My first "real" job

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In 2006, I graduated from UQ with a B. OccThy and started my search for my first real job. In Feb 2007, I was given the opportunity to be the sole OT in a new multi-disciplinary team in Rockhampton, Transition Care. Being someone who has always liked to take on new challenges I accepted the position and started to get excited about the chance I had been given as a new grad to be involved in the establishment of a new program. But the next 12mths were far from what I expected.

TCP is a low intensity rehabilitation program that assists elderly clients (65+yrs) to transition from hospital back home. In early 2007 some TCP's in Brisbane were operational, on the other hand majority of regional centres were just getting things off the ground. In Rockhampton we were only the 2nd centre in Queensland to offer both residential and community positions, which consequently added some extra challenges to the establishment of the service.

When I commenced work with TCP I was part of a team of three, made up of a Team Leader, Social Worker and myself. We had no clients yet on the program and so spent the next 6wks setting things up. This included buying equipment, providing education to hospitals and community services, developing procedures, designing work areas and putting a lot of equipment together. It was like heaps of lego kits for big kids!!

One of the most memorable days was when Clare (TL) introduced me to the make shift store room where all our new equipment had been dumped and I mean dumped. The room was piled to the ceiling with 4WW, wheelchairs, bathroom equipment and boxes of "unknown goods". It was just like Christmas going through it all!! But instead of lasting one day it took about 3days to unpack, build and re-store all the stuff. Which might I mention has probably been moved another three times since as we worked out the best place to store it all.

During this time I came to realise the number of little jobs that are involved in starting up a service which can so easily be overlooked and thus it highlights the need for having experienced clinicians on the team that can guide the process from past experiences. And to me this all seemed somewhat boring and I continually wondered when I would be able to actually get into putting come of my clinical skills into practice and worried that the longer I left it the more I was forgetting. But in hindsight, I can now appreciate that these few weeks were extremely valuable for me as I learnt more about the purpose of TCP and developed some basic management skills. I think this is something we can all learn from when starting in a new position. All too often we have set ideas about what we will learn from new experiences and then get disappointed when our expectations are not met. But I think if instead we learn to make the most of these different opportunities that they can often be just as, if not more valuable to your professional development.

So what happens after you do all the set up work…you get clients!! And this brings on a whole new set of challenges especially when your team halves in size as our Team Leader and Social Worker also left within a week of each other, leaving just myself and our newly appointed Admin Officer (Sonia) at TCP.

We took on two clients in the first week of our program being operational and somehow between Sonia and I managed to keep things afloat.

The first week went something like this. Monday 23 April 2007, first admission to TCP residential position with no major concerns. Tuesday 24 April, completed a Shower Ax and physio program with new client, followed up SP review, set goals for TCP and organised 2nd admission. Wednesday 25 April was a Public Holiday. Thursday 26 April took on our second admission without any other team members, arranged home visit for client 1, and contacted new AHA re. working hours (who was to start the following week) and conducted physio programs for both clients. Then I finally got to Friday 27 April, was alone again at TCP and now in survival mode!!

So as you can see my roles expanded as the staff decreased and while still trying to work out my role as an OT, I also took on some of roles of TL, CM and Physio (following programs written by hospital staff). It

is at this point that I would like to make special mention of the support given to me by Sonia (AO) during the time without a Team Leader as she took on a number of these roles of reporting statistical data and continuing to set-up processes and liaise with other key stakeholders. But most importantly she listened to my concerns and offered advice where possible as I struggled to manage the clinical load of patients. So I can honestly say that I would have left TCP in those first months if not for her encouragement and support. Thank you Sonia!

The week after our first two clients (both residential) were admitted we had our AHA start. He also was new to his role and brought enthusiasm to the team while providing support to my clinical workload as I continued to be involved in management processes.

Week three saw us gain a locum physio which again decreased my clinical responsibilities, but also added some new challenges. Because I was the most experienced staff member (in terms of time with TCP) I consequently had the job of orientating new staff. I found this quite a challenge as I tried to manage my own workload with constant questions from new staff regarding patients, community service providers and TCP protocols. I think this raises an important point for AHPs working in regional and rural areas with staffing shortages. For although the logical thing to do is increase the number of staff, in my opinion this needs to be done gradually and current staff given adequate support to provide orientation/supervision to them. Otherwise rather than decrease the workload this actually has the potential to increase workload and stress for existing staff as they deal with their own job and so much more (this is especially for new grads).

Once the program had commenced I found that the challenges just seemed to multiple every day. One of the main challenges was providing education to hospital staff regarding client suitability, as we often received referrals for client's that were very unsuitable for the program. Although this has improved over the past 18mths it is an ongoing role for TCP staff to educate hospital staff of client suitability and timely referrals.

Another significant challenges was managing my time, between role of OT, CM and some management roles (ie. teleconference/meetings) while without a team leader. Some days felt like I didn't know which way was up as I tried to put into practice my OT skills (having only been out of uni for approx. 5mths), develop CM skills (which I had never done before and with no one to learn from) and then somehow answer questions about newly established TCP from others in management roles who were often very intimidation to a new grad with little confidence in any of my professional abilities.

The final major challenge probably had the most significant impact on my work. Everyone during their professional life is bound to experience difficulties working with fellow staff members, however I believe the way we deal with this improves with experience. This happened within the first few months of my working life. However, being new to QLD Health and having limited management support I was unsure of what action to take and therefore ended up in a difficult working relationship with no support to manage/improve the situation. Which brings me to another point for people beginning a new service or supporting new grads. Ask yourself, do your staff know where to go if they're are having difficulties with another staff member and more importantly do they feel comfortable doing this? Cause from my own experience new staff will not report difficult situations if they don't have supportive, approachable management staff that are readily available to turn to.

But things did improve!!!!

On Monday 1 October, we got a permanent Team Leader, which saw the end of my management role and I thought all my problems would be solved. But strangely enough it took me a while to adjust to this change. After filling (to a certain degree) the TL role for the last few months, I felt a real loss of control as I handed over the responsibilities and decreased my participation in decision making for the program. This was not something I expected to feel, but I think raises an interesting point for more experienced clinicians commencing management roles in organisations that have been lacking the position for some time. It is important that when you start your role that you don't come up with new methods of practice without consulting current staff and as a result force them to make numerous changes to work practices in a short period of time. Of course this will happen gradually as you use your experience to guide the service development, but you need to remember that the existing staff have been managing the way things are for some time and may have put in considerable time to develop the procedures in place.

So in this case I think we can use my Team Leader as an example. She ensured that all changes happened after consultation with team members and we were always given the opportunity to explain the reasoning behind our existing methods, before an alternative was suggested. This gave us a sense of ownership and allowed gradual changes to occur to improve the service provision. For staff currently undergoing management change, I would expect that it is quite normal to feel some loss of responsibility and control during this time, especially for those who have been filling some of the management roles. But from my experience, by having a TL/manager that is inclusive in decision-making and values the opinions of staff who have been working in the program, the process is made much easier.

Now if we fast forward to 2008 to look at the operations of TCP now, the picture is somewhat different to that seen only 12mths ago. Firstly, I am not currently working for TCP. I have exchanged jobs with an OT from the hospital as I was keen to have a change and get some different clinical experience. But I still have some idea of what is going on and the current team consists of; a Team Leader, our original Admin Officer and AHA, a new Physio and SW (appointed this year), a very new AHA (part time) who has been with TCP for about 2mths and an even newer OT who has swapped positions with me.

It is wonderful to look at the team now, see the support that they can offer each other and the diverse range of experience that they each bring to the service. Transition Care is no longer a struggling new program, but a well established service that provides excellent care and support to elderly people in the Central Queensland area as they re-adjust to life at home after hospitalisation. It makes me very proud to think that I (a new graduate with no experience) was given the opportunity to be involved in the establishment of such a service and more importantly survived the initial challenges to be able to tell you this story today. The story of my first real job!

Presenter

Jayne Moyle is a local Yeppoonite who returned to work in Rockhampton last year after completing her Occupational Therapy degree in Brisbane. She is currently works for the Transition Care Program which is designed to support elderly people in their transition from hospital to home. Jayne has been a member of SARRAH since 2005, holding the position of Undergraduate Representative until completion of her degree in 2006 and is currently a member of the SARRAH conference organising committee.