What should I keep in my locker?

Some doctors are lucky enough to score a hospital locker. Ingrid Torjesen finds out what useful items they put in them.

“Virginia Woolf once wrote that, in order to write fiction, a woman must have ‘money and a room of one’s own.’ I’d like to suggest that a doctor needs a ‘locker of one’s own’ to succeed at work.

“My locker is a veritable Narnia of essentials and comforts that I might need for a day in the hospital.

“I’ve found that eating a lot on nights and any inter-hospital transfers is there to fill a gap. There are also herbal teas and a bag of coffee to keep me at just the right level of caffeination.

“There’s a fleece jacket for chilly nights and any inter-hospital transfers (I keep a £20 note in the pocket just in case).

“Long sessions in theatre and a fear of being caught short have caused me to fill a toiletry bag with tampons and painkillers.

“I’ve learnt from bitter experience that theatre clogs have a way of going missing and so mine live in my locker.

“A uniform of scrubs and clogs can feel boring and anonymous, so I have a collection of scrub caps too. I wear a yellow Paddington Bear cap if I’m working with children that day.

“Finally, there is the printed sonogram picture of my daughter from when she was just 20 weeks’ gestation to remind me that, after all, I’m doing it for her.”

“I was very excited to get my locker after a whole year in the department. It was presented to me with fanfare by the radiology lead—she stuck an office label with my name in red pen on the front of it. Rifling through it now, however, I can see I haven’t used the space well.

“The permanent contents include a mishmash of essentials to help me cope in a variety of situations. There is one set of (small) scrubs for emergency use (legacy of the pandemic when small scrubs were like gold dust in the hospital), a special radiology mouse (Logitech G502 with hyperscroll wheel—absolute gamechanger for computed tomography scans), and a 16G 6 cm biopsy needle (still in date—excellent for most musculoskeletal biopsy applications).

“A range of items are there to support emergency refuelling, including about three varieties of coffee making equipment (because you can never have too many), a box of Earl Grey tea (not very nice, and to be used in coffee deficiency crises only), brown sugar (swiped from Starbucks), ancient but still usable sachets of tomato ketchup (they are now 25p each in the canteen), and, of course, precious teaspoons (fiercely guarded by all and definitely never, ever left on the staff room sink drainer).

“There’s also a compact umbrella, which has never been used (always forgotten about when it is raining), and a patient compliment letter—a rare trophy for radiologists.”

“Despite working as a doctor for more than a decade, I’ve only ever owned a theatre locker twice. The first was labelled ‘student nurse,’ and both were the size of a shoe box.

“Because of the lack of lockers in NHS theatre changing rooms, you’ll find me carting my rucksack around, and if I’m having a busy day, I often forget where I’ve left it.

“In my current trust the waiting time for a locker is two years. The person above me on the waiting list is a newly appointed consultant. I’m rotating to a new hospital in six weeks, so I’m not expecting to get a locker key any time soon.

“But I can dream. What would my fantasy locker for a surgical registrar look like? First, it would be big enough so that you could step inside and hide if you were having a particularly overwhelming day. It would contain a full length mirror and a top shelf with the daily essentials—hand cream, snacks, drinks, two spare theatre headscarves, and some socks—because colorectal can be a messy speciality. An inbuilt phone charging port would also be handy.

“In fact, seeing as this is an imaginary locker, I’m going to add a foldout camp bed that has a soundproof tent going over the top for some peace and quiet. Power naps are definitely help reduce leg swelling after those longer cases.”