from Narinder as well; very human occupational therapist and our service users loved her. And I learned a lot from Narinder about how to work with people.

My partner at the time finished university, was employed, managed to get a job in Birmingham. So it's like, okay, let's move into Birmingham now. And that's where I encountered Maureen Drake, Mo Drake. So you'll see on social media in terms of what mode does now. Yeah, I applied for a neuro rotation post. I also applied for a job working in environmental controls. But, yeah, I got the job on their neuro rotation and it was great to hear from somebody like Mo, say, we need people who get generic OT, who get core OT. That's what she is looking for in the teams. And I had that, so I didn't necessarily have a lot of neuro experience. Yes, I had interest in neuro as a student. I did have a neuro placement, did some of my independent study around neuro, but was given that opportunity. So that was a rotation. I ended up working in a wheelchair service and after one month, I was the most experienced wheelchair therapist at Wheelchair this interesting what was going up. We had fantastic rehab engineers who supported us.

So then my partner got made redundant, so it's like, okay, I need more money. So before I really was ready to go for a more senior role, you just had to so I applied for a senior one job, which was part time in driving assessments. So I worked in the driving assessment service for a bit, which was really fascinating, interesting work and being able to network and use my OT skills in a very field that I didn't really know much about, but also working in neurology clinics. So I worked in the services for people with progressive multiple sclerosis and also doing some neuro upper limb splinting. So particularly the spasticity management issues.

Then I moved on to... so I was given an opportunity, I did get a job working in a chronic fatigue syndrome service for Lincolnshire but it was too far out so I declined that job. But I then got a job in the working in acute setting in the East Midlands and yeah, kind of been team lead for healthcare of the older persons, medicals, surgicals... I think the worst day, I was probably carrying seven bleeps issues. So that was a nice day. But very quickly I think one of the managers saw my potential and said, we have someone who's retiring, would like you to apply to become a manager.

The late Jane Landsdown, amazing leader, highly respected, the amazing work she did. So she said to me, look, I really want you to apply, I don't feel ready. I was 29 at the time, just go for it. It was really helpful for somebody to believe in me to try something like that. But I said, I don't think I really want to be in management all the time, can I have it as a secondment? So I did it as a secondment for six months and go, yeah, it was interesting, yeah, it was stressful and no management is not for me.

So I went back to clinical work, I stayed there, but also I missed the working over in Birmingham. So then I split my time between East Midlands and also in Birmingham, back in the old service, so it wasn't back in driving assessment, but I did the splinting, multiple sclerosis clinics and so called spasticity clinics and the intrathecal baclofen clinic as well. So that's where I was invited to participate in assisting the principal investigators with research. So I was involved in research for

whether botulinum toxin helps in terms of upper limb rehab and also the use of basically cannabis in terms of MS symptoms and progression of it. So that was really fascinating to get involved in research then.

So, yeah, kind of split my time, but then also my job changed in terms of getting involved with a project around CPD for assistant level staff; AHP assistants. So I was delivering training around supervision and like preparing for appraisals, reflective practice, so I kind of built a model around that. Around this time I decided to finally enrol on a master's. I thought, in terms of future progression, I kind of really want to probably kind of do something like this. And I was like, umming and arring which one... I stayed with somebody who is an OT, and her master's was actually in Ergonomics, so she talked about her role in terms of kind of occupational health assessment. I was fascinated by this and I thought, actually, this does align. But it needed my supervisor to push me and say, Ed, you've been talking about it for some time, just make a decision. So I ended up making a decision. Starting... Enrolled on a Masters in Ergonomics through the University of Derby. So that was hard work. So two part time jobs, two different locations, go backwards and forwards and starting a part time Masters online, it's like, okay, settle down a little bit.

So I did actually end up getting a job working in Nottingham as a manager. Do you remember I said, I don't want, you know, that, but, you know, you know, me trying to be sensible, going, you know, I need to settle down, save money, think about my career progression and things like that. So did that. And so I was managing community nursing teams, so three district nursing teams with community matrons and a community rehab team. That was a really tough time, really tough environment, so we can go through the changes. Unfortunately, at the time, my mum also passed away from cancer. We didn't have much time with her, so it was a really tough time for me. So I took a break from my study. What I did then was kind of say, look, I have to step away this, I'm not effective. I was really burnt out. So I took a job in like a hospital avoidance kind of scheme, so dropped down pay band, did that. Struggle with that long hours resources was challenging, so I managed to escape. I was also in a toxic environment there as well.

Went back to the acute hospital, thrived there, given opportunity to become a practice and professional development therapist. So then I was supporting people with looking at preceptorship, looking at professions across occupational therapy, physiotherapy and orthotics around developing their leadership skills, involving engaging in evidence based practice, reviewing some of the policies and procedures to try and improving. So some work around supervision, auditing, putting some standards in place. So I am a member of the Institute of Leadership and Management, so I've always had this interest in leadership management and coaching mentoring. So this is where we started to explore, looking at coaching skills and coaching conversations. So I managed to organise that training for our service, really. So there have been a few cohorts who kind of went through some coaching skills training. That's why I've really got a strong interest in coaching as well. And then there was an opportunity to work part time in a community outpatient neurology service, which was great, because that's what I really enjoyed doing.

So got involved with that work, completed my Masters, which was around burnout and self compassion, and then, yeah, decided to enrol on a doctorate, a professional doctorate, because why not? You do that? So I was having three part time roles and decided to also do a doctorate. That's there I met the wonderful, maybe infamous Nikki Daniels, who then encouraged me to join Twitter and engage with OTalk. And Twitter has been an amazing thing in terms of being networking. And from that CPD learning development point of view, snippets of information, being engaging with others, supporting others, learning from others, finding my tribe as well or my community through that. So part of the doctorate as well, I was looking at preceptorship, so I have an interest there because also it was part of my work in terms of reviewing preceptorship, but also then I really got interested in functional neurological disorder as well.

As you can imagine, there was a lot of demands going on, there was things going on in my personal life as well. I had to step away from the doctorate. But actually in terms of the work around functional neurological disorder, being able to network with other people and that network happened because I was part of that doctorate in terms of being more confident or kind of thinking to be involved with other people and disseminating information is that same again taking networking up to another level? So when an opportunity came for the specialist section of neurological practice to have a committee member on the long term conditions forum, I went for it and got there. So I joined that and through that network they helped me to find people who were also interested in functional neurological disorder. So as I stepped away from some of that research, I then got involved in some bigger work that Claire was doing. So, yeah, we met up and networked and we've produced a consensus document around occupational therapy recommendations for functional neurological disorder. So I actually had a name from that. I've then been invited to speak at the MS Trust conference three times around it and I talk about functional neurological disorder quite a lot as well.

Yeah, while I was working, doing stuff around that time, my marriage ended a few months later, had a conflict with my manager and thought, right, that's it, that's all go. So do I move to Lincolnshire? Because I was forming networks with there, because we were also looking at placements offering for the University of Lincoln Occupational Therapy course. So it was quite interesting timing of just being involved when they were looking to accredit their new course. So it was a really fascinating time, but it's like, no, I've always wanted to go to Scotland, so I went to Scotland, west coast of Scotland, didn't know anybody, had an interesting time working in an acute setting and yeah, kind of realised I'm properly OT-ing myself. I'm really looking about what matters and kind of forgetting that I probably had that adventurous spirit that I wanted to, as an OT, do voluntary work and then travel around the world.

And actually, sometimes it is about taking these risks and not doing things in a sensible way. And I think a lot of people would have said, why do you keep changing these jobs? It's not going to look good. But for me it wasn't an issue and I think it helped me to embrace it, actually. I met some amazing, beautiful people and I got involved with the Pride in Oban and that's really still so important to me, and I'm still heavily involved with them and the Pride movement, but I fell in love, so off I went to Norwich and I worked in the East Coast East Anglia region in a community neurology team, which was quite challenging because in terms of number of staffing. And then the pandemic hit, so I was redeployed to work in discharge team. So for the first week or so I did go onto the wards with people, with COVID then we were kind of withdrawn off the wards and to work in kind of back office environment, which was really tough, to kind of do that role. Of course I had years of experience working in acute setting to do discharge planning. However, yeah, that was really, really challenging time. I managed to kind of get out of that to go back into working in a community setting. However, they had lost staff with the community early supported discharge team, so I was then having to work across two teams. So on paper it should be five full time equivalent OTs, but for a month or so, about two months or so, there was just me.

This is what we do, we give ourselves and we'll feel bad if we step away from this kind of thing. Also interesting, at the time the University of East Anglia were looking at their PAL, peer assisted learning model. So we were having two students with us on placement at a time. So we... So my teams, or teams were probably having six students, so there were some times I had six students to supervise and as an organisation we had quite a lot of students that was kind of helping to support in the background as well. So that was really fascinating to try and do that. And of course, you can imagine I got really exhausted. Yeah, so things were really tough going through there, didn't have the best time in that organisation and so handed him a notice and didn't have any jobs to go to.

So managed to put something on Twitter to say, look, it's the anniversary of me starting the NHS and today I have handed in my notice with no job to go to because I was so burnt out and the amazing people through Twitter came through for me and offered me so many opportunities and

things that I had to turn away, which was really hard for me to the fear of missing out on things. So I turned away so many opportunities but one of the opportunities was to be an associate lecturer. So I took that on so I did a bit of lecturing around this time, there was some work around becoming an associate with Harrison so I also took that opportunity and did some training for them about a month after I finished work. And then yeah, another relationship ending, I'm off to Scotland. But also the time it was like I was offered the opportunity to join the post COVID service because I was interested in doing some post COVID work, especially with my background in mental health and neurology, working in community, working in acute setting, lots of diverse experiences really. So I thought it would be really cool for that. But, yes, I was given the opportunity to say, look, things are changing, Would you be okay if I work from home in Scotland? They said yeah, fine, So that's what I've been doing there, working from home in Scotland.

But also through this time, probably for the past four or five years, probably just been on an interesting spiritual journey in terms of looking at spirituality, understanding myself. I certainly remember speaking to one patient in February last year about spirituality and just being open to other ways of thinking and how much that has changed my practice in terms of people going through long COVID and talking about what really matters to them, how they view things, the loss of sense of self and really tapping into more the spiritual aspect. But also, I think, for myself is that certainly known as an OT, that I've been able to connect with people in a very interesting way. And I thought, this is just high level interactive reasoning. I've got more experience, I can see more patterns of things. I've been doing this for over 20 years, seen lots of different experiences. So that's probably why I can sometimes know things or can see things or pick up on somebody's feelings or emotions, really particularly working in a mental health setting, but kind of considering, actually, could this be very empathetic? Could it be quite intuitive work that actually taking a bit more risk with my intuition and saying, is this what's going on? What about this? Do the thing. Sometimes same things that I think clinically I was like, I'm not quite sure how I would clinical reason this, but I'm going to say it, I'm going to ask the question. And then that's kind of released a lot of information or have a much more powerful connection. They just appreciate the types of conversations we have.

And I think the more I do this job, the more I realise that how powerful we are. Well, we are. I think the powerful thing about having conversations with occupational therapists, with our service users, the way we talk, the way we think, the types of things that we talk about, one can properly do our job really, really does matter. It's taken all of 20 odd years of different experiences, different things, and going some really tough challenges and almost like discovering myself more and loving myself more and loving my sometimes weirdness, if I compare myself to is just like, you know what, this is good stuff, this is good stuff. And I like how I get to practice as an OT nowadays. And I think, yeah, that's why I think somebody, you know, sometimes you know, talk about it being a journey... Actually I think it is.

You know, am I the floaty stick in somebody's Kawa river sometimes and it's nice that I'm just there, or maybe I can be a boulder sometimes it just nudges the flow a little bit. And I think that's the beautiful thing is like I gain so much from service users, I have learned so much that has then influenced my practice for other people. They've either told me facts or services or this is the lived experience, and I've been able to take that for someone else. Especially with something like with long COVID there's things that yes, I can see some patterns, but it's because they've had time to talk that connection with somebody about... yes, we can talk about symptoms, but actually the lived experience and their spirituality and what's going on for them that we gain a lot from that. Why do I still keep working with in a clinical field versus in a management field is actually yeah, I do love that kind of human connection I have with our service users.

Yeah, I've also recognised that I'm an introvert. So it's being able to look after myself and withdraw and being totally cool and understanding about that, which has taken me many years to realise that

is what I need and that is totally okay. I might be a bundle of contradiction that I can speak in front of hundreds of people in a conference or do a lecture or workshop, but actually I kind of like being by myself.

Hannah:

So you've talked about kind of a bit about how the environment around you has enabled or restricted that journey, a bit about the role of supervision in that and some think about kind of the challenges along the way for you. How would you kind of summarise that? What's kind of helped or what kind of been the environmental challenges around you?

Ed:

I would say the environment of the late 90s... we were losing so many OTs after six or seven years, so there were a lot of jobs, there was a lot of investment in terms of growing occupational therapy and in different fields and community settings. So I was there at the right time when there was a lot of opportunities and funding and people who probably have been through quite a lot in terms of like saying we are going to champion occupational therapy, we're going to really, really push that and probably very an interesting time in terms of having strong identity and philosophy as well. So one of my lectures was at the time, Matthew Molineux, before he got his PhD. So being around certain lecturers and Dr. Chris Mears was my personal tutor, being around certain people who really were forefront pushing things really influenced my kind of thing and having some fantastic educators who knew their stuff and certain opportunities as well. But then we're going through the naughties in terms of so many graduates not getting jobs. At the time, there was a lot of investment in CPD, whereas now it's harder and harder. So I think, you know, and a constant change of NHS and health and social care environment is really confusing. So you can either survive that or not survive that.

And I think also there's probably some challenges... I don't think I've necessarily been on the receiving end of any direct racism, but I don't know how much was going on in the background. I've certainly had the ageism aspects in terms of some clinicians colleagues feeling that I don't really know very much because of how I look in terms of my age, and I certainly have comments from patients in terms of not really knowing what skills. I think also, when you move around quite a lot, people don't know you, so you're a new face and so why would you be promoted in that job? Why? What do you know? That kind of thing. So there's been some interesting challenges, I think, and also I have strong values and strong principles that I can work hard and go on things which a lot of people like. However, I will fight for certain things and I can be very vocal about it, but in a way that is not necessarily aggressive, because part of my skills doing mental health work is assertiveness training and helping people to become assertive so I can be assertive so that can also cause conflict in certain things. So I think sometimes people find it very difficult to think it's like Ed's like this fighting for something... but actually he's a really nice guy, he's a good person, really. And I think, yeah, that's where it's going to cause some problems politically in certain settings. But I think also so many opportunities have been afforded to me.

Probably one of the key things, and you might have heard that when I was talking about my career journey, is how many other people believed in me, how other people thought, Ed, go for this. You don't think you're ready, but you are ready. On paper, it may not be that you meet all the essential criteria, but you are good enough to do it and I want you to go for it. And I think sometimes we can forget that. Sometimes how we got to places is because people have given us that nudge, pushed us. And like you say, in terms of we can go up and down, up and down. So I've been bouncing around as a band six, band seven. Interestingly I've never been in a band 8A. I mean, I was given a job which then was re-banded as an 8A, but I was never paid as an 8A. But it is that kind of kind of status things. But as you can imagine, wherever I am, I use my skills and knowledge; I don't dial it back because of my pay band.

And other things like the knock on effects, the engaging with Twitter... it's taken probably years to then have the impact, which only has helped with my personal the opportunities that I've been given is probably only purely a few through Twitter and having a presence, which then led to other things. Which then led to other things. I mean, I think in terms of the work, in terms of BAMEOT and LGBTQIA+OTUK is... I'm still not quite sure how, but I saw something, there was connection and things like that.

So, yeah, I think sometimes it is really cool to... don't feel you've got to be confident. And sometimes the... our OT training, I don't know whether sometimes the reflective practices, like, you've got to be good, you got to be good enough, and it's all right to just go for it and be open, say, I'm just going for it and see what happens, because that's how we build our confidence, we have to be scared.

But there have been many years early on in my career, probably the first seven years, almost annually, particularly around February, was the time I said, I'm going to leave. Is this for me? Do I want to go? And it took twelve years, probably for a colleague to say, Ed, you're really good. Ed, you're really good. Ed, you're a really good OT. Ed, have you seen how you did that with the patient? Ed, you you've taught me so much. Ed, you're really good. It took her nagging.

Yeah. And I think that it's interesting that people may see me now and hear about what I do now, but in second year I failed a module and that was a huge blow in terms of like, can I do this? It was about assessments and I think most people who know me clinically say, well, Ed knows how to do an assessment, Ed will do a holistic assessment, Ed will pick up on a lot more things that other people won't do. So whether I needed that to kind of give me a bit of a shake, to kind of do that and sort things out, I think what it is, is that I'm not one that picks things up quickly. I have to do it, try it, reflect, come up with my own models, come up with my own ideas, then makes a difference.

Yeah. Or I didn't complete the doctorate, I did a bit research, but actually, in terms of the reach and the impact of it, of there is an article, people do know about it. So when people say, oh, you got an interest in, oh, you have to come across this, it's like, yeah, got it, but then having much bigger conversation and like I said, being invited to speak at conferences about it.

Hannah:

Do you feel that you've been able to be or to bring your best authentic and best self to occupational therapy?

Ed:

Yeah, and I think part of the things of being being in a senior clinical role, I have probably a lot more freedom than other people or there's a lot more confidence to say, I'm going to try this, I'm going to view things in a different way. So it's just been an interesting past year in terms of my spirituality and tapping into my intuition and whatever that means and where that has come from, but it is probably more kind of clinical risk taking. Is it safe to kind of say, if this is appropriate to say this or ask this, but I also know myself that I'm going to change and as I practice it in a slightly different way or with new ideas, new theories, then of course I'm going to change.

And I think as we provide occupational therapy to others, it's really helping us also understand ourselves and connection with others as well. But I think it's also the more that we appreciate the complexity and diversity of things in life that lived experiences that actually there's sometimes there's still the core stuff that goes and it's almost like the more I do OT, the more I really get occupation. And really proper, meaningful occupational in terms of occupation is having meaning and purpose and the sensory aspect of occupations and how that certainly relates to our physical,

mental kind of well being. I don't like to have that duality, but it's just been really fascinating to kind of do that work. But also, I think in terms of myself doing my shadow work, in terms of looking where I've come from, why do I think certain ways, why I've behaved certain ways.

And I think a lot of it really has been I haven't had the secure upbringing that whatever I did, my mom would still say, you could do better, or somebody else down the road does it better. So actually, a lot of the things that I've probably been doing as an occupational therapist early on in my career is proving a point, certainly proving to my parents that I can make a success out of occupational therapy, because that wasn't something that they were hugely supportive of. Come to think, yeah, I can have a long term loving relationship with somebody who's gay. And having to kind of prove that and thought I could let go of some of that. So actually, in terms of some of the achievements, maybe it hasn't been proven a point, but yes, I did get the promotions, I got the job titles, I got the pay salary, I got the mortgage. Actually, no, that isn't really what I'm about. I've been there, done that, now I'm ready to move on. And I think sometimes that's what's happened with my career is that I've worked somewhere, yes, there's more, there's always more. I can learn, develop, but I've achieved what I need to for myself and then I can move on to another area that may be of interest and see.

So I don't know in a year's time if I'm going to be doing something totally different in two years, but I'm totally up for that. And I'm totally up for, like, understanding. For me, and I think for a lot of people is that all I want challenge and excitement, and particularly for me, is that that is my nature. So I'm totally all for it. Almost I think that insecurity growing up early on in my career is not reaching out to people but actually that's changed in me and that actually I have a lot of people who love and care for me even from a distance. I've never met in person but they wish me well and have supported me, they've helped me to get a job, fantastic opportunities and the things that have grown from that. I think I'm better at asking for help, I'm better at connecting with people in a different way.

Do you know, like when you're helping somebody and you do something nice with somebody, you can feel good about it? As occupational therapists we feel good because we're making a difference, helping, but it's like I can't do that unless you give me that opportunity. So it's actually like you have this gift of giving, of that willingness to kind of say I will have your help for me to then do that, to feel good about myself. So actually it's not necessarily within me, it's with the other person. So I think sometimes that is I can be a nice person by winningly, asking and accepting assistance from anyone because that will then also help then the other person to feel good about themselves. That's probably why our occupation as occupational therapist is being helpful in making a difference in a positive way. So yeah, I don't know if I've explained that very well but it's like, yeah, it does require... I can make a difference by receiving help from others who feel good about giving that help for sure.

Those really fascinating moments of connection, deep connection, laughter and tears and sadness and things like that. It's an amazing privilege, isn't it?

I think our training has been useful in terms of giving us some of our knowledge and theories and experiences, that kind of thing. So it's almost like, yeah, I may could have done use my skills and so on, but actually occupational therapy has been really helpful. It's been a massive privilege to do it, to really have all these amazing connections and experiences that I don't think I ever would have.

Hannah:

What do you wish you'd known as an early career OT Ed? What would you say to yourself? What would you say to younger Ed right now?

Ed:

I think now I wouldn't really say anything to Ed because I think it would be it's interesting like ten years ago, 15 years ago, it would have been like this is what you'll be doing, this is how you're going to get there. Whereas now it's almost like say nothing because I know what I'd be like, I'd be so obsessed or worried or focused on trying to achieve certain things, I actually live it. I don't know if I would have said to myself, you are going to go through some really tough, horrible times, but it'll be worth it. You can use your skills and knowledge in another way in terms of getting involved with Pride movement and Oban Pride and how that's trying to some level community work and help people to feel less isolated could be argued in terms of an occupational therapy perspective or...

Hannah:

Definitely, definitely

Ed:

...occupational science point of view.

To younger Ed is probably best not saying anything. Like a sliding doors kind of thing... Like if I took that opportunity, if I took that opportunity... I was basically being developed to become a senior and probably a manager working in adult mental health in Stoke-on-Trent. So that could have happened, I could have stayed in management in an acute setting and been whatever, I could have done more research, I could have stepped away and become an ergonomist instead of an occupational therapist. And that opportunity is still there for me.

I look back and contentment is what I'm seeking and try not to have regrets. It is hard, but I'm doing all right. The more I do things I used to think I'm lucky, but then again, my spirituality changes. Like there's too many coincidences, there's too much good stuff happening or too much positives through some of the tough times that who knows? I think I'm open.

Hannah:

There's times in this conversation where I've felt kind of really emotional just in listening to you and in hearing that story and hearing that realisation in yourself as well, because it's almost like a sense of... I don't know whether you know her, Natalie Knight, she's an occupational therapist working at Keele University. She's a race equity ambassador. She's a wonderful, wonderful person. And she works as an occupational therapist, yes, but she also does a lot of community work in Birmingham and that naturally brings those occupational therapy skills, just like you just said around, yes, I'm an occupational therapist, but I also do a lot of work with Pride movement and that brings in my occupational therapy self inherently. But Natalie said... when I said, what would you tell your younger self? She'd said, I tell myself to keep being me and to always stay true to me. Because now I'm at a point that I can realise that all of these things, all of these achievements, the person that's done those is me.

And I think that's a really scary thing for some of us to acknowledge, isn't it? Actually, maybe it's not just luck? Maybe it's not just opportunities that have been given me, maybe actually some of that is me. And that's really like, wow.

Ed:

What I think is that I feel like I don't know what the authentic means because do I have lots of layer layers? Because I've had to have layers to survive and to fit in. But I also feel like, okay, I can peel somebody's layer back, but I am not somebody who's this static thing that I constantly grow and change.

Hannah:

Yes.

Ed:

I don't know. We talk about what else, what could be the positive? Actually, there could be some amazing things that happen because you've taken a clinical risk or the risk is not as bad or scary as you first imagined it to be, but you have to do risk taking to get a better feel of that. Really? Yeah.

And I think that's the thing around supervision, isn't it? In terms of the shift of supervision from monitoring, safety, operationalise it instead of that bit of like, actually, here's some things to expand your practice, here's some things like you're scared now... My feelings, my experience would say this to help people to kind of grow and go out their comfort zone and try things. Or like when I was a team leader in the acute setting, it's like actually basic grade band five. It's okay if you want to do a few more home visits. Do them, see what happens, get a feel, so you then have this clinical experience that tells you when you see somebody, these things happen. Do you generally think things are going to be okay? Or are there things that you find seeing a home visit that you can't replicate on the ward? Is there a way that you can find out? And I think that's what we also have to think about. Some of us have to have had a different kind of clinical experience journey to really strengthen our practice.

As, again, I'm a reflector. I can really put it together. So when people hear me talk about certain things, I put it together in a certain way and I think it works very much from lots of clinical areas. But I've only had to do that for experience, I can't do that very well by reading textbooks. And it's great working with students because I was never... it's like people's experiences, the way of thinking, their ideas, it's like, this is amazing and I can't... so many OTs were like doing their masters... Lots of experiences, lots of different ways of thinking, doing their dissertations about amazing topics that I.. we never did like 20 odd years ago. But then you fit into this thing that you only do this, you do that, you're in this statutory setting, so you only do that, all that creative energy or that passion or that hard work to get to that, to then go, right, we're going to try and force you into this box. And that's why we're going to lose so much talent and we're going to have so much burnout.

Reading some comments around, actually, people don't think they can ask for help from somebody. But hopefully from my career journey is I benefited so much from help from people, and sometimes I wouldn't even ask for that help because I didn't know what to ask for. But somebody said, this is my advice to you. This is my recommendations for you. If you're interested in this pathway, this is what I would think for you. Actually, It's been useful to hear from wiser people about how to navigate a career pathway or systems if that's the way that they're kind of interested in doing things, really.

Hannah:

So if I asked you what has been kind of most important, most helpful for you in your development and progression in that occupational therapy journey, would you say the people around you, what would you say?

Ed:

Definitely the people around me, even the people who have not been the most positive and supportive experiences. I think that's been useful to learn that not everybody your colleagues or managers kind of learn that not everybody that you think should be nice and lovely are nice and lovely. I'm very cautious about things like these personality tests and personality assessment type

things. But actually, when we had to do one, it opened my mind into thinking there are so many ways of being and this is all totally understandable, but also because of my personality type, then understanding it, then going, yeah, I can see why there's so many contradictions. I can see why so many OTs are introverted but don't appear to be introverted. And I appreciate diversity a lot more than I ever did.

It's things like working through the affinity group and thinking more critically, thinking and experiencing that unease and going, oh, I used to think like that. I used to say things like that and go, okay, I need to work on this. But it certainly is worth it and really, really important that we do other things and it's exhausting some of the advocacy and allyship work that we do, but we have to do it and then hopefully other people will also do more and more and you can see pockets of things that will connect. Hopefully it won't feel quite as hard and lonely in the future. Having the confidence to say something, having the belief that it's going to make a difference and how much other people can control your opportunity to allow you to talk or not talk has been very fascinating and I think that's why it's really important to see what we do in terms of advocacy and allyship.

Hannah:

Massively.

Ed:

Even like talking about sex and intimacy and having OTs that say oh, I've done this bit, I've done this and this and this. It's like, yeah, so you're real expert at that bit. But people not feeling, I need to know all of this before I'm the expert.

And that's a real shame as I connect with people from a coaching, mentoring point of view, people have so much knowledge and talent, but they don't know it or there isn't the right arena place to kind of showcase that.

Maybe that's it, there is worries. Maybe that's the thing about worries about the future is it going to be hard to get into certain specialities? Is it hard to recruit? So over time, we're eroding some specialities. Are we, eroding, some of the roles? Like in mental health, that we're going to lose some of the importance of occupations in a mental health setting? Do we kind of really need to move away from the duality of mental health versus physical? Are we preparing ourselves for the future in terms of there is more, it is about us having our own businesses? Or 20 odd years ago, Matthew Molineux talking about community based rehab. That is the way that we really, a lot of us as occupational therapists, really want to go, but do we have to only do it for a social enterprise?

Hannah:

Sometimes it's hard to remind yourself that you don't have to do it all. Seeing possibilities everywhere is sometimes a bit of a hazard because, oh, I could do this, I could do this, I could do this. Actually, just stay in your lane.

Ed:

Yeah. Wait 'til you see my business website?

Hannah:

I can't wait to see it.

Ed:

Just a repository of stuff that you can ask me about. I think that's the thing about occupational therapy is that you don't have to get bored of it. There's just so much and I think it's nice because I have worked in different fields, I can see the similarity, I can see the transferable skills and there's still flexibility of moving around.

Hannah:

Thank you for today, Ed.

Ed:

Thank you.

It's kind of cathartic.

Hannah:

It is, isn't it? It's empowering. And it's been a real privilege to have these conversations. I've made sure I've hopefully done it in a way that's true to me and really hearing people's narratives, because that's what empowers other people to think, I can be me, I could do that. And that's what's really important to empower people to be able to... it's occupational therapy, isn't it? To empower people to be able to live their best lives, to be their best selves and to feel able to be who they are.