

New Practitioners Share Insights From Their First Year on the Job

Andrew Waite

For students entering the workforce, the transition might be a little bit bumpy, but they'll manage, just like they handled past challenges.

Tim McGrath, MOT, OTR/L, remembers feeling somewhat dejected after his first day as an occupational therapy student. "What is this? How am I going to survive?" he thought.

He survived just fine. He graduated, got a great job at MedStar Washington Hospital Center in DC, and even participated in AOTA's Emerging Leaders Development Program.

Yet, those first days, weeks, even months as a new clinician brought McGrath back to that unsure feeling.

"There's a high learning curve, and you feel like you don't know anything," McGrath says. "You definitely feel a little bit blindsided."

But just as with school, McGrath did what he needed to adjust. In part, that meant doing some research after hours on the manifestation of symptoms resulting from his clients' medical conditions, and shifting his expectations for how much progress he could make with clients in a few sessions.

"It's a quick learning curve because there is all this stuff you don't know, and you have to get used to that feeling. It's scary," McGrath says. "But once you come to realize what your role is, things become less daunting and more manageable."

Many of the practitioners interviewed for this article compared those early days in the workforce with their first semester in occupational therapy school. All of them came out of it just fine. They are still learning and growing each day, but they also feel more sure-footed about their jobs. Their overarching message to students entering the workforce is that the transition might be a little bit bumpy, but

that they'll manage, just like they handled past challenges. Specifically, the new practitioners addressed two fears common among students: "I won't be able to manage my workload," and "I won't know how to treat clients." Read on for some of their wisdom.

Find your personal working style.

Yes, there's a lot to learn.

Begin treating clients regularly, and everything will start to make sense.

Adjust idealistic expectations.

Hone your documentation skills.

Balance your work and personal life.

Your education does prepare you!

Fear: I won't be able to manage my workload.

Reality: Yes, you will, but you need to figure out how to make it work for you.

Signing Bonuses

Many occupational therapy employers offer signing bonuses to new hires. These can be a great perk. But be careful, advises attorney Alexander M. Macaulay, lobbyist and attorney for the Virginia Occupational Therapy Association. Before you accept any bonus, make sure you understand exactly what you are agreeing to.

Two considerations:

■ **Payback requirements.**

Many bonuses stipulate that employees stay in a job a certain amount of time. If they leave early, some or all of the bonus will be owed back. Be on the lookout to see whether this is the case in your agreement. If it is, it doesn't have to be a deal breaker; just know that if the job doesn't work out, you will need available cash to pay back the bonus.

- **Non-competition agreements.** Some bonuses specifically prohibit employees from leaving the job for a position with a direct competitor. Again, this doesn't have to be a deal breaker; it's just important to know.

Macaulay's Message:

Slow down, read the agreement carefully, and get a second pair of eyes on it. Start by asking a mentor or a professor. Still confused? Consider paying a lawyer to review it. Understand that the employers will enforce what's written. It's a contract.

"Now I understand why my parents would fall asleep on the couch at 8:30 at night," says Anna Haertling, OTR/L, MOT. "Working full time is exhausting, especially working in a job where you are dealing with people and families and all the emotion."

On fieldwork, students gain some confidence in clinical skills and get excited to enter the profession. But new practitioners say there is only so much that fieldwork can prepare you for.

"When you are on your fieldwork, your clinical instructor really tries to make it so you only have to manage your workload. But when you start working, you have all this other stuff that comes into play. You have billing, scheduling, you have a lot more interaction with the doctors and nurses," says Michelle Prushing, MOT, OTR/L.

So the reality, new practitioners admit, is that early on most had to spend some of their personal time doing work.

"I get to work early. That way I can do chart reviews and discharges. I can just start my day, treat, do notes, and if something else comes up, I will still have time at the end of the day to do it," says Prushing.

But there are ways to become more efficient. One tip new practitioners offered was to not forget about a personal life. Haertling made that mistake early on, staying late into the evening almost every day, documenting and writing treatment plans. And while that may have helped her get things done, she admits "it did wear on me."

"If you don't get in some time for yourself, you're going to be miserable," says Kiel Cooluris, MOT, OTR/L, echoing the same sentiment. Cooluris, for instance, makes sure every Sunday he is free to relax and recharge. It allows him to come in on Monday, ready to roll.

But achieving that work-life balance can be tough for new practitioners who are still learning how to meet the demands of the job. The efficiency comes from figuring out a personal working style, they say.

For instance: "I have found that I am most productive when I am not in a crowded office. So even though we have a big office, I will put on my headphones with some classical music, and go to a computer in a secluded area and just hammer everything out at the end of the day," Haertling says. "Also, if it is taking me three times as long to do something as it normally would, and I am just hitting that wall, if it is something that can wait, I will get to it the next day."

Another way to improve efficiency is to hone documentation skills. To do this, new practitioners suggest not being shy about asking for help.

"I spoke with some other therapists who showed me their notes, and I started to learn how to cut down on what I was writing," says Macy Sutton, MS, OTR. "Initially, I was describing the entire activity from start to finish. Now I have learned that someone else doesn't need to be able to completely re-create your treatment session; they just need to know what you worked on and why; for example, increasing shoulder flexion strength for grooming. If another therapist needs to cover they will see the movements you worked on and be able to make their own treatment plan."

No matter what, new practitioners say the job is going to demand a lot of time and attention—as it should—but rest assured that it gets easier.

"Just within the last month I feel like I am a normal, experienced therapist, and that I can actually get out on time and get everything done," says Prushing. "But for just managing notes in the beginning I was there for a lot of extra hours."

Fear:
I won't know
how to treat clients.

Reality:
Yes, you will.
Just trust
what you know.

“My first 3 months I had no idea what I was doing as a new practitioner. I was all over the place,” says Cooluris.

“Initially, it was overwhelming. There were tons of things to learn,” says Sutton.

“I was so worried in school that I wouldn't know how to treat people. Like what specific things do we do?” remembers Prushing.

Clearly, many new practitioners enter practice unsure of their clinical skills. But once they actually get into practice and begin treating clients on a more regular basis, everything starts to make sense, they say.

“When I had my own caseload and started treating, I started to feel more comfortable,” says Sutton. “I was worried about being able to come up with treatment ideas, but I found that once I started to actually do it, once I had patients and I was treating, I saw that I could do it.”

Prushing offered an example of a treatment idea that came to her easily. She was working with a client recovering from a stroke who had poor sitting balance. Specifically, the client had a tough time reaching forward to slide on a pant leg. So Prushing needed something that could work on reaching. Then it dawned on her: A card game. As the client matched the cards, he would have to reach forward, thus allowing Prushing to address sitting balance, left-side neglect, and left inattention simultaneously.

“So all of a sudden you are like, ‘Oh, yeah, well, there is this reaching task that I can use to help them with lower body dressing,’” says Prushing. “And now that I have been working, coming up with these kinds of activities just kind of comes naturally.”

On the whole, new practitioners report feeling more prepared than perhaps they feared.

“Our education really does prepare us to work in all of these settings. So I relied on that. As nervous as I was to work in a school setting, all of the stuff in my pediatrics classes started coming back to me,” says Susan Lingelbach, MA, OTR/L. “I know more than I think I do. You figure it out. You know what you know from OT school, and I don't think you realize how prepared you are until you are in that setting and working.”

Victoria Eidson, COTA, says in the course of her work she at times literally relies on her education.

“I find myself looking at all my old notes,” she says. “In the sub-acute rehab setting I see clients with conditions that I never thought I would see. When that happens I go back to my class notes and review what we talked about regarding the diagnosis, and I'm like ‘Okay, I did learn that.’”

With that said, new practitioners note that practice is a little bit different in reality from what they expected during school. Many say they have had to shift their somewhat idealistic expectations.

“I have learned to meet children where they are. As much as I would like to see their growth be exponential and off the chart, for some kiddos that is not a realistic expectation,” says Brittany Hand, MOT, OTR/L. “So I think I have grown in understanding that a lack of amazing remarkable progress doesn't mean that you are not helping them. That is reflected in changes that

LATE NIGHT WITH NEW PRACTITIONERS

So, You Want to Be a Manager?

Amanda Goldman and Melissa Stutzbach

Most management positions require at least 5 years of management experience. As a new practitioner, that's something you likely don't have ... yet. But you can start working toward it now by, among other things, volunteering to help manage a project at your practice setting, in your community, or at your state or national occupational therapy association. AOTA's COOL database is a great way to identify your interests in various AOTA projects and leadership activities: www.aota.org/cool. In addition, look for opportunities to mentor new hires, interns, or even OT/OTA students. Or, perhaps just make yourself available to be shadowed by prospective students or even interested job applicants, so they can see the day-to-day of the facility and decide whether

this is the career path for them. Finally, practice your people skills by working constructively with others. Deftly handling conflict and providing (and receiving) difficult feedback are keys to successfully managing personnel.

Do you have any tips for building management experience? Join the “New Practitioners” forum at OT Connections (<http://tinyurl.com/oe8gyc9>) and share your thoughts, and also check out other related “Late Night” forum discussions, including “Developing Your Leadership Capacity,” “It's Not Too Early to Become an OT Entrepreneur,” and “How Do You Stay Involved After Graduation?”

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I have made in my goal writing style. I now make goals that are attainable, and once those are attained then I upgrade the goal to be slightly higher and make those small increments of change."

Hand's wisdom works with her clients, but couldn't it also be applied to the skills of a new practitioner? It seems to be good advice: Take it one goal at a time, focus on what is attainable, and don't move on until you feel ready.

Comfortable Being Uncomfortable

Entering the profession is going to be challenging. There is no way around it. From finding time to see each client, to documentation, to figuring out how to actually help each client, there is no way to avoid feeling overwhelmed at times. But that's okay, advise new practitioners. Everyone goes through it, and almost everyone comes through it. Just enjoy and take it slowly. Or as Lingelbach put it, "You have to be comfortable with being uncomfortable." ■

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