**Developing a growth mindset - how to keep training while shielding**

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Once upon a time in early 2020, I was a normal SpR in Psychiatry working in liaison - well as normal as anyone working in psychiatry (and medicine in general!) can be…. Except I wasn’t… I was immunosuppressed due to treatment for an auto immune condition.

Ill health was no stranger to me and neither was taking a risk to do a job I love completely. At the end of the day, anyone who is immunosuppressed working in general hospital takes a risk each and every day - even before we had ever heard the dreaded syllables Covid-19.

But then, as anticipated, with a thud, a letter landed on my doorstep that triggered a series of events and emotions that I cannot honestly say I have ever felt before. Like anyone who received that shielding letter, I am no stranger to ill health and a fluctuant ability to work as I would once have considered ‘normal’. Despite this, my immediate reaction was one of feeling useless, isolated and of standing apart from ‘the NHS Frontline’. I felt guilty about all my colleagues putting themselves at risk while I was being ‘protected’ at home and this made me feel even more vulnerable to the virus itself.

So, for my own sanity and self-preservation, I decided to put myself out there and do what I could do from home to lift a little of the burden the impending crisis was putting on my colleagues.

There was huge pressure to discharge patients safely to free up beds and identify ways that we could support the most vulnerable during what was rapidly being identified as a potential ‘national disaster’. As I am sure you can imagine, I was rapidly inundated with requests, ranging from writing a few discharge summaries to putting together a presentation for the brave new world (at least to me!) of ‘Virtual Education of Medical Students’.

Once my colleagues realised that I was willing and able, an irreversible tidal wave ensued to the point I was left wondering when I ever found time to see patients before being confined to barracks at home! Everybody’s favourite phrases had became ‘Could you just?’ and ‘Would you able to put something together on?’ and it was fantastic.

Within a few days I had regained my sense of usefulness and of purpose, there was no time to dwell on being ‘stuck’ at home and that sense of being remote from the ‘frontline’ evaporated. I have fantastic colleagues who keep me included and I am never short of something to do.

The other thing about having fantastic colleagues, is that you can open up to them and lay your insecurities on the line. We are carers by profession but this seems, at least for me, to go hand in hand with a difficulty asking others for help. My main personal worry at the start of shielding was sourcing the basics. I was no stockpiler and found myself living off tins and the freezer after a week or so of not leaving the house. Little did I know my new team's consultant lived just down the road and had a wealth of local knowledge about farmers who were delivering in the area. I was overjoyed by the sight of fresh carrots, leeks and kale on my doorstep! It just shows that plucking up the courage to vocalise your worries and fears can lead to solutions without charity or any of those other things we fear when acknowledging we need help.

I would implore anybody shielding to think outside the box with what you can do to benefit yourself, your colleagues and your organisation. Any crisis forces us to think and do things differently and Covid-19 is no different. But that also means we have multiple opportunities to improve services, and even complete the curriculum learning objectives if you think outside the box!

I now go for a walk on the treadmill in my ‘commuting time’ to separate work and home life. It sounds daft but it psychologically helps separate the personal and professional within the same house.

I may now work sitting on a gym ball at my desk to allow me the movement my body needs. But in my now 46 days of isolation I have:

* redesigned the psychiatry curriculum and am now providing it to our medical students
* I am supervising our junior doctors across community services
* I am organising and facilitating baliant and CPD sessions
* I am heavily involved in the complete restructuring of community services to ensure the medical voice is heard
* and I am working behind the scenes triaging patients that need to be prioritised or whose usual support could be adapted to alternative and safer method of delivery.

Alongside our psychologists, I am currently working on webinars understanding Disaster Psychiatry and the Impact of C19 on our patients and colleagues for staff members to shore up the front line who are understandably anxious.

I have undertaken a project collating information about local and national resources available for patients during the C19 pandemic and I am now working with the CCG to introduce this to the SW formulary and make it accessible to all.

I have colleagues who are putting together weekly quizzes, craft competitions and virtual book clubs to ensure medical colleagues remain connected and talking to each other on a regular basis whether they are isolating or just socially distancing.

Trainees are ideally placed to make real change during crisis situations when the traditional barriers are broken down, and those around me have been really supportive of my efforts. We have rotated for a long time and so have professional networks that extend beyond that of any other staff group.

We are perfectly placed to provide overarching opinion service development and are able to play a unique role in liaison and collation of information across teams and disciplines to stop duplication of work in each silo. And, while working on projects and protecting your own sanity, you can still progress towards your ARCP with management and leadership, quality improvement, psychological experience and even the clinical. As technology and my IT skills have caught up, I am now able to slot in clinics so I can squeeze in some (virtual) face to face time with patients as down time from all of the other things going on.

Disability had never crossed my mind when I chose psychiatry, it was something that happened to ‘other people’ and definitely not doctors. However, hindsight is a wonderful thing and I regularly thank my younger self for choosing a specialty that is so perfect for me (and not just because of my disability!)

Psychiatry allows me to work with my disability- to utilise the strengths it has given me and adapt away the downsides - rather than fight against it and work ‘in spite of being disabled’ especially in the current situation.