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Can you give us a brief work history?

I am new to my role in the Transition Team and previously I worked for 18 months in domiciliary care. Prior to that I was in England for five years working in forensics, crisis home treatment and sub-acute inpatient rehabilitation.

What made you decide to be an OT?

When I was 16, I worked in a local care home. I wasn't sure what I wanted to do with myself so took a year out and worked full time. I knew after the experience that I wanted to work with people in a helping role. I went back to Southern Regional College and completed my BTEC National Diploma in Health and Social Care over two years. My tutors were motivating and encouraging. As I approached the end of the course, I considered further education and, as I didn't know what I wanted to do, my tutor encouraged me to look into OT as a career. I had never heard of an OT, the rest is history!

How did you train for this role/educational route?

I studied my undergraduate degree in Southampton University, England over three years, full time.

What does a typical day involve?

My current role is 9 - 5 and I start my day by checking my emails then log into PARIS electronic records system to check the duty desk. My diary is completed weeks in advance, and I get myself organised for any visits, ensuring that I have the relevant forms, assessment kits and information.

A typical day includes meeting with clients, their families, and carers to complete holistic assessments to identify areas of need. The main focus of this assessment is how the individual is able to participate in occupations they need and want to do. In OT, when we use the word occupation, we divide this into three main types – self-care, productive and leisure occupations. We aim to emphasize the strengths someone already has, maximize these and then, through intervention, to minimize the barriers they may be experiencing – be these physical, cognitive, social, or otherwise.

Once assessment has been completed recommendations will be made. This may include indicating level of assistance required with activities of daily living e.g. personal care, identifying ability/limitations of cognition, road safety outcomes, awareness of safety skills and what support is required to live independently, provision of wheelchairs, seating and equipment, recommendations for minor/major adaptations (provision of rails, removal of bath/installation of level access shower facilities, provision of bedroom/bathroom facilities and ceiling tract hoist), ensuring suitable environment for placement and completion of Manual Handling Risk Assessment/safe systems. Details from assessments, treatment and recommendations will be compiled and shared with those involved in the client's care. This is vital as some assessments are observations on the day, and decisions must be made as a multidisciplinary team i.e.: a best interest meeting, especially where there are concerns for patient safety and may result in implementation of Restrictive Practice/Deprivation of Liberty.

What do you like best about your job?

OT is diverse career choice, we work with clients across the life span in a variety of different settings. The role allows you to interact with people daily, supporting and empowering them to live quality, autonomous lives. Core OT skills are transferable wherever you go. I never thought I would be working with young people (majority of my experience was older adults) but I am now in a team that works with those aged 16-21.

What advice would you give anyone thinking of doing your job?

Go for it! OT is one of the most holistic health and social care professions available to work in. The role will make such a difference to clients and their families/carers – there is nothing more rewarding and humbling knowing that you made a difference to an individual's life.