

Client Outcomes: from trauma to triumph

Mr P was involved in a road traffic accident where his motorbike collided with a lorry. He was 54 years of age at the time of the accident, in which he sustained severe (de-gloving and crush) injuries to his left arm and hand. He also sustained a puncture wound to his left foot, broke his clavicle, and had lost large amount of blood.

Mr P underwent multiple surgeries to his hand, and was in hospital for almost 2 months. He had skin grafts, and metal plates were inserted. Following failure of skin grafts, Mr P's had his left arm surgically attached to his stomach to provide a good blood supply to the arm to encourage healing.

Mr P also experienced significant psychological trauma as a result of the accident, including being unable to regulate his emotions, excessive alcohol consumption, and an attempted suicide.

Mr P was employed on a full-time basis as an electrical repair technician, which involved the repair of a wide variety of industrial electrical equipment and machinery, from tiny components (requiring highly dextrous work under a microscope) up to large pieces of machinery. At the time of the referral for vocational case management support, Mr P had been absent from work for 1 year. Mr P expressed a very strong desire to return to work for both financial and personal reasons (to keep busy and improve his mood and self-esteem). Mr P was very proud of the role he had been working in and had found it very difficult being off work for an extended period.

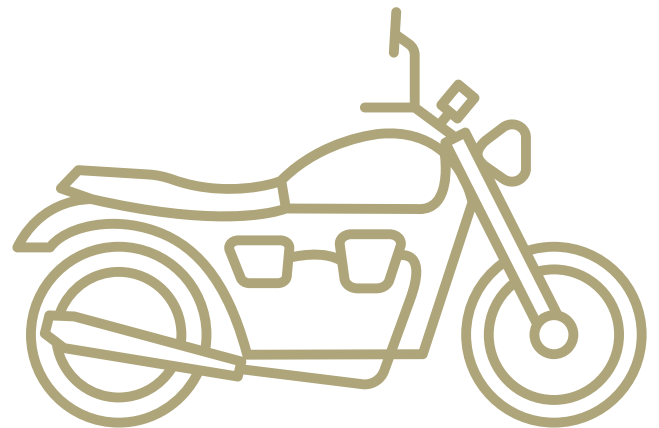
The vocational assessment

At the time of the referral for vocational case management support, Mr P had been absent from work for 14 months. Mr P expressed a very strong desire to return to work for both financial and personal reasons (to keep busy and improve his mood and self-esteem). Mr P was very proud of the role he had been working in and had found it very difficult being off work for an extended period.

The vocational case management commenced with a meeting between Mr P, his employer, the Vocational Case Manager (VCM) and the clinical case manager.

Following the initial meeting the VCM took responsibility for all employer liaison and work related matters. It was however very useful for the clinical case manager to provide a thorough medical update at the initial meeting.

The aim of the VCM was to support Mr P and his employer to put a graded return to work plan into place. Mr P was also seeing a specialist Occupational Therapist for hand therapy sessions.



Continued...

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Vocational interventions

The actions completed during the period of support included: -

- Initial employer meeting including management and HR, where it was suggested and agreed that Mr P have an Occupational Health assessment, and attend a practical exercise (based on the electrical repair/solder test employees take as part of their interview for the role) to assess Mr P's capability and performance in a safe environment.
- Arranging 2 trial shifts to assist with testing how many hours Mr P could cope with initially, and what repairs would be most suited to his capabilities (e.g. not working on particularly large/heavy equipment, or very tiny components).
- Liaison with the hand therapist to put together a 12 week graded return to work plan, commencing on 2 shifts per week and moving up to full-time. Liaison with the hand therapist to set specific exercises designed to improve the dexterity required for work tasks.
- Negotiation with employer for Mr P to wear different clothing (long-sleeves) to protect his scar, provide warmth, and stop Mr P from feeling self-conscious about the appearance of his arm.
- Further employer meetings to review the progress of the plan and amend/extend it as required.
- Liaison between the VCM and the clinical case manager, to implement further psychological therapy to support Mr P to deal with sleep issues and the sense of loss and inadequacy he was feeling, trauma related to travelling past the scene of the accident as part of the journey to and from work, and to provide an assessment with a Pain Management Consultant to review Mr P's medication.

- Mr P found that he needed to take more pain relief upon returning to work, which in turn caused him severe diarrhoea and resulted in absence from work. New pain relief was prescribed in the form of patches and cream, which worked well and did not have side effects.
- Negotiation of shift days and times to reduce travel time (by travelling outside of rush-hour). Driving caused additional pain and strain to Mr P's hand.
- Upon reaching a four day week in the graded return to work, Mr P's absence increased due to pain. Mr P's hours were re-negotiated, to a permanent 3 day week, as this was the amount of hours where optimum performance and attendance were possible.
- The VCM also supported the employer to deal with an incident of workplace bullying Mr P experienced from another member of staff, due to working reduced hours. Mr P did not experience any further issues after this was reported and dealt with.

The Outcome

The VCM worked with Mr P and his employer for around a year. He was able to return to and sustain his substantive role, on a three day per week basis.

He reported improvements to his self-esteem, confidence, psychological and overall wellbeing, and advised the VCM he was thankful for all the support provided.

Mr P is performing well in his role and is able to achieve his annual bonus based on his performance.

What others say about our Vocational Rehabilitation Service and the team

“ Our vocational case manager advised us and guided us professionally and without her we wouldn't be where we are now. ”



“ My case manager was easy to talk to, enthusiastic, and a knowledgeable advisor. ”

“ Getting this client into work and motivated required a collaborative approach which was a great achievement. ”

“ The assessment gave options and a good plan to support our client in a difficult time ahead. ”

Get in touch

To find out more about our service:

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