**P2**

I: Okay, so you’ve got your participant information, are you okay with that? Is there anything you want to ask me?

R: No.

I: No?

R: I agree with that.

I: Okay, move that a little bit. Okay, so could you just tell me about your clinical postings on the course?

R: Yeah, and now I am in the current third year, so we have a clinical experience for the past three years in our department. For the first year, we had just observation. In our clinical posting, our main aim was to create the rapport between the patient and the clinical Therapist. So, that we have, in the first year, only the observation part, while the Therapist will doing therapy, our part is to just observe all of the signs and symptoms that the client is experiencing, and to create a rapport between the clients, oh, also with the parents, too. So, that’s the great thing we have done in the first year and also, it helps to experience the way of handling the clients and also, to deal with the parents, it does mean a great experience in the first year. And in the second year, we came to deal with the patients with our friends, with two of them or three of them joined together, to see a client, a particular client, for a half hour session. So, that has created us for some self-confidence in grading us to see the client with our own and our faculties will guide us in paving that path we took, give therapies in such kind of things. So, that has been created among us to give some self-confidence, like we can able to see the client. So that is the main thing, and the second year, it’s like that. Now, in the third year, we came to see the client is allotted for us separately, like this client is meant for – so that regular follow-up could be done. Actually, in second, I failed to do that, so that’s what, that is corrected in the third year, so that the specific line should be followed by the specific student, for two to three months. So, that only the client should be seen on the student, with the supervision of the faculty, so that they may correct us in the therapies set ups, all of the things we do wrong, anything, so they will correct us. And also, the clinical teaching is very essential for us. So, having the client in front of us and teaching the – teaching us to what is the symptom of this, or for the therapy you can do for drooling and particularly the symptomatic therapy, like they say in the medical line, so that we have came to know in the third year and a lot of clinical, because we have experience in this morning session fully in the clinical set-ups. So, that has been probably for you, it’s been a great part of that, because third year students are spending eight to 12, that is nearly four hours of our day, nearly for eight hours and four hours of that we are spending in the clinical set-up, clinical part. So that you could learn a lot in this, apart from the clinical set-up, also.

I: So, is it less hours per day then, in Year 1 and Year 2?

R: Sorry?

I: Is it less hours per day in Year 1 and Year 2 on posting?

R: Yeah, yeah, yeah.

I: Okay.

R: Yeah, for the first year, we have only the observation, then two only on our postings of per day, and that’s it. And the second year we came to do, like, two hours of that because other timings we’ll be having the classes in-between. So the thing goes on like that, we have a lot, and because our third team, ‘cause if we have 13 papers, we have and for the second year, so that is a great complex thing. So, in the third year, we have only six papers now and the morning session will be for clinical posting. We have also graded for that, clinical posting and I’m graded, so…

I: Right, so how do you get graded for the clinical posting?

R: Yeah, based on the – we have on clinical posting record, so we’re recording all the clients, and what will we see, and the note – particularly we have maintaining separate note for that. So, based on that, and also, based on the behaviour, how we are handling in the clinical posting, like, wearing coat, and some of the real, like, behaviour are, so discipline should be maintained under clinical posting because of handling the patients. How we are dealing with our students itself and also, with how we are dealing with the patients and also, with the parents. So, these are all things will be graded and also, the progression of the patient, how dedicatly – dedicatedly we are seeing the patient, and all these, kind of things, yeah.

I: Okay.

R: And also, we are – we have separate assessment for the patient. At last, we’ll be given one separate line to do the assessment form and also, what are the expected outcome goals we have to set for the specific client and also, the intervention part, according to the approaches, how we will do that. So, that comes also, in the clinical posting, so…

I: Okay. So, what do you think is the purpose of your clinical postings in the course?

R: Yeah, I think, because we are – as we are the medical profession, so we are studying only for the sake of the patient. We have to work for the patient benefits, so that’s the main thing for our occupational therapy programme. So, that, I think, within the four years of not only learning, learning, learning, this one part of clinical posting helps us much more to be a – and to be a practice with the – after four years we’ll be practicing, right? So, this is – this will – going to be some to learning our time of this and also, we are to learn as much as possible. If we do wrong, also, and we have to correct it from the wrong things and also, then only will be seeing the patient with some gratitude and also, with some confidence we can able to handle this client as person as possible. So, that’s some – it gives us some confident and self-validation, also, so…

I: How do you know, when you’re on a posting, how do you know when you’ve done something well? You mentioned doing something well, doing things well.

R: Oh, how while I…?

I: How do you know when something has gone well?

R: Yeah, and because, yeah, that’s what I told that in third year we’ll be following the same client. So, we’ll be – ah, now, we have experienced a lot, because also, this will be going, so – but two weeks, once we are shifting in the postings. So, after the two weeks, then other postings will be shifted. So that, after one rotation comes, I will be, again, will be in the same posting, so I’ll be seeing that client, okay, and some – and a lot, one client mainly, one client I have seen this, at the time is now one and a half years, while coming, he didn’t walk at all, so it’s like a development delay. So, after one clinical posting rotation and went through and, again, we have entered into that. So, that time I felt now he was walking, that I was suddenly shocked that, okay, we – some kind of happiness came into us, like, because with therapy and also, the interdisciplinary team works a lot for him and it’s come out of the milestone achievement, and this is really a milestone achievement for his parent and also him, that – so, like, with many thing, because many clients we are seeing, that unique thing, like mainly at the time, initial time of entry, no eye contact at all we have seen. So after that okay, he’s maintaining some eye contact, okay, slight improvement and all we can see, so that it’s really a happiness for us, in this relationship.

I: Yes, I can see.

R: Yeah.

I: I can see that.

R: Yeah, that’s…

I: So, how do you – you learn then, that you’ve done something well.

R: Yeah.

I: How does that help you next time with another patient?

R: Yeah, yeah, that’s great, yeah. If we – I also went through that, if I have learned one article, that some – also, the proven article, that is, we have something they have put in the intervention and I have seen that outcome, so that only will be written article. So, I have learned such articles, and that really, actually, shall I explain that article to you?

I: If you want, yes, yes.

R: Yeah, that article is mainly about the crawling, okay, if the milestones we have heard of it many times, like, if the child has skipped the milestone of crawling, he wouldn’t be experienced that the palmar or the touch and all, exploring to the floors. So, that, that impact is mainly on the academic side. So, if he grows, okay, he’s totally skipped up this crawling milestones. When he grows to stand, okay, at five years or six years, he will be entering into the academic readiness. So, at that time, if he fails to write, so that that will be a problem for him, so that time, the child, the particular child, fails to write or inadequate grasp and all, so that is mainly due to this skipping of milestones of crawling, because if he crawls, means he can able to explore the hands, the floor, so that the arches will be forming in the hand. So, that grasp and all will be adequate. So, that is a main thing we are seeing, in that article I have studied and that I experienced, okay, this will – this cannot be, okay, this is also, like, accepting statement for this. So I thought to implement this for an LD patient, if come – coming for us, I would have been asking for the history of the patient, for this LD patient, whether he has achieved with his crawling or not, if that would be an impact for this. So, I was wondering that. So, after that, after evaluation of this, say, okay, this maybe – could be like you can’t expect that the main reason for this, but this could be a reason for him lack of writing or inadequate grasp, he’s having in writing. So, I thought of it like that. So, after that, I can give the crawling obstacles like with the crawling of them and then, exploring that, such kind of things, what he has lost, so that is mainly the neuroplasticity, a learning of the lost things that could be, so I am implementing that in the therapy set-up. There are many things. After seeing the patient, we will go and learn back, it greatly impacts our clinical setting to rate us, so, studying and applying it to here is greatly giving us a lot of changes in the clients, regarding clients.

I: Okay, so if I’m right in thinking, correct me if I’m wrong, you – the last bit you were saying was that, if you see something in a posting, you know, clinical, that you don’t know, then you go and find that out? Is that what you were saying, you go and look it up?

R: Yeah.

I: You go find information?

R: Yeah, yeah, yeah, that is what I was saying. If we don’t know anything, like, in the, like, neuro patients, like on recent times we are handling with the neuro patients, like stroke and all. So that time we will feel somewhat difficult to handle, but by the time our faculty will guide us. So, observing the faculty’s therapies and also, improve our sense, okay, these kind of things we are – they are giving. And also, for this particular goal we have, so we are setting the goals for the patient. So, regarding that goal, how can we achieve the goal through intervention? We have to go and learn that. For example, normalising the muscle tone, especially for the stroke patients, how will do that? So, that’s a very big question mark. So, that will go on, again, to raise our approach as a main mode of treatment is like the approaches. So, how they are – how that is, like, understood way of treating, I think. So how they have done that, based on the muscle tone, normalising, or like weightbearing of the activities and strengthening the upper extremities, that’s kind of positioning where is that particular positioning? So, that can be implemented, whatever study, okay, if it only studying, not applying to the patient, means it’s just dumb, dumb thing, so if one – if study and then applying is always resting in our mind and also, goal-oriented approaches will help us in the – also, in the implement of the patient, also. So, that would be...

I: Okay, thank you. Can you tell me about any significant events during your clinical placements that you really remember, for some reason?

R: Yeah, a significant reason, in the therapy?

I: Yes, something that you did.

R: Oh, I…?

I: You’ve done in a posting?

R: Yeah [pause]. Hmmm, we have gone through the clinical postings for the – apart from this OPDR department placement, we have also posted for their postings in ward set-ups, like, in orthopaedics ward, paediatrics ward and also, for the general surgery ward. So, these are the subjects we have handled in our second year, but third year we have such opportunity to get into the ward and we are experienced to see somewhat new cases, which we have learned in the clinical theory set-ups, like amputation and the spinal cord injury, which we didn’t receive in our OPD, but we have a great role in dealing that patients and also, TBI patient, we have. And also, we have listed into the ward and I have seen that, like, coma patients and the faculty’s guided us to get into that. And then, so that kind of things of the – for seeing the patients through as, like, applying, okay, there’s other symptoms we have learned, but didn’t see that recognise and also, somewhat really unique things and all we have seen that and also, a great impact is that I know, OPD set-up, down syndrome cases there, and they used to come and sit and cry, that’s what he will do. So I imagine him, why he’s doing, okay as well, and not look at me, why he’ll be like that? But why he’s – okay, well, what can – he can do, he can just simply come and sit. Okay, his mother also gave something, he can at least for us can explore the things for two weeks. Also, he can just explore and create a rapport of them, after then he can come up. So, then we thought, okay, well, what can he do? Okay, I just – after that I’ll get the ball and throw it up and then he also throw it up, or whatever I do and he started to imitate me. Okay, he can do that. Okay, after all I – okay, we can make it as a, like, functional activity. So then, I brought on basket and he can throw, so why can’t he be a productive one? So that when he throws the ball, I kept on basket in that, so that he can goal-oriented, like focusing on the basket and can throw the ball, so that he, okay, when he goes throw the ball, I get to swing the basket and collect the balls. Okay, after that he came okay, we have to throw the ball in the basket only. So, after that for picking the ball, he just – in the sitting position he moves through and then he crawls and moves away, it’s okay, from sitting, from what he’s moving. So, that one, one steps I have noticed as much in many clients, then something like some satisfaction gained to me, okay, something, okay, from sitting and crying can do this. Okay, after that we onto – it’s not like grading, all I felt is…

I: No, I think that’s good.

R: Yeah, I’m happy, so thank you.

I: Okay, has there been any situations on your posting that you have found difficult?

R: Postings, yeah, as I told already, that these, kind of cases are really challenging for us, like, neuro cases, because paediatric, we have seen from the first year. Only the paediatric case, many, or some kids and all we have will not do it, and it’s not wrong, you can say, but apart from that, neuro cases and ortho cases, and any different unique cases, how we are going to handle. Like, we know that main mode of treatment is, like, setting up the goals and working through the goals, and the interventions through the goals. But, anyway, how will we handle that, it’s quite challenging and also, we want to learn more of that, so that I – how can we outcome is that, we’re seeing all the patients repeatedly and going outside the postings, seeing, like, many we have psychiatric postings outside and going through that, for the observation, can – we can get some knowledge and also, confidence regarding that, that we’ll see the patient, I think, so what probably could help, I think. I don’t know. So, that’s challenging, somewhat difficult…

I: Yes.

R: …we – I think, so…

I: Yeah, so I think what you’re saying is, when you come across something new that you are not sure what to do with, you don’t – does that make sense? Is that what you’re saying, that if you come across somebody with a condition you’ve not come across, that’s quite challenging?

R: Yeah.

I: Yeah. Yeah, that’s fair enough.

R: Yeah, well, it’s okay, but we have faculty, they’ll guide them, but for initially what we’ll do that, some kind of questions arising from them anyway, if we don’t get help, we’ll ask the faculties. They’ll say, “Okay, do this, do this,” and all, we’ll go according to that.

I: So, your faculty have to know a lot about a lot of different things.

R: Yeah, of course. Yeah, for that, we have different kind of specialties, OT paediatrics at Ramachandra and neurology and the amputation specialist. Yeah, so that…

I: So, there’s somebody to cover everything, is there?

R: Yeah.

I: Okay, but is there any – is there anything in particular that you use to help you to learn in your postings? Do you – there might not be…

R: Use?

I: …when you – say, when you come across somebody who has a condition that you’re not familiar with, what do you do? Do you write it down? Do you think, do you talk to your colleagues?

R: Yeah, yeah, yeah, I have an habit, which sirs, the faculty guided me that whatever clients today I’m seeing, I’ll go and write it in my register, so that I have that habit in my diary and I’ll get used to it. So that the clients, all of the clients, any different thought in these, kind of clients, not only the assessment, but also, therapy, whatever client I’m seeing, I’ll go and register that in my diary. So, that could help me and also, on the progression of the patient, today I’ll see this and I’ll – we have the log note also, whatever clients today we are seeing, we have the log note for entering that and other clinical sides of that. But apart from that, you are seeing that it’s, yeah, it’s right, like, if we are doing anything, we can write it and work for the patient, it’s right. But, oh yeah, but anyway, we are having the theory purpose classes also, but we couldn’t fully dedicate for the patient and do work on the postings alone, because afternoon we have the classes, like one to four, and then eight to 12 and all on the clinical posting. And on that time, we can discuss the patients, because it is having like that, we can share the knowledge of what other students have done this. So, not all of us in the same postings, so we can, yeah, we will do that, so whatever patient we have handled, because we have the different kind of language patients also, some coming from the Calcutta area. So that Hindi, that patient know only the Hindi, so that, our class, in our class, only two or three of us knows Hindi. So that has been a great – so that, students, our friends alone, went and assess the patient, so what we have assessed, so what are the things we can collect from the friends also, all the history and all of the complications he’s having and also, the ward the therapy have given to him, so that he can, she can share with us. And probably, this is a nice thing that you have to do, I know that, but I think the patient’s progression, whatever today they end with, like how he’s progressed with that, it’s nice thing that we have to follow that, I could agree with you, and that should be done, but in other students I…

I: Okay, thank you. Is there anything else that you would like to tell me about your postings?

R: Yeah, I have to tell that, because in order, I don’t know to compare that, it has been a great thing to, like, after sharing you, we have seen, okay, this much of clinical exposure we are having through for this three years of student experience. And also, be grateful for this institution, like, giving for this, kind of, this much, kind of, time of hours to spend in our client. I don’t think so in other colleges they are doing, doing, yeah, so because us we are – like, it’s, like for engineering, they are going to work as an Engineer, but for this four years, they are going off full strength, focused on the studies only, after they are newly experiencing to their job, but not us, we are not like that, and also, not doing that. So after not like job-oriented also, what other thing we are going to do after the four years, we are experiencing just now. So, this is, like, being lucky, I think, because we are doing it now itself.

I: Good.

R: So, it’s, like, because of the faculties and also, institution, we ought to thank you. We want to thank you too.

I: Thank you.

R: To just I have collected my memories from the first year to the third years and also, the clients, sort of things to that syndrome client also, \*\*\*\*\*.

I: Yes, yes, is that helpful to think back?

R: Yeah, yeah, that’s, okay, something I have never like, I can go back and think. Thank you for you also, ma’am.

I: Okay, thank you. I’ll turn this off.

**[End of File – 25:57]**