



A day in the life of an occupational therapist

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My day normally starts with a coffee and checking over emails. I see patients within the Memory Service who are referred to me if they have occupational therapy needs, so I spend the bulk of my time seeing patients and the people they're close to. I also have responsibilities in triaging new referrals, supervising students and attending a range of forums and meetings connected with the Memory Service.

We work with people who are over the age of 65 with suspected or diagnosed memory loss - usually different types of dementia but not always - who live at home and are struggling with day-to-day tasks.

People often ask me 'what is occupational therapy?' The underlying philosophy is that a human *being* is a human *doing*. Being able to do what you need to or want to, is fundamental to humans and to our wellbeing.

I retrained as an occupational therapist after being a civil (bridge) engineer, and although that sounds like a drastic change, it's still problem-solving but with people rather than infrastructure. I love it because I get to work with people and enable them to do activities that are meaningful to them. I love finding out about an individual and working out solutions with them based on my knowledge of activity analysis and what resources are available. No two people are the same and no two days are the same either!

In practice there is not a one-size-fits-all solution in occupational therapy as it is fully person-centred, so all our interactions with people are unique. Building rapport and trust is vital with the people I see. Once I have that, I negotiate how I can help, and that's led by the patient themselves if possible. I look at the detail of how someone approaches a task and break it down into parts. I work out the part that's failing and try to bridge that gap so that they can continue doing the task independently. During an initial assessment I find out as much as possible about the person, their daily activities like finances, shopping, personal care and medication, and their environment at home, work and in the community. Together I work with them and the people closest to them to identify the main areas of concern.

This morning I have an initial assessment visit with an 87-year-old gentleman with Alzheimers disease who lives alone. He's living independently but occasionally forgets that he's put food in the oven and sets off the smoke alarm. His family are concerned that he's a fire risk and are considering whether he should move to sheltered accommodation. I talk with him about this and, breaking down the task, it's only his memory and eyesight that he's struggling with. As he wants to stay living at home, we put clear labels on his oven controls, practice using a kitchen timer and order a smoke and heat detector connected to a call centre in case he fails to respond to the kitchen timer. His family are relieved that, with these things in place, he can continue to cook as he always did, continue to live at home where he wants to be, and not worry about fire safety.

On the way back to the office I visit a 94-year-old lady who was previously diagnosed with mixed Alzheimers and vascular dementia. She's recently been having difficulties using her toilet as the arthritis in her knees has worsened. While I'm there, I install a free-standing toilet frame, so she can get on and off the toilet. I watch her using it safely and she's really grateful as it reduces her pain when going to the toilet and she's more willing to drink fluids which will prevent dehydration.

While I'm there, she says she's having difficulty walking to her local Neighbourhood Network which she really enjoys. When I get back to the office I ring the Neighbourhood Network and she's now on the list to be picked up and dropped off by bus.

In the afternoon, I'm at a follow-up visit with a 73-year-old lady who's managing quite well, but she's struggling to remember to take her medication. She lives at home with her husband who also has health problems. We talk about the system she uses and I find out that she was having trouble knowing the day and date. As she regularly uses an iPad, I help to set up reminders on it throughout the day for her to take her tablets. I also recommend that she buys a day-date clock to prompt her about the day and the date for when she's going out or has a medical appointment. The conversation turns to music and I help her to play a Motown track on YouTube and join her for a little dance before I leave.

My occupational therapy role is different from other members of the team as I consider people's daily routine in detail, bearing in mind their strengths and historical patterns. I find out what would work best based on the person, their patterns and methods, and the activities that are meaningful to them such as self-care, work and leisure. I provide practical advice and support for their physical and mental wellbeing and empower people to overcome barriers in all aspects of life. It's all-encompassing.

In summary, I promote independence, safety and enjoyment!