R: Yeah, I got this one.

I: Yes.

R: The red light is coming out.

I: Okay, good. Okay, so, just to confirm that you understand what we’re doing today?

R: Yeah, I read the participant information sheet and you also gave me an agreement form, yes.

I: Okay, excellent, thank you. So, can you tell me about your clinical postings here on your course?

R: So, from – starting from Year 1, so we came to Ramachandra, this course was pretty new for me, for everyone in our class, so there are 24 of us. So, in the first year, we were coming to visit, so the building was, like, for mostly paediatric clients, although very – yeah, mostly paediatric clients. For occupational therapy, there are so many other courses, like special educations when we’re training, but we were mostly focused on occupational therapy, since we are doing occupational therapy. So, all our clinical experience, in the first year was pretty good, since everything was new for me, so we were in the observation, help, like we were learning things, the techniques, the – how they’re using the frame of references for the paediatric clients and approaches that we were using. So, the Therapist was teaching us, like, about the equipments, so all the equipments was pretty new, so everything had a different name than we had in our mind. Yeah, so, jumping to Year 2, it was pretty different. We were assigned to do more cases, we were doing case presentations, we were doing class presentations, like teaching other set of students everything that we were knowing things. So, in Year 2, we were posted in ward, psychiatric ward, since we had occupational therapy in psychiatry. Over there, we were, like, giving interventions, so we are doing ADL scheduling, we were giving patients with our occupational therapy intervention, cognitive behavioural therapy, where we were taught in the own ward, the staff were very friendly and teaching us everything we have to know to see the patients. And something in Year 2, we had the FOT: Fundamentals of Occupational Therapy. So, it’s all about the frame of references and the approaches we will be focusing on the interventions. And for – jumping into Year 3, so, which I’m right now, we had – we’re having OT in paediatric, OT in orthopaedics and OT in neurology. So, something I like about third year is, we were going – we were assigned to go to different wards in the G Block, in the medical centre. So, my first ward was orthopaedics ward, I loved my ward, orthopaedics, I made so many friends with the Doctors. I learned the stuff, they were very friendly to me, they were very eager to learn about what is occupational therapy, since not many people know, what is occupational therapy in the Doctors’ field. So, they were like asking me, so I was giving frame of references for the patients, for the Doctors and the patients that come to the occupational therapy department, that help you with your ADL. So, something with spinal cord injury, what we did was, we didn’t make – we had a separate room in the occupational therapy, in G Block, but they didn’t allow them to go there, so what we did was, we took them in a wheelchair, we bring it from G Block to our department. I was, like, taking pictures with my friends and the caretakers, of like bringing the patients, spinal cord injury patients, to our ward. My staff \*\*\*\*\* he was, like, one helping with the ADL, also \*\*\*\*\* was over there. So, it’s like a very big clinical experience we are getting from this Ramachandra University and our staff were very friendly in the manner for teaching us things. And, one more thing, hmmm, for paediatric clients, something I learned from Year 1 to 3 is the different – I learned how the kids will be behaving in each conditions. So, for ASD, so there is, like, classification mild to severe, so I can now, like, guess how the child will be, in both of these classifications, if they come under, like, one of these classifications. So, in third year, our main role is to engage in interventions, normally interventions, but mostly focusing on evaluating the patients. So, use all the assessment tools, occupational therapy assessment tools, such as AMPS, use the same fundamentals of independent measures, driving and safe driving assessments, back depression personals, both balance scales, so will be all assessing this patient. So, for Year 3, from starting of Year 3, I was assessing with my group of friends, a stroke patient. He was right hemiplegic. His name was \*\*\*\*\*, so he was like 25 – 22-years-old, so he was a RTA actually, so it was a haemorrhagic stroke, actually. Yeah, so, overall, that’s my experience in the Year 3. So, I did, like, Year 3, but I’m looking forward for Year 4, since we’ll be mostly focusing on both assessments and the intervention process.

I: Yes, yes, and will you have more than one posting in Year 4?

R: Yes, we’ll be, we’ll be separated each ward, just like Year 3, we were, like, having a great group of four people in each ward and a few postings in the paediatric clinics, like occupational therapy, our department is like one here, down here, and one in the G Block and then one in the medical centre. So, it will be, like, mixing up, and we’ll also be – we’ll be going to community rehabilitation, yeah, in the Year 4.

I: So, in Year 4, you’ll have placements in different post – postings in different places…

R: Yeah.

I: …here at Sri Ramachandra…

R: Yes, and rehabilitation.

I: …and then you’ll have community?

R: CBR we’ll be doing.

I: Okay, thank you. So, just to recap, to make sure that I understand, in Year 1 you mostly did paediatrics.

R: Paediatrics and it was with mostly observation. Also, we were seeing clients, if you were interested to.

I: Okay, and in Year 2, you had more cases.

R: Yes.

I: You were doing case presentations.

R: Yes.

I: You went on the psychiatry ward…

R: Yes.

I: …which was new…

R: Yes.

I: …and you were looking more at frames of references and approaches.

R: And approaches, how you are, like, supposed to use it, since Fundamentals of Occupational Therapy is a subject, it’s like actual – it’s a course for us in Year 2.

I: Yeah, and so then, in Year 3, you’ve been on the wards in the hospital, you’ve done orthopaedics and worked with people who’ve had spinal injuries and…

R: Spinal injuries. Normally, orthopaedics, we were put up in the surgery ward, surgical ward, and not gynaecology, surgery. Paediatrics was – not OT in paediatrics, but paediatrics ward in the medical block.

I: Okay, so are those places where there isn’t an OT already there?

R: There is no OT.

I: Okay.

R: So, we are students, like, we are letting the patient, we are seeing patients, we are referring patients, to see if they are having any stuff, like hard time in the ADLs, or in the functional – if they have functional impairment. So we were, like, telling the patients what you should do. We were giving out the scheduling, ADL scheduling for the specific patients, for their whole day-to-day life.

I: Okay. Okay, thank you. So, can you tell me what the purpose of your clinical postings is on your course?

R: So, let’s look back into our syllabus. So, we should be having, like, hours, like there will be specific hours about how long we should be having our theoretical classes and practicals in our wards. So, we should be making the criteria, but more than that, that’s just a requirement, but our requirement, from a personal stuff, is when I step out of Ramachandra and go to have my own clinic or work somewhere else in the UK or US, I should be proving something that I came out of Ramachandra, that I have learned stuff that other people didn’t.

I: Okay. So, when you have your clinical postings, what do you record when you’ve been on a clinical posting? Do you record anything while you’re there?

R: Yes, we’ll be writing down the patient’s informations and we’ll be setting goals, according to the specific patients, and we’ll be discussing with our staff, if you have any doubts or anything they want to know.

I: So, do you have any record for yourself as to what you’ve done?

R: Yes, I have done two case presentations in Year 3, and I also submitted two case assessments. If you want to see it, I can bring it to you.

I: Okay, no, I don’t need to see them, that’s good. So, you did case presentations that were part of an assessment?

R: Assessments and the whole form that I’m submitting as – for the patient. So, it’s like a 20 pages form or more than 20, or less than ten/20 people – 20 pages. So, it’s like, I’m having the patient’s demographic, occupation preferred and assisting their goals and then I’ll be mentioning the OT intervention part, what I’ll be doing. So, I did for one for hip replacement. So, she also had avascular necrosis in her left hip joint and then head of the femur and one is hand injury case, so it’s like a burns case, so both electricutation burns for a 14-year-old kid. And I’m working on a neuropsychiatric case now.

I: Okay. Okay, so am I right in thinking that you have a logbook for what you’ve done each time?

R: Yeah, it’s for our record, so to see, like, how many patients I have seen. So, actually, the logbook is our internal assessment.

I: It is?

R: It’s a grade, yeah.

I: Yeah, okay.

R: Also, we will be looking back, so it’s like a nostalgic moment that we will be looking back into our logbook, when we’re old, to see how many patients we have seen and what kind of therapy we were giving in that age and how we are improved, from day one to day 1,000.

I: Okay, so what do you record in your logbook?

R: So, we’ll be having the number of times we have seen for today. So, we will be having one and then, by the end of the day, I’ll be having three. So, we’ll be writing the name, their age, and their diagnosis, and be writing their interventions, what we have given for the client. Also, we will be getting the sign from the faculty.

I: Okay.

R: When we do that actually, the faculties ask us questions, so what – why did you give this intervention for this specific client? You could have done better, or could you have done different – differently from this? So, we will be having a mix of questions, but we get very confused, so that’s what helps us to, like, give better interventions and the next time for the client.

I: Okay, yeah. So, I think what you’re saying is that the faculty ask you questions to help you justify what you’ve done.

R: Yes, yes, yes, yes.

I: Yeah, okay. Can you tell me about any significant events that happen – that have happened in your postings? Anything that sticks in your mind about working with a particular patient.

R: Like, is it – should be like a good thing, or…

I: Either.

R: …anything? I have to think about this.

I: That’s okay, take a moment.

R: In Year 3 and starting the Year 3, I was posted in orthopaedics ward, so I referred this spinal cord injury patient for OT department, so most of the Doctors over there, they were confused, what you guys do, OT? So, they know about physiotherapy, physical therapy, but they don’t know, what is occupational therapy. So, I actually, talked to the Doctors, the Head, the Associate Professors, the Professors, actually walked with him. I was like asking, “Sir, I need this referral for this case, ‘cause if you want to do the OT intervention for this case, because we are very excited to do it, we haven’t seen any spinal cord injury patients ever in our lives, so this is the first time we do. So, you will see how our intervention is, like, very good.” So, he was like, “Okay,” and he told his student that the – and the PG student, that, “Give him a referral for OT department.” So, we took him to our department, he came down here, we were talking to him, we were doing therapy. Actually, we were teaching him how to do his basic ADL needs, without his assistance of his wife. So, he was paraplegic. So, actually, he had no sensation or motor movements, so he had full loss of sensory motor movements in the front, the sacral to the lumbar region.

I: Okay. So, how did that feel then, working with him?

R: Oh, it was amazing. I was learning so many things from our staff, so it was pretty new, ‘cause they’re pretty busy here, so they are – sometimes they don’t have time for – to come to the ward to meet us. So, it was a pretty good experience, like, a practical experience from naked eyes. So, essentially, we don’t see ‘em, and it’s not like watching a video from the YouTube, but from our naked eye.

I: Okay, and what do you think you learnt?

R: How to give a proper ADL intervention, the techniques for spinal cord injury patients, how they should transfer from a wheelchair to bed, from bed to wheelchair, from mobility aids and the wheelchair assisted devices and adaptive devices, what are the use of something, everything? So, we were mixing this up with the frame of reference, we have the frame of references, CBT, biomechanicals, everything.

I: Okay, thank you. Any other situations that you can remember?

R: [Pause] Hmmm.

I: No?

R: No.

I: Okay.

R: I don’t know, I can’t think. Probably because I didn’t have breakfast.

I: No, don’t worry, don’t worry, your example was lovely. So, is there anything else that you could tell me about your clinical postings and how – what impact they have on your learning and your development?

R: So, my intervention for the – what has impacted for the client?

I: For you.

R: For me?

I: Hmmm hmm.

R: So, something I always have in my mind is that when I step out of Ramachandra or go out of Ramachandra, I should not be a guy or someone who should question me that, “Don’t you know this about the intervention?” So, that’s why I have this thinking that I should be learning stuff at this right place at the right time, so I shouldn’t miss anything that I should feel about. So, I’ll be very focused on the clients, and the staff are very friendly. They will be helping us to focus on the clients and will be teaching us, and something more that it’s a self-study about OT. So, from writing examinations, from doing therapy, so we should be very unique in our own aspects. So, if my friend, \*\*\*\*\*, she, she was doing a therapy, she should be – it’s her own therapy, but I shouldn’t – I can follow her, but I should be very unique in my own intervention process.

I: Yes.

R: That’s something I learned about OT, since OT itself is a unique programme for the whole wide world, that’s what everybody sees us. Nobody, like – I haven’t seen anyone, like, mentioning activity of daily living, except for very few, like, right now, I see physios are using that word ‘activity of daily living’.

I: Yes.

R: But OTs, I was, like, very mesmerised, “Okay, we were focusing on activity of daily living.” First when I joined this OT, occupational therapy, I was like, okay, there’s really – someone here really having help with the ADL, really? I was like, okay, can’t we do our own ADL, like own chores, like can’t we wash our own hands? I was like, okay, oh, there’s so many medical conditions, where people don’t – have amputated hands, they have psychological problems, psychiatric patients, paediatric clients with development delay, autistic kids, Down Syndrome, CP kids. Oh, okay, they should be needing our intervention process. I was like, okay, okay. Now, I get it, what is OT, yes.

I: Okay, excellent.

R: So, one more thing, it doesn’t impact it, like, but my aim is to do – be a hand therapist in the field of occupational therapy. I want to do something in hand therapy, something in India, or whole wide world. I want to, like, reach out, hand therapy. My intervention should be precise, very onto the point and should be having a good progress. That’s my aim for the field of occupational therapy. I want to be doing Masters in hand therapy. I want to see – I just want to, like, say my therapy should be precise, that it should – no-one should question me why I’m doing it. Even if they question me, I should have a proper point to prove them what I’m doing.

I: Okay, thank you.

R: Since why I’m saying it, no-one should question me, but at the same time, if they question me, I should have a point, because here in OT, everything is unique. Anyone can question you, because if they’re having their own methods to do stuff. Yeah, so, there is no, like, standardised things. We do have standardised tools and interventions, but not everything we are doing is standardised.

I: That’s right.

R: That’s why.

I: Yes, yes, okay, excellent, thank you.

R: Yes.

I: So, I don’t have anymore questions for you at the moment.

R: Yes, okay.

I: But what I would like you to do, from now, is to think about if there is a way that you can record how you are learning from your postings. Whether there’s a way that you can write, or you can draw, or you can think, or you can do a video blog, or things that you could do…

R: Okay.

I: …that would capture those things that you’ve been telling me.

R: Hmmm hmm. Okay.

I: Yeah?

R: That would be good.

I: And then…

R: I can do a video blog. So, you just have to – does it have to be, like, more than, like, a minute or something?

I: No, whatever…

R: And anything?

I: …works for you.

R: Okay. So, I just want – you just want me to, like, show you, like, how the video – like, how we are doing our interventions?

I: I would – no, I would just like you to use that to help you.

R: Oh, to help me?

I: Yes.

R: And do you want me to give it to you?

I: No, not necessarily – no, only if you – you can share it with me, if you want to.

R: I don’t mind. If you want me to do it, I can give you a video blog when I’m back in the college.

I: Okay.

R: Yeah.

I: Okay. Well, thank you ever so much.

R: Yeah, thank you.

I: Okay, I’m going to turn this machine off now.

R: Uh-huh. How long did we…?

**[End of File – 19:18]**