



## Team Experiences – Dr Sophie Jackson

### Reasonable adjustments at medical school:

- Locations of clinical placements - I was allocated the majority of my clinical placements centrally rather than having to commute long distances each day, this reduced the length of my working day and thereby reduced fatigue levels.
- Use of mobility scooter – getting around the hospital(s) was only really an issue during the clinical phase of the medical course. This adaptation was difficult to implement – there seemed to be a lot of red tape, and logistically it was hard to find somewhere to store the scooter whilst not in use.
- Chair for ward-based teaching – often these teaching sessions would go on for over an hour, which would mean we were stood around the bedside for prolonged periods. Having a chair available was a simple adaptation which enabled me to conserve energy and therefore get the most out of clinical teaching.
- Meeting my clinical supervisor/rotation lead in advance of each placement to flag up any potential issues and ways to resolve them beforehand. I also made sure they disseminated information about me to the whole clinical team including nurses and support staff.

### Reasonable adjustments during Foundation Training:

- I was allocated a less than full time (LTFT) supernumerary post – with flexible hours to suit me. I do 5 mornings a week rather than 3 whole days, because I tend to get more tired as the day goes on. This works well as it is usually busier in the mornings and there are often more learning opportunities.
- I am doing 8 month rotations instead of 4 month blocks – The trust/deanery have been very flexible in terms of rotation length – allowing me to do 8 months in each rotation i.e. doing 3x8 month rotations for both FY1 and FY2, rather than 6x4 month rotations to make up the full-time hour requirements.
- No on-calls/night shifts – following Occupational Health assessment, it has been agreed I do not have to do on calls or night shifts due to reduced stamina. However, I have done several shifts in A&E, as part of a normal working day – this means I am able to get clerking experience and that I don't miss out on assessing and initiating management in acutely unwell patients.

- Ability to be flexible with rotations as I'm supernumerary – For example, I was able to swap from liaison psychiatry to an acute medical unit (AMU) rotation. I was keen to switch to an acute medical specialty as I don't do on calls, and therefore would not have had as much exposure to acutely unwell patients.
- Use of mobility scooter – to get around the hospital from teaching to seeing patient outliers on different wards, and visiting the various hospital departments. In contrast to medical school, my hospital trust was very accommodating and there were no issues in allowing me to use a mobility scooter within the hospital.