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I: Okay, so, just to confirm, you’ve had the participant information…

R: Yeah.

I: …are you happy to continue?

R: Yeah, I agree.

I: Okay, thank you. Can you just start by telling me about the clinical postings on your course?

R: Yeah, my first year, I think, so when I was doing my first year, we were used to observing it, not a – not – we will be not giving therapies. So, our staff used to split into – we were 24, so for each batch, six members, we will splitting, and one used to sit in one class, you know, a special school [inaudible – 00:42]. So, we will be going there and we will used to do – observe the kids, like, mostly in that school, special school, we will be having CP and developmental delay kids and autistic kids. So that we’re observing what the therapies, what the special educators are doing and what the Physiotherapists are doing, so what the Occupational Therapists are doing. So, this is our first year, so it is useful for us. So, in what it means we are getting more information, how that – how – if we see the parents means they will be meeting here, even they will not care, take care of their kids properly. So, we should. It’s totally different from what we see from outside and we see here, and second year same as we were splitted and we went to, hmmm, G Block OPD. So, you were going there, like, there and here same as with this, we’ll all be going there, and that time we started to do therapies. So, what our staffs used to teach us, so we used to do and we used to do case presentation about that, and we used to discuss here with – so, if I’m seeing one case, I used to present there. So with that itself with our faculty was all used to discuss about that and we used to know about the conditions and what all the different type of therapies and management that after we assess, can be given to them.

I: Okay and then in Year 3?

R: And third year was we went to six, six setups, like, three is from our OPD, so ground Medical Block OPD and G Block OPD and with \*\*\*\*, and after that we went to three wards: orthopaedics ward and general medicine ward and one ward is paediatric ward, so they’re G Block. So, in paediatric, we can’t able to see more of the kids. So, kids were like coming for their dingo fever, like that, but ICU – we are not allowed to go there, right? So they will not allow us, and – but some cases I saw, like thalassaemia ward we used to go, cancer rehab, so there we go and do some therapies and some group activities, like that, we used to do, and we come back. And orthopaedics we – orthopaedics, generally they’re – they have a separate unit for occ – physiotherapy, so we are trying to get occupational therapy there, but it’s still a process going on, but we have more role in orthopaedics side, so, hmmm, yeah, we can have more patients there. So, for one day we used to assess three to four peoples, within two hours, and then, after that second day, we used to go and give some therapies and some counselling for them, if they are – and moreover, they will be for some patient used to be there for two months or one month. Also, they are here, but moreover, they will go within four to five days, so we can’t able to go for further treatment, right, so that. And same as general medicine too, there we can see that \*\*\*\* patient there and neuro patient also, they are shifted one or two cases only we saw ‘til that. And the first year, I thought to say one thing, we went to orthopaedics ward, orthopaedics department, they taught us about how to do splints and something. But not deeply, they just showed that this is \*\*\*\* for that, that’s it, so we know grossly about it, and here in OPD we used to see kids who would be seeing that trait. We used to see kids and give therapies. Day-by-day our associates grade us by how we should give the therapies, according to some approaches. He used to tell what we are doing this, so this is what approach, what it comes under, so, then only we used to – we’d just learn and do something.

I: Okay. How do you think that your clinical postings contribute to your learning?

R: See, theories, we learn. We used to imagine if I’m learning a point that autistic kids have these features, they used to not listen, okay. But I can’t imagine that how people will be like this. Like, I can’t able to get it, how to say? If the girl will – if the kid will be like this, if he behave like this. But by first year, I used to think, how he can be – how the kid can be like this. But after seeing something in realistic, I was less shocked, yeah, the people are there like this. So, it’s very important to know about it and day-by-day we used to observe them, right? So many symptoms and the signs about their behaviour, characteristics, we can get it and therapies, yeah, it is very useful because in future, we used to do therapies, right? So, before going straightaway to them, we should do here in practice, so yeah, it’s good. And so, in Ramachandra, more people are coming, I hope, so it has started just three years before, but compared to other things in Chennai, I think Ramachandra is better and more people are coming, kids, more of them are coming and, yeah, stroke peop – stroke TBI patients are also coming, too. It’s useful for us.

I: Okay, great, thank you. Can you tell me about how you record your postings?

R: Oh, so, if – we have some – in curriculum, we have – if we go for one posting, we used to do two case presentation. So, if two – I have to go two weeks to ward, orthopaedics ward, so you have to take – I used to saw more patient, but I have to take it a different thing about – if my friend is taking her case, I should not take that. I can take, but it will be not useful for the girls, or the students also, because they will be not learning that. They already – they used to already learn that, so I will be taking different case and I used to do two presentation. So, from, yeah, I said before, we used to present here, so, Sir will be teaching us, and recording we have a clinical posting note. We used to write if the two – if two weeks I’m going there for first day ward, what patient I saw in what date? What condition is this and what therapy I have given, and my faculty said, so that is a recording.

I: Can you give me an example of what you would write about the therapy that you’ve given?

R: Or what we present?

I: Yeah, what sort of things would you write in there?

R: Yeah, you know, you are asking about the note, or a…

I: Yes, about you log.

R: …clinical posting note?

I: Yes, yes.

R: Yeah, clinical posting note, we will be put – we will be having columns there. If suppose 18 today is 18/3. So, what I saw a patient, three patients that I saw me, I’ll be writing three patient names and next column will be age and gender, and next column will be what condition. And if I’m doing assessment on that day, I will – I used to write assessment, or else I’ve given any therapy, then I will be writing, I’ve given pegboard, or suppose pegboard, or ladder activities, obstacle course activities, then I should write that and after that I should write what it is useful, in what way it is useful. So, if I’m giving pegboard, I should write it is for cognitive, attention, concentration, so that, like, I should.

I: Yes, I understand. Thank you, that’s great, and do you use your logbook to look back?

R: Yeah, but first year, we had a separate note. It’s over actually, but we used to just observe, right, so we will be not writing much in our thing. In second year and third year, yeah, ‘til now I have my book. It has two thing. Last year what I did and after that, if it finishes, then I used to separate the book, this is for third year. If it’s over then we should take – so, if – I used to compare, what last year we did and what this year we did, it’s more different. Last year, we just used – we used to do therapy, but we don’t know what the concept we are doing. Our faculty told us to give the pegboard, yeah, I’m giving that, but I don’t know what the use is. So, this year, I can know what, okay, for this only, they are giving for this behaviour, we should give that. So, I am learning that.

I: So, do you look back now at your Year 2…

R: Yeah.

I: …notes and compare?

R: Yeah. Yeah, just taking theory part, if paediatric notes, I used to take notes before the exams, hmmm, so our exam is coming next month, right, so I started to take notes. Last year and all, I used to take, but it’s not too much or I used to think it’s too much for us to learn this much, because we used to learn this, why we should learn this? You know, we can concentrate in this part not on this much, this much, so I still think small, small things. But after, knowing and going to practical thing, I thought to know, and we should know that, if you know this only, these causes will be given. So, I used to think that, okay, we should learn deeper, so before itself I learn something good and so, when I compare my last notes to this notes, yeah, it will be totally different because it will be very, very short and this will be so much elaborated.

I: Yes, yes, thank you. Can you tell me about any particular situations, from your clinical postings, that really stick in your memory, that you really remember?

R: Yeah, actually, in psychiatric ward, so, yeah, in second year we went to psychiatric ward. I forgot to tell that. It is very good, very good experience, and, like, we know what that alcohol patient do, but I not saw in real. So, first time I’m seeing that, and I was just shocked, oh, people will be like this. Okay, they are – then schizophrenia patient, I was just blank when I – for practicals, I got a schizophrenia patient, but I diagnosed it correctly and, yeah, it’s good. But, yeah, hmmm, the schizophrenia patient, he used to tell a long story about this. He’s telling, “I’m in military, I went to military,” but he not learnt even made standard. So, I was just shocked, why this man is telling, like, this what happened to him? Then, okay, so this is the problem, so he has suspicious thinking, is another thing. And in kids means one boy, I think he’s four, four-years-old, he tell me like this (indicated pulling hair) and, like, he used to spit. So, for the first time, I used to come [inaudible – 13:45], why this man, see this and they are splitting, how can I tolerate this and all? But they said, “You should,” so from that day only we started to do banding or we used to put our hair inside our coat, so we used to be very safe with the kids. So, what their behaviour, what they thought, and we understand by us, right? So, yeah, that is…

I: So, you learnt quite a lot from those experiences?

R: Yeah.

I: Yeah.

R: First time, I used to keep nails actually, I don’t know how – I know if I give hands something, they can hit you, right, my nails, so I just not thought about that at all and I used to do – I used to keep my hair really free. So, my staff used to say, but I don’t take that much serious about it, but when I get it that, then only, okay, we should do it.

I: And then you learnt, yes.

R: Yeah. He splitted me, more I got splitted and, yeah, he bited me also, that boy, so he used to, so, yeah.

I: Oh dear.

R: And the big thing is, we used to run behind them. If they’re very severe, they used to go, go, go, and I used to run.

I: Okay. Any particular situations that you really remember because you did something really well?

R: Yeah, I got a patient and he’s ASD. Now he will be seven, but I saw him in fifth year, five-years-old. No, five. No, six and a half, six years, five and a half years old, when I first saw him. First, he used to have auditory issues and tactile issues all. He used to smell his mum’s hair, like that, and I don’t know anything about that, that and all in previous – in childhood days. Now, when I saw him, he used to behave like a normal kid. He used to talk, “Hi, \*\*\*\*, how are you, are you alright?” that and all he used to do, and he used to ask me to come to his home for giving me dinner or ice cream. So, I used to think, how this kid – because what I saw from autistic kid is they’re not used to respond to us, they’re not used to mingle in social group, but this boy used to talk with me very good, and I asked his mother. She also gave me a proper intuition about the kid, and after that I asked my faculty, then he said this all the things he had. Then I started and he will not – then only I recognise he only used to, what to say? He only used to behave good with me, not with his mother, even to his mother with the other faculties, he liked me a lot, then I too had interest, okay, we should do something to help him. Okay, then I learnt a lot about autistics and then I did a good therapy and we – and it’s not about the faculty telling you, good job. His mum came and tell, “Actually, you did a good job, he’s now not at all doing such things. He’s just loving me too. He’s ask – he’s obeying my words.” So, first and all he not used to obey his mum’s word, then I say he used to, okay, “I will not do,” he used to say that, but when his mum says he not used to do that, but after that, and days gone, I saw him for six months, I think. So, after that his mum says that I did a good okay. I did a good job that day.

 I: And how did that feel?

R: Yeah, hmmm, it’s quite different because I got a more, hmmm, what to say? More appreciation from my faculty in first year, second year, and in school days, also you used to get more appreciation. But it’s not mean that all, when I get it from his mother, I felt quite different, okay, I did a good job. Okay, I can be a good Occupational Therapist in future. Okay, that’s nice.

I: That’s great. Is there anything else that you can think that you would like to tell me about your postings?

R: Postings? I – yeah, in – we, I used – in Facebook, I used to talk with, I think, she is from Dubai, I think, so one Occupational Therapist, she is also senior most person. She used to talk with them. She started a group, actually. How she got my name, I really don’t know what, but I used to talk with her in weekends. So, she used to share what they are doing, and I used to share what we are doing. So, that time she told about that – the – if the kids are crying there, they’re not used to get treatment, get therapies on that day, but here and all, if they cry, if they vomit also, we used to give. So, I don’t – if I share with her, she used to tell what is the purpose to give them, they are not – they will not get it? So, if they are getting hurt, how they will get your therapy, what they’re coming to see. So, I told, if they not like a place, they used to always cry, right? If I’m not liking to go to hospital, then I will be crying for all the time. Then how the therapy will be going? We used to just let the kid, that is not a big thing, too, and it’s not a big deal, right? It’s not good. We used to – we should – after – they used to get adapted to us, then only they will get a good attachment and they will not cry. So, we should give therapy when the kids are crying or vomiting, we should make them comfortable, actually. So, that I thought and, yeah, she used to tell me everything, but I don’t tell her about certain things.

I: That sounds good. That sounds like it was very useful for you.

R: Yeah.

I: Yeah, okay, so thinking about the conversation that we’ve had this afternoon.

R: Yeah, yeah.

I: How is it for you, talking about your posting experiences?

R: Yeah, actually, I was remembering about ward and all. First, I was telling you, I just forgot my psychiatric part. I just forgot my orthopaedics in splinting ward, but now I’m here, we did everything, but now – we used to tell our faculties we’ve not learnt anything. We are just bland, because when we take occupational therapy, it’s more a vague subject. It’s more deeply, deeply, when we compare to – in medical field, they all used to say, maybe it’s this big thing to do with it, but Occupational Therapist, it’s also the same thing, we used to learn a lot. So, when we are learning a lot, it goes deeper, deeper, deeper inside. So, I used to tell my faculties, we’ve not learnt anything and we will – I will not have any stuff when I go to other college that time, and, yeah, but, yeah, when I’m thinking, my faculties used to say, we all did good, you can – when you go out surely you will have stuff, but I’m not getting about it, but when we are talking, I was just remembering, yeah, we did all this, but we are not remembering that. So, I’m gaining all my memories a little bit, what all I did.

I: That’s good. That’s good, okay, I’m glad.

R: Yeah.

I: Okay.

R: So, what you do in your setups?

I: Oh, we do all sorts of different things. I can tell you about it when I turn the thing off, yeah.

R: Okay.

I: Oops.

**[End of File – 22:13]**