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I: Okay. So, just to confirm, you’re happy with the information that you got about the study?

R: Yes.

I: And you’re happy to continue?

R: Yeah, yeah, I’m happy to continue.

I: Excellent. Thank you very much, that’s great. Can you tell me about your experiences on your clinical postings?

R: Okay, so, we have started our clinical postings at first year, ‘cause we were the first batch, so we started then, so we are. I – like, I’m not a pro, pro in experiences, that what I gained is that I can handle any kind of patient, like, \*\*\* psychologically. So, that’s the experience I gained, and we mostly go for paediatrics. We have a lot of paediatric clients ‘cause it’s just a developing department. So, that’s it.

I: Okay.

R: What do you want more?

I: Okay, no, that’s fine. You’ve described to me what you do on your postings, that’s fine. So, what areas of practice have you done, is that all of them that you mentioned?

R: Yeah, like, which…

I: So, you’ve done paediatrics.

R: …speciality?

I: Yes, yes.

R: So, we do paediatrics on major. Majorly we do paediatrics, and we get neurological clients too, like stroke. We haven’t seen spinal cord injury yet, like stroke, some peripheral nerve injuries, like that. Hmmm, paediatrics, no idea about geriatrics and in ICU, and all, prenatal, we haven’t yet. So, these are the major areas.

I: Yes. Have you done psychiatry as well?

R: Yeah, psychiatric, too.

I: Okay. So, when you are on your clinical posting, how do you record, how do you write what you’ve done?

R: If the patient is new, we are handling it new, we get an assessment. We do it, or Sir tells, informs us to do – write a, like a report, and we have a logbook, too, where we enter the clients we saw today. Every day we enter and get signature from our staffs.

I: And so, when you show it to your – the faculty, do you discuss it?

R: Yes, we do.

I: Yeah?

R: Yeah.

I: Okay, what kind of discussions do you have?

R: Like, they ask us – we actually enter the name of the patient, the condition and the type of therapy we gave that day. So, we discuss about the therapies, like, what you gave, how can you – why did you give this therapy? So, like that.

I: Hmmm hmm, and are you happy that you can always explain what you’re – why you gave that therapy?

R: Yeah, like, we can learn a lot and feel – I feel accomplished, like, yay, I did something today.

I: Uh-huh, excellent, and what if the faculty ask you a question about what you’ve done and you’re not so sure?

R: Sorry?

I: If the faculty says, “Why did you do that?” And you think, I don’t really know?

R: Yeah, I have felt…

I: Have you had that?

R: Yes.

I: Yeah?

R: A lot of times. (laughs)

I: And what happens then?

R: Sorry?

I: What happens then, in that conversation?

R: I just stand still. I don’t know, I say, “I don’t know, Sir, I really don’t know what happened.” Then he, like, corrects the mistakes.

I: Yeah, so he explains that to you.

R: He explains that to me.

I: Okay, so next time..…

R: Next time, when we do that, oh, yeah, we at least remember what he told us.

I: Yes, yes, okay, that’s great. Thank you. Can you tell me about any particular situations that you’ve come across on your clinical postings that really stick in your memory as being really…

R: Okay, is that a good…

I: …important?

R: …or bad experience?

I: Either good or bad.

R: Bad, okay.

I: Or both.

R: Recently, we came across a very bad experience, like we had a client. He was a stroke patient actually. He’s married, he’s 41-years-old, everything’s fine. He couldn’t speak, the area of speech was affected. So – and the patient was a Hindi client, so many of us don’t know Hindi, except me and the other guy, so we two went and handled the patient. So, what – at some instance, we just smiled at each other, so what his mother thought was, we were making fun of that patient.

I: Oh, right, okay.

R: So, she just shouted, and she said that…

I: Oh dear.

R: …we don’t want to continue here and then, stuff like that. So, that really sticks in my mind.

I: Yeah, so, what did you do, then?

R: I clarified it to Sir, Professor, and then we apologised. I – we made sure that it wasn’t about her son, then she was okay. But initially, this was the first time we handled an adult client independently, so the first time it’s this experience was a little…

I: Yes, so, maybe you were nervous and it came across in a different way perhaps.

R: I was.

I: So, yeah. So, any particular situations where something’s gone really well, and you’ve been really – it’s really stuck in your mind as a real achievement?

R: A good experience? Yes, the same thing happened as while – hmmm, a stroke patient, he was 61-years-old, and he said, “The way you speak, the way you handle me, it’s really good.” So, that was nice.

I: Yes, and could you work out what it was that was good about what you did?

R: Yes.

I: Yes?

R: The way I speak to him was very respectful. He complimented that.

I: Yes, so then you could do that again…

R: Yeah, I could do that again.

I: …with another person.

R: That actually motivated me a lot.

I: Yes, yes, I’m sure it did, yes, yes. Any other times when anything has gone really well?

R: Sorry?

I: Any other times when things have gone well?

R: No, I couldn’t understand.

I: Sorry, any other times when you have achieved well?

R: Yes, any other times? There are little things daily, it happens, but this was something from…

I: That was a big one.

R: …a very big one.

I: Okay.

R: Yeah.

I: That’s great. That’s great. Is there anything else that you want to tell me about your clinical postings and your experiences?

R: Hmmm, like what? I…

I: Anything.

R: Anything? Okay, so…

I: Doesn’t have to be.

R: So, what I feel is that, like, it’s not my experience, what I feel about this career and the practice that we are doing is that many of people have problems and they don’t come up to OT, where – no, the scenarios are different in India and the other countries, people just love serving others. Like, if I’m a daughter, like in – what I have seen is that, in foreign countries, people just love being independent. But here, once the age is crossed, like, about 40 or 45, what they expect is that we have to serve them, whether it be a daughter-in-law, daughters, son, whatever it is, even my grandma expects that. You have to serve me food, you have to serve me water, you have to serve me medicines, like that, but the scenario is different in your country, right?

I: Yes.

R: So, that’s why I feel that the scope of occupational therapy has not yet come up in India.

I: Yeah.

R: A great example is you, you’re so independent.

I: Yes.

R: The day you presented me that, I was like, wow.

I: So, my last question is about the conversation that we’re having, how is that for you, talking about your clinical posting experiences?

R: It’s new.

I: Yeah.

R: No-one have ever asked me this. It’s new to exper – like, share these things, even I have never shared this to my Professors or my parents or my colleagues. This is something new I could share and with a different person, a person from a different country.

I: Yes, so is that a good thing, sharing it, do you think?

R: Yeah, it’s a good thing.

I: Yeah, okay, that’s great. Thank you, that’s been really helpful. Thank you.

**[End of File – 09:35]**