Team Experiences – Dr Charlotte Cuddihy

I have a long-term health condition that affects my joints. At times I find it difficult to walk distances/ stand for long periods of time. I also have problems with my upper limbs which can make it hard to type, lift heavy things/ open heavy doors or do chest compressions.

Some adaptations that worked for me were:

Working part time:

- This was absolutely crucial for me. It worked best when I had a consistent job share partner and we could divide the week in a way that worked for both our needs. E.g. I needed to pace myself whereas my job-share wanted to group her shifts together to allow for larger chunks of time off. So we agreed that in a run of four long days I would work the first and last and she would work the middle two.
- At times they could not source a job share partner for me. When this led to half the rota being unfilled this was quite challenging as it created ill will due to work not being covered etc. One approach to this that worked for me was agreeing to work every morning. This suited my particular health needs and meant the ward had cover every day at often its busiest time but this may not work for everyone.
- On other jobs managers added me as an 'extra' using funding to make me supernumerary. This was only ever a short- term fix but was really helpful. Almost all rotas are short so having an 'extra' pair of hands was often vital to make the rota minimally staffed and to allow colleagues to have the time to get to teaching etc.

Leave planning:

Another key adaptation for me and my pacing was to agree with HR that they would try to support my leave requests in recognition that proper spacing of my leave was crucial to my health. This was fairly successful as I often didn't want time off at particularly popular times.

Similarly, we had an agreement to share my rota as soon as it was available to help me plan hospital appointments to be minimally disruptive – this was less successful.

Equipment:

- I variably used a mobility scooter and or powered wheelchair when working. This was very useful for me and never impaired my clinical interactions (I am able to stand up and mobilise short distances if required). However, it often presented logistical challenges as I worked in many old Victorian buildings where I could not fit into – doctors' offices, meeting rooms, locker rooms, staff toilets
- I also used voice activated software for dictation

- At times I had a perch stool for ward rounds which was particularly useful in medical settings. I also had a small foldout walking stick/ seat that I could take to the patient's bedside which was really helpful. In fact able bodied colleagues kept on borrowing it!
- I use triangular pen-grips and kept a folder with all the relevant paperwork in it with me at all times to avoid having to repeatedly open heavy doors and squeeze into small offices.

Work place environment:

- I found a walk through with Occupational Health, and the lead nurse of the unit in advance of each placement very helpful in identifying issues and potential solutions before my first day on the job.
- Some adjustments were placement in a more accessible ward, moving furniture around or making an 'equipment station' that was more accessible to me e.g. a trolley with blood taking kit etc when the usual storage was on a top shelf. Also a compromise e.g. giving me a laptop and a desk in the corridor (this did happen)
- Some wards switched to notes trolleys that are accessible from the side rather than the top
- Some placements had disabled parking bays where I could use my blue badge, at other times I had access to work funding for taxis which was crucial for placements that finished at times when public transport was difficult
- I had an agreement with my deanery to only be placed in certain hospitals which were easily accessible by public transport from my home