

Podcast transcript

Career conversations: Rachel Booth-Gardiner

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.

Rachel Booth-Gardiner:

Hi, I am Rachel Booth-Gardiner. I am a lead occupational therapist in acute and rehab services in a mental health trust in the northeast of England. I'm also a bit of an OT geek; I do quite a lot of voluntary stuff. So I'm the current treasurer for the Royal College of OT's Northern and Yorkshire Regional Committee. I am a member of OTalk which is a Twitter chat about occupational therapy that happens every week. So I'm one of the kind of organising committee behind that. I'm also a founding member of Able OTUK, which is a support network for occupational therapists with lived experience of disabilities and or long term health conditions.

Hannah:

Well, you've got plenty of hats to bring to the mix today!

So I guess the purpose of today's conversation is about kind of your career journey. So thinking right at the beginning of that, what drew you to occupational therapy?

Rachel:

So I am a second generation occupational therapist, so my mother trained kind of... she was late to occupational therapy; she was in her 30s when she trained. I grew up with her being an occupational therapist, so it was always kind of in the background. And I was also born with disability, so I have cerebral palsy, which cerebral palsy is a kind of umbrella term. My diagnosis is a right hemiplegia, so it impacts the right side of my body, which actually means that the brain damage is on the left hand side because the left hand side controls the right hand side of the body, so it's mainly weakness on the right side. Some stuff get kind of spasms and have difficulty kind of controlling my right foot and don't really have much sensation of feeling about where the foot is in space sometimes. And I'm also dyslexic.

So I kind of grew up with mum being quite proactive about ensuring that I experienced life. Everyone tells me this story about the first time that I ever walked to the local shop to get some milk, which was on our street, and she said, I got phone calls from all of the neighbours going, oh, do you

know Rachel's out by herself? And she's like, yes, because she has to learn this skill. And my mom always worked with children with mainly learning disabilities. And I remember I always got to go to the Christmas party and was always kind of encouraged to not be limited then when I was at school, I guess you kind of go through those processes of what you want to do what you don't want to do. And I remember you do that, like what you call them...?

Hannah:

The career quiz type things.

Rachel:

That's the one. And I think I said stuff about kind of wanting to work with children or something and it came out that nursery nurse would be a good role for me, but it had this because I declared a disability, it had this catiac that we would have to discuss whether you'd physically be able to do that. I remember that was probably one of the first times I was a little bit like, oh. And then I also remember a doctor saying to me, probably when I was about 14, that it wasn't usual to be in pain because I'd always had stiffness and pain. I just didn't understand that that wasn't something that wasn't part of everybody's life. Those kind of things coupled together, that's when you begin to see that there's a little bit of a difference. And also at school, primary school, the day that everybody got their letters to say that we were going to secondary school, everyone else just got a normal one page letter saying and I got this envelope and I took it home. And then I remember it was in the days before mobile phones. I was in the car with mom... She like, stopped the car on the side of the road and went to a payphone to speak to somebody. And it was again this idea that they'd seen cerebral palsy written down on a piece of paper and made assumptions around what my capabilities would be. So that's when I began to understand that Mum needed to fight on my behalf behind my back for things that other children didn't need to.

I always kind of grew up with that within the family home of being really supported to be the person I wanted to be but outside of the family home I was having to have a fight to be the person that I wanted to be, if that makes sense? That sat with me.

And then I did A levels, struggled a little bit with A levels, then I went and did a GNVQ in health and social care. And when you do that, you have kind of like placement. So I think I decided that I wanted to be a social worker. I had a placement with a social worker. My next placement that I had to do mom was like, what, do you want me to choose an occupational therapist? Do you want me to find one that you can do with an OT? I was like, yeah. And then I remember like the second day I was like, oh God, this is a nightmare because this is what I want to do. This is really good. And it was working with an OT in a community mental health setting. And it was just kind of just engaging with people and talking with people and finding out who they were and what they wanted and this idea that society and the world, all these barriers in place all of the time. And I wanted to help with that because of my own personal experiences, I think.

So then I started to apply to university and got quite scared because I'm not academic and I really struggle academically. So I then applied for some OT assistant jobs and I got one and did that for about two years and then reapplied. And then because I was in a secure job, the Trust that I worked for seconded nurses to go and do their training, but they didn't second anybody else. So I asked questions around that from a fairness point of view and was told, actually, yes, we should do it for all of our assistants across the board. So I was the first OT assistant in the Trust that I worked for to be seconded by the Trust to go and train as an OT.

I went and did that at Teeside. So I think I was about 22, 21, 22. So a little bit older than some of the people there, but I would say that actually there was an equal amount of kind of graduates come

straight from school and an older population. And because of the university in quite a large town in the northeast of England, lots of local people, particularly your mature students, were local people and quite a bit of Irish intake because we're quite near an airport that comes in from Ireland, so it was really good mix. But, I had issues with placements. Again, this idea of you write a letter and I would disclose my disabilities and for me, actually the dyslexia was more of an issue than the cerebral palsy. (Hello. My cat is coming). But my first placement, I got a letter back saying that they didn't think they could take me. So kind of had to go to the university with the university and kind of unpick some of these thoughts around what I could and couldn't manage to do and begin to think about what reasonable adjustments were. And I found uni really hard and I found placements really hard because suddenly I was having to.. you have to be open to an extent so that people know how to interact and things like surroundings and environment needs to be a little bit different. But when it feels like you're always starting off on a negative foot because people have to make adjustments and have to change and that's hard for someone to process. And I didn't really enjoy most of my placements. I did mental health, I did trauma and orthopedics... My last one in spinal injuries, which I loved. That one was really interesting and I loved kind of interaction and that ability to kind of go 'I struggle'... and often I'm working with people at the point where they just become disabled and that is a really difficult process to go through.

So then when I qualified because I was seconded by the Trust I got a job back in the Trust, which is a mental health Trust, which is still technically the Trust that I work for although it's been through some organisational changes, it's gotten much bigger and it's changed its name twice, I think, in that time.

So I worked in, first of all, acute psychiatry as a band five, then I moved over to forensics as a band five. Loved both of those. Found ways and means to work around kind of my disability, felt comfortable with it, always used it positively and appropriately with clients. I can recall things like encouraging someone to come out for a walk and them going 'oh well it's quite painful and quite difficult' or 'I'm afraid', and then I would sit and kind of go, well, 'I find it quite painful'. And that kind of motivated her to think about doing it together and the terms she used were, 'if you can do it, then I can do it.' And just things... I were always appropriate and always mindful that my disclosure was appropriate at times.

So, yeah, I did that, then got a band six job back in acute services. The Trust looked at a big pilot project around kind of waste and better use of time and I was quite heavily involved in that. And from that I think I did the band six job for probably about six years and then there was an opportunity to become a clinical lead in acute services. So applied and got that job working within the same team. And that role changed over time. As services and structures changed, it got bigger so it started with just acute psychiatry, then it got added on to have the rehab services included in it. I'd never worked in rehab before, so that was a big learning curve. Then did that for a couple of years.

Then I saw a kind of band seven level and then you kind of get a little bit stuck in the NHS, particularly if you want to stay clinical and, certainly within our Trust, if you want to kind of progress pay wise, then it takes you away from kind of that pure service delivery. I've done acute and rehab services for such a long time, I was very worried that my skill set was good, but only in the setting that I was in, particularly when it came to was always mindful that if I had a service user in mental health services that had a physical issue that I wanted to be able to deal with it. I didn't want to have to refer to an occupational therapist in the physical hospital to order some equipment or to teach someone how to use a hoist. So there were always skills that I wanted to keep up and it does come up... normally on a Friday afternoon! So yes, mindful that I kind of wanted to keep those skills going, but kind of at this plethora that I had done that role for probably about four or five years, felt like it was going well and that things were kind of steadily going along but I wanted to challenge myself a little bit more, so was beginning to look for other things.

So then I took a side step as a clinical lead for forensic services. So I'd done that as a band five, kind of going into really restricted areas. So my caseload in acute psychiatry was always the intensive care unit, the psychiatric intensive care unit, or PICU as they call it. And that was always working in a slightly more restricted environment and often challenging that restricted environment. So going into secure services I knew would be a challenge, but it was at a time where the CQC had come in and said, 'you're too restrictive', and they talk about these blanket restrictions and secure services are very good at having blanket restrictions, so it's like no to everything rather than 'actually, what are your risks and how do we balance that?' And that is difficult to do.

So I found it really challenging and enjoying it, but then at that point, COVID happened and unfortunately for me, that meant becoming really unwell and going into hospital. So, to cut a very long story short, I spent just over a year of my life in two physical hospitals, I was moved around. Then I was at home for about a year and four months. Covid had really impacted on my entire body. I spent quite a lot of time in ITU so my whole body deconditioned and because of existing disabilities, it took much longer for my body to recover from it. Because my whole body had deconditioned, I wasn't able to walk and move. So I sat on a medical ward in a hospital up in Newcastle for about four months while they debated which rehab unit would take me, because I didn't meet the criteria for neuro rehab ward, because I didn't have a brain injury... technically, cerebral palsy is a brain injury, but we will go aside from that.

So I had some wonderful OTs that kind of did their best to work with me in that time, and physios that did their best with the resources that they had, but I wasn't in the right place and it was the system that really stopped you from doing that. Now, that time was the first time I got to sit, share a space with other patients and hearing what they thought about the delivery of OT was really eye opening. That really made me reflect. And I was actually discharged home, still being hoisted and felt a little bit kind of forgotten about by services or let down by services, which I know has gone off on a tangent a little bit... And then it kind of comes down to lots of stuff around feelings of what others expectations of my recovery would be compared to my expectations within the family as well. And I remember having conversations, particularly with my dad, around being able to walk again. And I can walk, but I was always in pain when I walked and now I can walk up the stairs at home with the two handrails if I'm wearing my shoes... if I'm not wearing shoes, the way that my foot goes, it's really difficult to walk. I can wander around the house kind of holding onto walls or using my sticks, but to go to the shops is really painful if I walked. So I choose to use an electric wheelchair because I'm not in pain and it saves my energy for things that I want to do. And that's a process that I really internally think about and that kind of judgment around what our expectations of our patients are in terms of the occupations that they need to want to and are required to do.

Hannah:

...ditching the assumptions and really listening and really getting to know that person and what's meaningful for them.

Rachel:

Yeah, absolutely. And then kind of when it comes to wheelchair services, because I can walk, I don't meet criteria for a chair. That actually means that I can do the occupations that I want to do, like having enough energy to get to work... My brain, although the COVID still brain fog there, it's quite a good brain, it works fairly well, it's just the legs that aren't brilliant and I want to save all my energy and thought processing for things that I want to really enjoy, that I get fulfillment from. But equally, I understand that reducing what I do physically will also have an impact on my life so I've joined the gym, go with my husband, I get some funny looks going into the wheelchair and then suddenly using all of the equipment. And it's that kind of process, isn't it, about what we think a wheelchair user can and can't do. And I struggle with it sometimes.

So I returned to work in October last year, so about two and a half years off back into my existing role as lead therapist in acute and rehab services, which is what I was doing before I went to forensics, because the forensics 'cause was a secondment. It's only been three months, but challenging... But I've come back as a very different therapist who questions why we are making some of the assumption decisions that we would often always make. And I'm finding in the supervision that I'm doing with staff, because that is kind of my main role, is that I'm really questioning some of the thinking in the choices of interventions that they're doing.

Hannah:

And it's brilliant, and you can really hear in how you talk about how much your own experiences as a person are completely intertwined with the therapist that you are. And kind of if we think about your career as a river and think about the things that contributed to that flow, there's so many personal experiences. And, like, right from the very beginning, from your mum being an OT and from that almost nurtured right from the beginning advocacy within you, you can see how that's contributed to you as a therapist.

Rachel:

Absolutely, yeah. And I would say kind of in the clinical lead roles, it's always been a line management role as well. And I've taken that. I've got staff and I always wonder about the statistic around dyslexia and autism, because in my experience, there's quite a high percentage of students and therapists that come through who have dyslexia. And I do wonder whether it's this kind of creative thinking that perhaps brings those of us with dyslexia to the profession, but very mindful around when I've got students and when I've got staff around, making sure that I'm making those reasonable adjustments for people and changing the environment.

Hannah:

So we talked a bit about how the environment enabled and restricted your career journey and we've talked about some of the boulders along the way... What do you think has helped for you?

Rachel:

Definitely some mentors in my life, and I would have to describe my mom as one of those. Some other colleagues that I've kind of worked with often, if I'm honest, those colleagues that have struggled with disability and how the profession and the workplace has managed that, both in my trust and equally kind of use...

I remember back in the day when the RCOT website used to have these chat rooms on. I think I was actually a student when they had these chat rooms. It was like a big time for chat rooms. There was a chat room for OTs with lived experience, although we didn't call it that at that point, I think we called it the Disabled Person's Forum, but began to meet other occupational therapists with lived experience and really found a home there. And then I think that's where I found Twitter and then began to kind of find communities within the profession that I could have those thoughts and discussions and then came across or talk in quite early days and was probably someone that was there every week because I suddenly found people that I could kind of have those philosophical conversations with or kind of check out 'this is what I'm thinking' without the red tape of procedure and structure, which there was at work.

And then I'd actually fallen down the stairs and broken my leg and I was in hospital for 16 days, which I thought was like and it was over Christmas, which I thought was horrendous, but little did I know what was coming...

Hannah:

Absolutely.

Rachel:

And the team behind OTalk were taking a bit of a break. They were writing some I think it's something for BJOT so they'd asked some of us that engaged quite regularly to kind of take over looking after the chats, which I really, really enjoyed. We did it for a little while and then I was asked to join the team kind of full time.

By that time, my mum was the head of Allied Health Professions in the Trust that I worked for, so she would kind of have lots of networks and she would go to conference every year. So I'm extremely privileged in that I would either go with her or take some time off work and go with her. I was always very conscious that I didn't want it to be seen as...

Hannah:

Your mom's daughter kind of thing?

Rachel:

Yeah, absolutely. But began to network with people within kind of RCOT organisations, but equally began to network with people on Twitter and other things. And then as OTalk kind of developed, we would kind of find ways to get ourselves to conference, either self funding or going to our regional committees and kind of getting funding and it was a way for us to kind of meet each other in real life as well and spend some time together. We did that probably for about three or four years and then we began to put in abstracts to present at conference and things and really built this friendship group with a bunch of people that I met online. But we all had that really similar passion for discussing occupational therapy, for CPD I think, as well. And kind of then that grew into developing AbleOTUK, which again came through connections with people online. And I do have some connections at work, but I would say that the majority of my kind of the inspirational things, the things that really get me to think about are those communities that have met online and those communities that I've met through engaging in RCOT events.

Hannah:

Connection, community peer support in terms of people that have had shared experiences or experiences that may be similar, that you could you know, there's connection there. And that's almost the stuff that's really hard to define, isn't it? You say what helped? Actually just some of the being helped and the being together in spaces helped...

Rachel:

From being a band six, so I'm quite an active member within the Royal College of OT and I always believe that actually you get out of the Royal College what you put into it. Yeah, I criticise them occasionally, but I also praise them and I found that being on regional committees really helped with that networking as well. So I think my first time I was on a regional committee, I was the membership lead, second time I was chair, I've gone back now as treasurer and that's kind of building those local links as well. So you're knowing who works in the Trust next door to you is actually useful.

Hannah:

I think I can almost hear an answer before I ask the question, but what you wish you'd known as an early career OT or prior to joining the profession or what would you say now to your early career self?

Rachel:

I think one of the things I would say is don't be afraid to ask questions when you don't know the answer. I was very afraid when I first qualified in feeling that I had to know everything and wouldn't ask questions and would then kind of go away and spend a day just trying to work something out. And actually now I'm just like just talk me through that taught me through your thoughts. So I think slightly gone off on a tangent there, but absolutely that...

Hannah:

Asking questions not being afraid. And the answer that I thought you were going to give was just connect.

Rachel:

Yeah, absolutely. Build those connections. from a career point of view, yes. If you work in one organisation, that's good, but the world is much bigger than that organisation. And that realisation that connecting with people outside of that organisation really helps your career and your thought processes and making you a better therapist.

Hannah:

What's next for you?

Rachel:

I've got some thoughts around wanting to begin to use my experiences positively to make a conscious change to the profession. So there's a number of ways that I'm doing that. So I'm volunteering with RCOT on a number of projects I have my... I think at this stage in my career, I've realised that if I want to make changes, I need to be in a position of influence. So I'm taking up any opportunity that allows me to kind of share my experience but also listen to other people's experiences and learn from them. And I think that's really important. That quite a lot of the stuff that I think really helped with my career development has been done voluntary.

In my time at work, I'm beginning to think about kind of new roles. There's a couple of roles that would take me away from clinically working with patients, but may kind of help me influence how services are developed better. So I'm thinking that that is where I'm heading next.

Hannah:

Is there anything else that you'd add to the conversation we've had today?

Rachel:

I don't think so, Hannah. It's been nice to kind of reflect on it...

Advice that I'd give to others is kind of be open to opportunities and like, say yes. Sometimes you

take on too much and that's fine, and sometimes you have to go actually have not got capacity right now, but when you say yes, it takes you in all sorts of weird and wonderful directions that you might never have imagined.

Hannah:

Totally how the doors open, isn't it? Just saying yes.

And finally, I guess, a quick fire finish the sentence type question just to finish with if you finish my sentence... Being an occupational therapist is...?

Rachel:

Being an occupational therapist wonderful.