

Here we meet Geraldine Baluyut. Geraldine is a Specialist Respiratory Occupational Therapist working in the Adult Respiratory Care and Rehabilitation Team (ARCaRe) at Mile End Hospital, London.

We would be really interested to know more about your path to becoming a specialist respiratory occupational therapist. What attracted you to this role in the NHS?

As I gathered more knowledge and understanding of respiratory conditions and awareness of how this impacts on individual's occupational performance, I became more interested.

I believe that patients should be given the appropriate education to enable them to have greater understanding on how to manage their symptoms when performing their daily activities.

I like that working as a Specialist Respiratory Occupational Therapist (OT) in Pulmonary Rehab (PR) is a fundamental role and requires a multidisciplinary approach. The role enabled me to work and integrate with all disciplines from admin, RSW, Specialist Nurses, Physiotherapist, Psychologist, Dietician and Consultants. It is a holistic approach and Pulmonary Rehab is an individualised programme that meets patient's needs, improves their confidence to perform activities that they enjoy and better their quality of life.

Could you tell us a bit more about your role within ARCaRe?

During COVID, I have worked alongside the PR team to adapt to changes within the service and meet the needs of the patients. We have developed and delivered a Virtual Rehab programme to patients, and my role was the assessment of patients in their home, ensuring it was safe for them to carry out exercises in their own environment.

This has given me an opportunity to identify how their symptoms were limiting their activities and daily living. I worked with them to explore ways to simplify tasks and work modifications, how to incorporate breathing techniques while carrying out their daily activities, and highlighting the importance of pacing and conserving their energies to manage their symptoms.

When face to face PR re-started, I was involved in the planning of the service, and developed a patient feedback questionnaire on how they are feeling, the

impact of COVID-19 on their lives, and their confidence in returning to face to face PR.

I also delivered education both virtually and face to face on pacing and energy conservation and fatigue management.

I am leading the NACAP PR audit within the ARCaRe service and identifying areas to improve on.

Who are the other members of the ARCaRe Team?

PR Lead

- Jarvis Keman (Physiotherapist)

Band 6 PT

- Deji Olajide

B5 PT (Rotation)

- Lucy Barr

Rehab Support Workers:

- Mohammad Hoque
- Mina Begum
- Hasfa Begum (maternity leave)
- Fatima Haque (maternity leave)
- Jessica Oti (maternity cover)

Respiratory Specialist Occupational Therapist

- Geraldine Baluyut

Clinical Psychologist

- Ruth Allen

Respiratory Specialist Nurses

- Annemarie Casey
- Christopher Yates

Dietician

- Emma Bunikell

Your role is so varied, could you outline a typical week?

Monday

- Triaging
- Telephone calls to arrange initial home visits and follow-ups
- Respiratory Department Teaching
- Home visits

Tuesday

- Home visits
- PR education: Pacing & Energy Conservation
- NACAP Audit

Wednesday

- Home visits
- Supervision / Appraisals
- MDT / Reflective Practice

Thursday

- PR RSW Forum

- PR meeting
- Team meeting /IST
- PR education: Fatigue management
- Home visits

Friday

- Day off

Tasks for the week vary depending on the needs of the service. I integrate and collaborate on all pathways within ARCaRE and I cover when needed. I also assist on PR classes and assessments when necessary.

Perhaps you can you share your experience with a particular patient?

I have seen Mrs O and completed an initial PR objective assessment at her home. During the assessment, I have identified areas of concerns and difficulties that were impacting on Mrs O's occupational performance. I have provided education on symptoms management when completing tasks, breathlessness management, pacing and energy conservation strategies. We have explored ways to simplify tasks and modify her environment to keep her safe. I have recommended equipment to aid her to continuously manage meaningful activities independently and safely. Mrs O had joined and completed a course of virtual PR and had improved her outcome measures. She was able to manage her symptoms when completing activities of daily living and was able to live in her community without difficulty and this has improved her quality of life.

It is clear that occupational therapists form a strong part of the multi-professional respiratory team. How do you see the profession developing within respiratory?

Occupational Therapy is a discipline with a holistic approach to the patient, and to become competent Respiratory Specialists, Occupational Therapists need to have clear guidance and be able to work on various pathways within Respiratory. They need to have a good understanding on what OT can bring to the service.

As a Specialist Respiratory Occupational Therapist, I worked closely with Physiotherapists in enabling individuals to improve their strength and endurance to help them managing their symptoms during their daily occupation. I also worked alongside our Clinical Psychologist to help individuals manage their anxiety and low mood, and with Dieticians in educating

individuals on healthy eating and boosting their energy. I integrate and collaborate on different pathways within ARCaRe to be able to provide OT intervention to all individuals who are not managing and coping due to their respiratory symptoms.

Are there research and QI opportunities for an Occupational Therapist?

New ways of working and focusing on service delivery have been challenging during the COVID pandemic but we continuously input on NACAP. Their data on Pulmonary Rehab enabled us to reflect and make some positive steps forward, including establishing a framework that we can continue to build upon.

We also reflected on patient experience feedback from our virtual and face to face PR classes and identified areas of improvements and have worked on it to improve service delivery. This was evidenced through two abstract we submitted to PCRS on July 2021.

Do you have any particular advice for someone considering entering the profession?

A big part of the role of an Occupational Therapist in a PR service is to enable individuals to manage their respiratory symptoms and anxieties when completing their occupational performance, achieve independence and have a better quality of life.

To become Specialist Respiratory Occupational Therapist, an OT need to have a good knowledge and understanding on Respiratory conditions, and have the passion, compassion, patience and essential fundamental skills that are transferrable to a Specialist role.

What do you see as the benefits of connecting with respiratory organisations like BTS?

- Benefits of joining BTS are:
- Updates on latest guidelines and standards on respiratory conditions.
- Latest data, articles and abstract on best practice and service delivery and quality improvement.
- Education: short / e-learning courses, webinars, research and innovation, audits and clinical resources
- Winter and Summer meeting events
- Respiratory Futures, networking

Contact details

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If you would like to share your experience of working in pulmonary rehabilitation, please email Louise Preston:
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