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I: Okay, so, just to clarify, are you happy with the participant information?

R: Yes.

I: And happy to continue?

R: Yes.

I: Excellent, thank you.

R: Thank you.

I: Could you tell me then, about your experiences on clinical postings?

R: So, clinical posting, from first year, we have clinical postings, so first year it was all about observation only. So, when faculties or staff do activities or therapies, we will observe and learn, like kind of ask questions. They will ask questions like, “What did you understand from them, why are we giving, like, that only?” So, first year was all about observation. Second year only, we give – they gave client to us, like, for we have batches, we separated into four batches, so we will get one client for three persons or two persons, that was in second year. So, you will ask questions from what are we doing, like that. But third year, we get individual clients. Yeah, for example, if I go – we have postings in six different places a year, with this or that, and OPD department, OPD and G Block OPD and three ward: orthopaedic, neuro and surgical ward. So, in wards, we will go, we will ask the patient about his complaints or history. So, basically, it was all that we knew, but in our clinical postings, we would get a client, they will assess the client for us and we will do therapy for half an hour, ma’am. It’s wonderful because I don’t know much about the course first – in first year, occupational therapy, I didn’t know much about that, and it’s a new course. It’s a new name, I never heard about it, so after coming here, after seeing what is the different thing? Now I know physio – physiotherapy does are definitely, but occupational therapy is a different thing. We can do activities, so that’s fun, I like to do activities. I like to play games, so that is a way we can treat the people, so it was very wonderful experience ‘til now.

I: Okay, excellent. Why do you think you have clinical postings on your course?

R: To learn, to treat, to learn about something, because we do have internship, that’s a main part of the thing, so we need – we should treat the patients, so the clinical postings are a thing for that. To learn to, you know, if you get curious, get curious, why are we doing that, why are we doing that? So, it’s a thing that I like, too. I’m just nervous.

I: Don’t worry. Don’t worry, there are no right and wrong answers. Whatever you think is right, okay?

R: That’s good.

I: So, when you are on your clinical postings, how do you record what you’ve done? How do you keep a record of the things you do?

R: We have a note for – we will get a signature from our staffs about what client we saw, what age, what condition and what treatment we done. So, we don’t have to write, like – in second year, we can write some basic activities, like, but when you’re in third year, when you come in, you should give why we give you that activity, for the concentration or attention you gave for it, which colour \*\*\*, so we have to write that and only he will see and they will sign it. So, in third year, they will do, so that’s how we record. If we are interested, we can record it on our own only, in notes, he should – we collect what we did, so we have case presentation for that, personally we record that. So, clinical posting note is the main thing we record, how – at OPD, we have a note that we have daily, so where we write the names for our check purposes, we’ll do that.

I: Yes, yes, so when one of the faculty comes to sign your note, do they check it?

R: Yeah, they check it. They read it.

I: They read it?

R: They read it. They read, if you didn’t write like that, if, like, simply I gave certain activities, pegboard, they’d be like, “Why did you give pegboard? Why did you give pegboard to this child? For what purpose? You should all write it, because you’re in third year, you should know that, and all.” So, they will say it like that, and they will ask you write it and come and sign it. That’s how we do it in third year.

I: Yeah, so you have to explain…

R: Explain it…

I: …your decisions.

R: Yeah, why did you give – in G Block, ma’am will ask, “Why are you giving this? What will improve with it?” So, we have to explain it to them also. But in third year, it would mean you do that. Second year, we can – we will give this therapy for that – because we should not write, not necessarily in second year, but third year it is necessary, ma’am.

I: Yes, so in second year, maybe is it that you give the therapy that you’ve been directed to give, so somebody else tells you, do this activity with this child?

R: Yeah, yeah, or then we’ll ask why you are doing this, like? In third year, they will assign to it, you can give…

I: They will ask you, instead of you asking?

R: Yeah, yeah, because we are seeing that child from first year, so they’re constantly coming the same child, so we should know about them, that’s our job, right?

I: Yes, yes. So, do you not often get very many new children coming in, then?

R: Yeah, some – in G Block, I’ll get new children, because we will change some of the postings on a month. It’s two weeks, two weeks, so in two weeks, I’ll get the same clients, or new clients also. For first time you’re seeing, ma’am will be with us saying that this child is new, he has this problem, what will you do for that, and all? Next year, we will do our own – we will ask, is it okay to give, ma’am, is it right, it’s okay? And say yeah, it’s good, fine, you should know what you give.

I: Yes.

R: That’s the main thing.

I: Absolutely, yes, okay. So, do you write anywhere else, any notes about what you do?

R: Sir told us to keep, you know, he told you, you should write every client you see, you should write about his treatment, how he improved. If I’m first I’m seeing a child in my third year starting, if I’m seeing the child in the last term, something should have improved in him, because I should know he’s improved, so Sir said to keep a note of that. So, I’m trying to.

I: You do that sometimes?

R: Sometimes, only not often, I’ve just forgot.

I: Okay, yes, it can be hard to remember, yes.

R: Yes, there’s so many test and…

I: Yes, yes, so many exams.

R: Exams.

I: Okay. Can you tell me about any particular situations, from your clinical postings that you really remember, that are really important?

R: Really important? I think teaching. One day we had a stroke client, so at the starting of the third year, so I didn’t know what to do to him, at all, therapy should I give him was starting. So, Sir came. Sir said – he said, “Assess the patient first.” I assessed the patient. He said – like, I’m very embarrassed that I don’t even know how to assess him first, so I was very embarrassed to do that, Sir, and only you should know because nobody’s going to teach us, we should take our own interest and if we are standing out in a crowd, okay, he will do that. Yeah, I can just observe, then we know nothing will happen. So, he said, “Come, assess, check if muscle strength, you have to check, you have to feel that and only then only you should know what therapy you have to give.” What’s that word, it’s like passing a nail into my heart, that you should – Therapists should be like this and this only because maybe our clients, they are, that word I cannot forget anything, because now also, if I’m seeing a child, I will hear his voice that you have a responsibility because they are paying and coming. They are childrens, they are the clients, you should know what to do. If you waste that 30 minutes, that’s like a, you know, how do we say? Sin, that’s a sin because we are seeing that patient, and like that word, I cannot forget that.

I: No, no. So, after that incident then, what did you do?

R: I took more interest, you know, if a child came, I took my child, or somebody came, I will be more interested in history collection, about knowing the patient more, about his problems. So, based on that problem I’ll give the activity, ‘cause you should know, okay, activity, we should give, something pegboard, after that only I should do that, improve that, that’s the main goal. In third, I have to make worth of the 30 minutes, because it’s only 30 minutes in a week. Three sessions or four sessions only they are coming to us, so that three sessions, you have to make it worth. They should say improved, that word, from the mother is good, “After coming to now here, he improved somehow.” That words, I should hear. That’s the thing I want to hear.

I: Yes, and have you had situations where that has happened?

R: I have.

I: Oh, can you tell me about one?

R: That in G Block only, that ma’am, he said, ma’am is very good. I like that she teaches us a lot. Okay, one day something how you – something about not sitting, this child was not sitting at all, he was aggressive, so ma’am and I saw the child for four times only. After four times, that child parents came to us and said, “He’s okay, he’s sitting,” because ma’am told some instructions to the parents and to follow this and this, during that he did something. So, they said, “Now he’s learning, he’s coming to us, he’s asking something,” so that, I like that, the incident I remember.

I: Yes.

R: So, that’s all.

I: Excellent. Any other times when something has gone really well that you remember?

R: Not with me, but with my friends, and all. Somebody asked particularly for my friend to do the therapy, in another department ask my friend, that you should give therapy because of you my child is sitting, that my friend and my [inaudible – 09:35] it didn’t happen now. I hope it happens in future.

I: Yes, yes, and how did that make you feel when it went well with that child?

R: With him?

I: How did it make you feel?

R: I feel happiness, and we get a proud feeling that he has done something in his practical section, so I thought I should also hear that sometime from anybody.

I: Yes.

R: And that’s the thing I want to hear. ‘Til now, not happened. I will hope it happen in the future.

I: Yes, yes, and have you thought what you can do to make that happen?

R: Again, be more, I don’t know, responsible and more, you know, to see the clients, what to do to help them or treat them in a short – no, I took – I should take a short goal and make that happen first, for I cannot take a long-term goal and will wait for three months. Because I’m not seeing the child continuously for a long period, I will change two weeks, two weeks, two weeks, so when only fourth year only we get a client continuously from assessing two, three Therapists, we will get a client, but not in this. So, if a child is coming for me – coming to me for three or four sessions, I should make what I do, I should tell the parents what I did today. For this only I did, if you see any improvement, come and – if you have any doubt, come and ask me, like that, I should ask they do.

I: That sounds great. That sounds really good. Is there anything else that you would like to tell me about your clinical experiences?

R: And no, don’t know.

I: Doesn’t have to be.

R: And no.

I: Because then we can move on to ask you about having a conversation with me today about your experiences on clinical postings, how was that for you?

R: That’s nice because I – now I know what I did in clinical posting, because I don’t think about that much after I go home, because I’m very tired after going home. Plus, I have travelled two hours from here, so it’s very…

I: Right, oh, that’s a long way.

R: Yeah, and two hours from here, so I get tired easily and I go to sleep only and the next day only, I wake up and by the time coming here, then only I start thinking about it again. So now, when you talk to, like this happened, the experience that I feel, and I need to do something more here. So now and talking to you, I like to remember that we did that, I did that and that happened, this happened, like that.

I: Yes, and some really good things that happened…

R: Yes, it did.

I: …that you remembered.

R: Yes, I remember now.

I: Which is good.

R: Yeah, yeah.

I: Okay, well, thank you.

R: Thank you.

I: I don’t have any more questions for you.

R: Thank you.

I: I’ll turn this off.

**[End of File – 12:34]**