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BDA The Association
of UK Dietitians

Mental Health

Specialist Group

Tell us about your role

I work as a Specialist Paediatric Eating Disorders Dietitian at Bristol Royal Hospital for Children. I have worked in the profession of dietetics for 7 Years after a change of course in life and retrained for my degree in dietetics when I turned 30. Once qualified, fascinated by every avenue I entered the profession with an open mind. My first job offer, a Band 5 Rotational post provided the variety I was keen for. It was a split of community and oncology patients, mostly. Although I had little experience in paediatrics, I then progressed to a Band 6 Paediatric post covering diabetes, general and oncology. Developing a particular interest in cancer care, I was attracted to work at the tertiary centre in Bristol to specialise. Then, at just the point I was contemplating a new challenge, the band 6 to 7 development post in diabetes and eating disorders became available

What attracted you to the area of eating disorders?

This seemed like too good an opportunity to ignore to help me progress within my career, given that it combined the familiar, 'diabetes' with a very new specialism for me, 'eating disorders'. My only real reservation was the lack of experience I held in eating disorders and mental health.

My desire for a fresh challenge encouraged me to take leap and I've no regrets. The switch was both timely given it coincided with the release of the revised MARSIPAN guidelines, MEED and I attended respective launch events. Plus, timely in that the eating disorders team had branched away from gastro to become independent. I enjoyed the role split and the insight into managing diabetes as well as eating disorders proved beneficial at times. Lastly, the appeal of advancing skills in the psychotherapy/counselling aspect of this role were significant draws and continue to maintain my interest, as 'one size does not fit all'.

My typical day involves...

I work full-time in my role. My working week will typically involve two eating disorders inpatient ward rounds attended by medics and a psychologist also, breaking off at times for joint parents meeting with CAMHS colleagues. A weekly MDT (In addition to those professionals already mentioned, nursing staff and where necessary safeguarding and social workers will also link in). Within MDT we review each of the young people's care, plus discuss those on our community feeding pathway. I will join a medical assessment clinic alongside our consultant; slots are prioritised for patients CAMHS deem to be of significant physical risk. We also have a weekly team meeting including a governance meeting which identifies improvements to better the service. I might also have a CAMHS locality dietetic-led clinic, involvement in MHSW training, parents group facilitation, or join one of the various project meetings.

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The thing I'm most proud of

I am proud to form part of a of very hard-working, passionate, and driven team. I have a great sense of pride for what the team have grown and become (we have gone from 0 to 3 (2wte) dietitians in 2 years). Having worked as part of the team since its launch and making an active contribution to developments within our service and observing, as it continues to go from strength-to-strength has been incredibly rewarding. At the same time, we have taken the opportunity to reach out, build and strengthen relations with a growing MDT enabling us to deliver a more cohesive, streamlined service and an individual package-of-care that has been tailored to meet each of our patient's needs. I was delighted to be part of the team when these efforts of were recognised at a Trust awards ceremony.

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How I want my future to look

Two years into my role, and I feel 'fresh out of the water' and as though there's still much to learn. New developments seem to keep occurring in patient presentation and consequently intervention. It's an ever-evolving picture, resulting in a constant re-evaluation of adopted approach and strategies so never tires. There's scope for some exciting project work and my attentions are specifically on developing and growing ARFID service provisions at BRHC to be more comprehensive. Currently, we are only seeing those at highest risk. I am involved in working group which is looking at creating a care pathway targeted at those with BED. Whilst, I am also working with our local GAU and revising service provisions in line with some recent national guidance revisions for tier 4 units. At the same time, I am keen to inspire others within the specialism and those new to it and plan to showcase some of these and other work contributions through articles and poster presentations. With consideration to next years, BDA Research Symposium.

A key piece of advice for anyone considering a role like this one

Simplest advice would be draw on the support and expertise of those working in the area, already; one of greatest sources of teaching in my eyes. There are some excellent courses, regularly offered by the likes of the BDA, the Maudsley and charities such as Beat and often share lived experience examples which can be insightful too. Various groups and forums such as BREDS are available also which can provide support and networking opportunities. I would also strongly encourage joining regional network meetings and specialist interest group meetings – both provide the opportunity to come together, network, discuss topical issues and share experience with a wider network. Lastly, I would strongly recommend utilising your reflective sessions and/or debriefs that your Trust offers. There is a significant amount of emotional investment that comes with working in this field and these can be really helpful to work through any challenging situations that come up.