

Podcast transcript

Career conversations: Melissa Chieza

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.

Melissa Chieza:

Hi, everyone. My name is Melissa Chieza.

Well, I'm an OT in Hertfordshire, but I'm currently working in the primary mental health and mental health services, so my current title is a Primary Mental Health Practitioner Liaison. A bit of a mouthful, but yes, that is me.

Hannah:

Well, good to have you here with us today.

So the purpose of our conversation today is around your career journey and thinking about your occupational therapy career; your experiences in getting to this point. I've found it quite helpful to use the analogy of the career journey as a river or river course and to kind of use the Kawa model to guide our reflection and our conversation.

So let's start right at the beginning. What drew you to occupational therapy? Can you pinpoint the source of that journey? How did it all start?

Melissa:

Well, obviously, we're in 2023, so I think my OT journey initially was going to begin in 2017. But if I go back further than that, I had OT input as a child and that's what drew me into the profession. I liked that they were unique and holistic; they were different compared to, like, the doctors, the nurses, like, the physios, and it was just the way we were, just person centred. We would take time with the patients, but just something about OT just drew me to the profession. And then obviously, that was like, age nine, so that was, like, years ago. Then in 2017, I applied for Uni and then, obviously, I didn't get into OT straight away so I took a gap year. I spent nine months with the Alzheimer's Society volunteering. I'd love that Wednesday morning, seeing people of the older generation, that was something I really enjoyed, but to them it was like a social. So that was one thing I enjoyed.

Another thing I did in my gap year was spending time at a special needs school with children with, like, autism, down syndrome, cerebral palsy, just seeing how they can impact on their occupations. That was quite nice. And then my journey started at London South Bank late September 2017, and then that's when it all kicked off for me.

Hannah:

Wow. What else has contributed to the flow of that river course along the way, then? Tell us a bit more about your experiences.

Melissa:

I think with OT, it's unique in itself. There's not a specific area that OT goes into. It's everywhere. Like, we could be here all day, you could go into A and E, you could go into stroke rehab, you go to areas that there's no role being established, like in my current role in the primary care so obviously I work in the GP practice; in four actually. I'm the second OT that has come. So again, it's sort of every day I'm learning about my role, I'm having to think, okay, what can I do with this patient? How can I still give them occupation in their lives despite their mental health being on the decline?

We're seeing how things are being reshaped and redeveloped in the world. Like, OT is just not one size fits all. And I think that's what we do very well as a profession. We try and shout about it, we try to raise the profile, obviously in COVID we saw a lot more occupational therapists being recognised; supporting patients with long COVID. And obviously coming out, we saw occupational therapists help people with their mental wellbeing, but also the physical wellbeing.

It's not just we just do the belonging; we do the belonging, becoming and doing. So it's that transitional journey.

Hannah:

Absolutely.

How has your environment around you enabled or restricted your journey?

Melissa:

So, for me, obviously, I did my training and then my first role was on the rotation scheme in a local trust where I live. I'd say my first rotation was in specialist learning difficulties. There were challenges on that river flow because obviously we were in the peak of COVID. A lot of my patients were clinically extremely vulnerable, so I couldn't really see them. So I was having to think about things such as, like, video meetings. But how do you do that with someone with LD, where sometimes they're nonverbal or they take a bit more time?

I think as the time, really obviously, that was my first rotation; I was still, I want to say, a baby OT. It's just working out my form, like in the infancy, you're fresh out of Uni and you're like... You're sort of thinking, okay, what do I do? Like, you have your supervisor, but then you have to call her. You're not sure, but it sort of worked out. You sort of went through that graded exposure, like, okay, if this doesn't work, let's try something else.

And then as that rotation finished, I went into crisis. It was my second rotation from October till, like, June. You picked up those transferable skills, like the resilience, the life flow. You sort of took what you learnt. What I learnt in the first one may work in the second one, but may not. But then obviously the reality is more face to face interaction, which I think I was so ready to have. Like,

obviously OTs another part of us is we do have home visits. When you go to someone's home, it tells you the piece behind someone's life, like, from the moment you walk through the door. I missed that.

You missed life experiences where.... I had one situation where a patient made a complaint against me and obviously like the arts that go with it, but also the learning. As again, I would say at that point I was still maybe not infancy, but I was becoming a bit more open to things like, how do you manage that? Like, comparison, if that happened in my first rotation, how that would be managed when you're working alone, virtually all these obstacles and barriers, but also, like, life events that take place, obviously patients can complain and that's fine, but how do you manage that and how do you pick yourself up when that's happened?

And then if I move on to my final rotation was inpatient mental health, I think that rotation taught me resilience and also just where my priorities were. Like, I loved every morning going into inpatient, like, you're quick thinking of, okay, this has happened, what can we do? How can we get this patient home? Because obviously life flows and priorities will change, but as an OT, you have to just make it right for your patient.

Hannah:

Absolutely.

So you mentioned a little bit about the challenges along the way there and what happens when things don't go as expected or some people take you by surprise. What role of supervision had in supporting you through that?

Melissa:

So throughout my rotations, I always had supervision informally and formally with all my supervisors. I think in my second rotation, in patient in crisis, my supervisor made sure we had both informal check ins every two weeks and formal supervisions. I think that was a nice way, because obviously, sometimes, coming from my first, rotation, which was LD, which was very closed up. And coming to meeting people, I think it's a nice way to expose yourself, to just think, okay, you're not alone, there are people around you. but also just having that check in where sometimes you think, okay, supervision is three weeks away. Can I leave it till three weeks? Or sometimes you may have questions, or maybe you just need that chance, okay, I'm not having a good time with this, this is what's going on, how can I support this patient? Just that bouncing off, like OTs, we are very well and supportive to bounce off. It just starts off as conversational, like, okay, you've seen this patient, like, okay, what are your thoughts? And then when you see it, you have your chat with your supervisor she's like 'okay, why do you think that? What's your rationale?' Like, I would do this and this is this, and it's just bouncing off.

But if I was to think about supervision now in primary care, say, currently in my supervision, it's managed by a nurse, who's a matron, but I also have OT supervision with another band seven OT who works within the community mental health teams. So I still have supervision from both; both professional supervision, but also to aid my progression and development. Yes, it's two separate supervisions, but I like that I can draw both subjects together, and it's not like, okay, I'm the nurse, I can only deal with your line manager stuff. No, we all work in sync, which I think is quite important.

The only thing I would say that was a barrier for me is sometimes I would feel guilty for not sharing everything in supervision. So sometimes I would think, okay, having supervision and then hold back, which I think for anyone who's listening, don't hold back, get involve with your supervision. Like, remember, this is your supervision and your time. Ask yourself why are you holding back? Chances

are your supervisors have probably heard it all. And I think that's where if I was to think about supervision again, I would be like, what did I, what did I hold? Why did I hold this thing back? Or why? But also it leaves you more stress. So I think that would be my, my advice for anyone.

Like I think supervision, even if you feel like you can't portray it, write it down. Like there's other ways and strategies that we tell our patients; use some of those strategies yourself.

Hannah:

So off the back of that, do you feel like you've been able to bring your authentic and best self to occupational therapy?

Has that been a process?

Melissa:

I think it's been a process. So for me, between November and December, well, between September and December last year, I was umming and arring about this primary care role. And as an OT, you obviously have doubt and self belief. But also I think it's that process. Like I think Rachel Moses wrote today in a tweet that progression, you don't have to be a leader to be band six. I use Twitter quite regularly and obviously I tweeted about taking bound six jobs, but obviously I was umming and arring about my own progression and process. What I will say to anyone is if you don't try, you won't know. If it doesn't happen it may not be the right time, but at least you've tried. And obviously I took the leap of faith and I'm now in primary care and I'm actually loving it. Every day is different. There are challenges, there are barriers, but that's what we are as autonomous practitioners, we work through them. And I think if I had stayed, I don't think I would have had that chance to flourish. I'd have been happy with the job, but not I don't think I would have been progressing to the way I wanted.

I think one doctor said to me a couple of months ago, sometimes you do a job because it's there, but then how much are you doing it to the best of your ability? That sometimes we have to ask ourselves, are we doing this job to the best of our abilities and just re-evaluate things?

Hannah:

And I guess sometimes we have to be willing to take that step out of the comfort zone, to be able to grow, to give ourselves space to grow.

What's been most helpful to you along that journey of development and progression?

Melissa:

I think for me, a couple of weeks ago, I took a Twitter break and I actually spent time looking and evaluating my CV. It's funny because obviously you do your CV when you go out on placement. Like, I see students saying, I'm going out on placement, I'm doing my CV. That was the last time I touched my CV. And obviously jobs, I think for me, just evaluating, where do you want to be in life? Obviously, I'd done my stint as a band five for two years. I had applied for band six jobs and I was ready, and most of them I got. But then again, Hannah, as you said, the comfort zone, like, I had one and it was like, it was I had a great interview, went, got the interview, got the job, and then the last minute the area I was covering changed and then obviously I was like, okay, the cost of living, the petrol, you think about other things that you don't really think about... And obviously being so accustomed to my inpatient job was it was a five minute drive. So you're like thinking, this is so close, I could I could practically walk, though walking was an hour or so, but you're thinking, I'm

going to leave this now. Like, do I really want to?

Stepping out of your comfort zone can be hard, but also, like, being the newbie the new girl or the new man or whatever, that always brings anxiety. But funny enough, the first day I started, we had the interim service lead start, myself and two other people, and we were all welcomed with open arms. And remember, even if the job isn't what you expect, you just try it and then find something else, like in a couple of months, the experience that counts.

Hannah:

So what have been the boulders along the way in terms of you becoming an occupational therapist and progressing in your role as an occupational therapist?

Melissa:

I think the obstacles well, we could be here all day, but I think the obstacles I'd say one is self belief in yourself. Like, you ask yourself, are you ready? Are you not?

I think sometimes the other one is when progression is promised and then you stick it out and then you think, okay, it's stuck out, this was promised and then it doesn't really happen. So I think sometimes it's trusting your own intuition. I worked at the trainer a couple of years ago and she said to me, like, you know when you're being a type one? So she always says to me, you know when you're low and when you're high. So she always says, use that intuition. Like, you know when you need to eat something and just follow your gut. Like, you know when something feels right and something doesn't feel right. We know that with our patients. You know when they've got worse or when they've got better, but why can't we use that when we are going through these obstacles? And I think it's just accepting, okay, if the thing hasn't changed, OK, it's okay. You have options.

You're not always tied down to one place. The job doesn't determine your destination, you determine where you want to go. And remember, there's like resources out there; there's Twitter, there's Future Frontline, there's lots of resources. It's not just one place, it's just up to us to find it. Like what is it that you're passionate about?

And also the pressure behind it because I remember there was days where I would go in and then I would have to think, hey, what can I do first? What can I do? What can be left? And obviously you're thinking you're trying not to get to the point of burnout as wellbeing about five, so knowing when to say, sorry, but this will have to be done tomorrow. I know some people are like, I can't say no, but I think it's something that we have to be kind to ourselves and say, sorry, but this will not be done today because I have no capacity.

Hannah:

Have there been points where your river, your career journey, has changed course or turned in a way that you'd not really anticipated?

Melissa:

I think it's changed course because obviously I'm in primary care in a GP practice with people's mental health. There's very few services established in the country; it's more in physical health. I think about the opportunities I've had in the last couple of months. Like, I had a chance to spend a day with the eating disorders team in my Trust and it was quite amazing to see how food can be impacted by occupation, like, so much. And it got me thinking, like, wow, you don't think about these things, you don't think about how are people impacted by the social media, how is it portrayed? But

also, what does it do to someone's mental wellbeing?

Hannah:

What do you wish you'd known as an early... well, you still are an early career OT, so what do you wish you'd known prior to joining the profession? What would you say now to yourself, kind of your younger self?

Melissa:

So this one I actually thought quite a bit. So for me, I think as I was starting my OT journey, I would probably have documented a bit more. Okay, I was looking at my social media the other day and obviously I documented my last placement, like ten weeks and my first year in the NHS and my second year, but I would have documented the earlier times as a way of that milestone. Like, we've done year one of Uni; year two is finished; year three is finished. But also knowing that there were highs and lows, like, what draws me to mind is Emily Sande's song highs and lows in my head. It's a journey, it's transitional, it is not going to stop.

That would be my first thing: document your journey.

The second thing I would say to my early self is, I'd have wished I'd used Twitter more from the beginning of my OT journey. I wonder what it would have been like if I looked back at it now, if I started early. What would it have been like then and now?

Hannah:

In terms of sharing your journey or in terms of connections with the wider kind of community?

Melissa:

I think both. I think obviously now we're seeing quite a lot of Uni's advertise like events on Twitter. RCOT is now really getting, like, great speakers. Obviously. We've just heard yesterday about Keir Harding's Elizabeth Casson, that's exciting. But also just seeing what opportunities are available. So, like, for instance, say if you're someone who wanted to do OT but you didn't have the right experience or the unis have said to you, you need to spend a day with an OT. How could you have done that? I had an OT. Hayley Goodwin, in my third placement in paediatrics, she always said, like, document your Twitter journey. Have you got Twitter? It's good for your CPD. But what about the other bits of Twitter? Like all these things, like Future Frontline runs events, like MDT events which can be used as evidence for your profession, like interviews and stuff. So all these things, sometimes there are things out there, but again, the resources that are available, I think, are what people are missing out on.

So those would be my things to do. The final thing I would say is, remember, each day will be different. Like, you'll have good days and bad days, but remember why you came into the profession. Just remember that if you don't get it right, it's okay. You can just try a backup plan, I'm sure. Hannah, you can tell me you've not got it right all the time. I haven't got it right.

Hannah:

Where's next for you? Happy in primary care?

Melissa:

I'm loving primary care. Obviously. As I said, I tweet quite a bit. One of my tweets yesterday was about supporting Uni students who were seeing a vast increase in mental health and anxiety. So I'm going to be in primary care, no plans to leave, and develop an outcome measure tool, because obviously patients are coming to see their GP and say their mental health is worse or university students... But in my service, being the second OT, there's no outcome measure yet, so I want to really capture that data and to see how we can put our OT signature on it.

For me, I'm passionate about research, so I'm currently trying to seek some funds to pursue a research project within diabetes and OT. How occupational therapists can support adults with diabetes. Self-management, obviously. I know from my life experience, obviously the nurse would do Daphne training, which is a five day training programme where we learn about eating, carbohydrate counting and other things. But whether having an OT specific person can help impact occupation on that may improve better self-management?

So we'll see where that takes me for that. And then maybe in the future, maybe academia, I'm keen to maybe do some guest lecturing and academia, but who knows where my path will take me? You never know.

But also what I find, like, AbleOT, BAMEOT, they always have, like, a wealth of people who are willing to help and support you, but may know people.

I forgot to say this in the last question, but if you're someone in your early career, just be brave to tweet something, no matter how small it is, whatever, you just continue to flourish, like.

Hannah:

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

Melissa:

I think it's just using seeking out the sources that are available to you.

And I think what I didn't do is I didn't ask my lectures at the time, like, do you know anyone in this sector? Do you know in this? You just don't know. You could have a chat with someone and you could be sitting in a room. Like, over the weekend, we had a family wedding, and there was four lecturers that were in that wedding. And then I just spoke, and then they were like, okay, just send me an email. And I'll... just casually, but you don't know where it will take you. And if you ask yourself, like, you can talk in public or whatever, I know talking is probably not every one's cup of tea, but even just small conversations like we're having today, it's just maybe that starting point.

Yeah, I think it was a great conversation. I'm glad that I'm helping the next aspiring and the health care professionals of OT but also just having this conversation because to think two years on, where will I be in five years or ten years, we don't know. But just remember, like, the world is big. There's probably someone you're sitting with knows your answer or knows what your path is, but only you can kick it off. You can kickstart it. You're the one to drive yourself to that destination.

Hannah:

Absolutely. And I guess off the back of that, a quick fire finish the sentence question to end with.

Being an occupational therapist is...

Melissa:

Being an occupational therapist is being allowing individuals to take that control despite the obstacles they face.

I'll leave the people that are listening on this one note. Stay curious, be brave, and step out your comfort zone, as tomorrow may not be known, but you drive the driving seat.

Thank you so much Hannah.