I: Okay, so, you have the participant information sheet, are you happy with everything on there? Any questions?

R: No, I don’t have any questions. I’m clear about it.

I: Okay. You’re happy to continue?

R: Okay.

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

R: So, we are during our first year of our course. We will be usually observing the therapy given by the Therapist, and we will be collecting information from our seniors, on each and every clinical aspects like paediatric, psychiatric, and orthopaedics, paediatric, some other geriatric sections like this. So, it’ll be while we are getting some informations. In our first year, we will be getting some idea, like how we should treat the clients and how we should handle them, in our future days. So, while imagining we can get some creative ideas about it and we can implement it on our future days. So, according to other courses, occupational therapy is really a good one, while handling the differently abled peoples, and mental illness, such kind of things, so it is really a different world from our normal place.

I: Yes, and so in Year 2, what happens in Year 2, in your clinical postings?

R: So, in Year 2, we will be knowing about the assessment tools and how we should assess the client and with what body attitude and body languages we should deal with them, and about the ethics of OT, maintaining of the datas, treating them again and again, in their future aspects, so that will be taken in our second years.

I: Okay, so, when you’re on your clinical postings, how do you record what you do?

R: So, we usually maintain one log note. The log note is considered as, if I see a client today, I’ll be mentioning their name, their age, their sex, and then their diagnosis, and the treatment, which I have given them, in that half an hour or one hour period. So that will be continued. We will be having one copy with us in our note and we will also record in our clinical posting notes, which is there in that posting place. So, even if I’m not there day after tomorrow, someone who is going to handle the client day after tomorrow, they will be getting an idea about the diagnosis and the treatment given for some – for related to their goals and achievements.

I: Okay, so, the logbook that you keep, how do you use that?

R: We will be – it is not just like a note that we will have within our self. We will be getting it signed from our faculties, so they will also get an idea that this student is attending this client and she knows the whole detail about the client, and she knows how to handle them, for their future goals.

I: Okay, so, does that mean you use it to discuss with the faculty?

R: Sorry?

I: Do the faculty talk to you about what’s in your log and how it is?

R: Usually, if I do any mistake, he will be like, why are you diag – you – the client was diagnosed with this disease, so then, why are you giving this treatment to them? So, if I have any idea about the treatment, which I have given, I’ll be explaining it to my faculty and he will be again, telling me that if it is right or wrong, or if it is wrong, he will be changing my treatment intervention plan, according to the client’s disorder.

I: Okay, thank you.

R: You’re welcome.

I: So, could you tell me about any particular events that have happened, during your clinical postings, that you really remember?

R: Sometimes, actually, I am only single child in my home, so I have never experienced other child beating me, or some kind of things. But when I’m attending these, kind of postings, the child with some aggressive behaviours or temper tantrums, it is really difficult to want to hold them and, yeah, making them come back. So, I have even got bite from the child, but I should hold them and control them with a soft manner. I should not make myself rude to them, then they’ll be hating me, when they are coming again back to me. So, that was really a memorable one. Even though it pains sometime, or it sometimes kills or hurts inside, but I love that. I love handling those kind of kids.

I: So, can you tell me how that experience of handling children, which has been quite – some of them quite difficult, how you have learnt from that?

R: How I’ve learned? Only by my first-year observation period. So, I have observed my faculties handling aggressive behaviour child. So, they will be, like, calming them with their – controlling their body posture, or making them – having whatever the child enjoys in the posting period. So, most of the child will enjoy the trampoline and playing on the gym ball or some sensory seeking activities. So, if they’re aggressive, we will leave them for a few seconds, and we will again catch them back. So, on observation and on asking again, again some questions from our faculties, they were clearly explained about how we should handle. We should handle them like a – our child, we should not see them they’re from outside. So, we should handle – if you’re handling your child, you will be handling in a soft manner, so you should handle them in the same way.

I: Yes. So, can you tell me about a time when you’ve done that successfully, then?

R: Sorry?

I: When – can you tell me about a time when you’ve handled a child and it’s gone well?

R: Yeah, I had a client and he was an ASD and repeated intervention section with him. He has been attached to me and he got the perfect idea about I’ll be handling him in his comfortable way. So he always comes to me, whomever the faculties or whomever the students around me or not, he’ll never bother about it and he’ll come to me and I will always take up him and I’ll – on – or I will manage him with his comfortableness, and I will also give according to his goals and treatment plans. So, it’ll be a – will be co-ordinated in a good manner and he will also co-co-operates with me and that half an hour period will be really engaged with them.

I: And can you tell me how that makes you feel?

R: Sorry?

I: How do you feel…

R: I fe…

I: …when that goes well?

R: When the half an hour section is really over and he’ll be like, “High five, ma’am.” “Okay, fine, high five.” Okay, the child is really so cool, and he is really interested in being with this treatment. So, I feel like, wow, really, I’ve really done a good job today, so you had succeeded one client out – good out from the society.

I: Okay. Any other experiences that…

R: Hmmm.

I: …you really remember?

R: I really remember, what else? My first client, who – he is not – he is also an ASD. Mostly, we’ll be getting the ASD clients, so he’s like – he’s so small, three-years-old, and he’s not co-operating to my words. He is – he doesn’t have the eye contact with me, and I just started with the pegboards, which you usually do. Actually, he was a regular client to our department, but that was the first time I met him in the OPD. So, again and again, I had a two weeks’ posting in this OPD, so he saw me nearly three to four days, again and again, sections. So, for the first two sessions, he doesn’t co-operate with me, but again after the third section, I just changed the intervention and I asked about the – I asked to the faculties about his – “He’s not co-operating with me and he’s really disturbed from this environment. He doesn’t like to come inside our OPD, so what – how can we make him interesting in this particular kind of things?” And he was like, yeah, you can change the regular routine pattern of him, so he will – he has been settled down, if he comes to the OPD he should do pegboard and trampoline and that balance beam. So, I just, totally converted all the activities given and I asked about – I asked to his parents about his own interests. So, he is good in painting, it seems, so I just took him for three to four sections, according to the painting, drawing, in some – or kind of things, hobbies, his – according to his hobbies. So, he was really interested to come back to the OPD, so his intention was changed, and nowadays, when he comes inside the OT, he never cries for that. So that was – and now, whenever I see him, I know he was my first client, right? So, he…

I: Excellent, well done. Okay, any particular memories of – have you done postings in the psychiatric ward?

R: In psychiatric ward, we usually give group therapy. So, in group the – even though we are assessing one particular client, in group therapy we’ll be seeing all – overall, all the clients in the same – in a particular event. So, while observing in a group therapy, I can easily see an opposite character in a group therapy. So, if we keep on instructing them about the games and they will be doing it again and again, and they – even there will be lots of confusion in-between them itself, whether I should do this or not. I am not ready to do this, let me go and sleep back in my place, but we are not supposed to allow them like that. Okay, if you want to go, you go, so we should not give up our hope, so I’ll be, “No, you can do it. Come on, man, you can do it. Come, sit. Why – when they – when these people can do, why can’t you? So come, come on.” We’ll be pushing them with lots of motivation. So, with that motivation, they all say, “Okay, fine, I’ll try,” and they will be involving in the next two sessions or third session, so it’ll be, like, a good time when we give a group therapy.

I: Okay. Can you tell me about how you apply things that you’ve learnt in the classroom in postings?

R: Hmmm, in classrooms, faculties will be engaging us with some of the postings idea. So, basically, if we get some more time, they will be asking about how do you deal with an ASD child? And they will be giving one – giving us one situation, if the child is having an aggressive behaviour, if the child has no eye contact, how would you gain his eye contact, or how will you gain his attention span? So, while we are answering – as we are beginners, while we are answering for that in our own creative idea, if it is really a creative idea, he’ll be pushing up with the new ideas, or else he will be like, “No, I guess so, this will not work.” So better you try – you think more, and you just come back to me with this – or kind of, which answers the same questions. So, we will be like, “What are the answer I said is not right? Why?” So, I should think some more, some new things, then I’ll be thinking again and again, and I’ll be like, “Why it is not right?” and then I’ll be applying in my postings. So, every day we’ll be having postings. Then I’ll try my own idea in the postings, and he will be – if I didn’t get the attention span, I’ll be like, okay, then we should think some other new way and we should create some other new things, and I’ll be applying it again on the next postings. So, once I get the attention span around his eye contact with me, and I’ll be coming back to my faculty then, “Sir, actually what you told is right, I didn’t get the attention span or eye contact to me, but when I tried in this way and I got it.” So, he’ll be like – again when he comes to our class and he’ll be again asking someone else, and if he gets some other wrong answer and I’ll be like, “Yeah, whatever he says is right. I didn’t get on that time, but later I got the new idea and I applied it.”

I: Yes, yes.

R: So this is our classrooms, and even if the faculties are not there, we will be discussing about, “Yeah, I got a client like this and he’s really being too bad to me, he’s not co-operating with me,” such kind of things, and my friends will, “No, you can do in this way, I have got – I have even got like a client like this. So, you’ll – if you do in this – if you treat him in this way, he will be getting attached to you.” “Okay, fine.” So…

I: Yeah, okay, thank you. Is there anything else you would like to tell me about your clinical postings?

R: So, postings is really a golden time, I mean, a lot. It means a lot to my career because, when we come back to other courses, occupational therapy is really totally a different one, but the Occupational Therapists are really blessed from the parents of a disabled child. Okay, so, on the first year of observation, we will gain some knowledge. On the second year of some assessment and some other – more knowledge out of, we will be getting interested to that, and on third year we will be like, “Yeah, we are going to assess and we are going to handle the client and the – according to his goals and treatment,” and during the fourth year and intervention, we’ll be handling the client. After four and half years, we will be handling the client without any other support and we’ll – we should treat them with our knowledge, and we should also gain knowledge in our day-to-day life. So, that was really an amazing part we are going to go through. So, postings are really, the golden times and golden biscuits, which are easily knowledge gainable than daily papers. So daily papers is daily bore, when someone is taking class or reading some books, it’s really boring, but when we are seeing it in front of us and we are practically trained, then we – it will be very useful.

I: Yes. Yes, I see that. Okay, thank you, and my final thought is, how has this been for you, thinking and talking about your clinical postings with me?

R: To you?

I: Yeah.

R: Yeah, actually, we once spoke to you in our G Block, right? So, we have even gained some knowledge that how would be the UK in their occupational therapy setup? So, it was really a nice thing that you’ll handle only one child for half an hour, and you’ll be having one Therapist and one student with you. But, unfortunately, we have a lot of population here, so we are loaded up with two to three clients at a time. But if we also do in the same manner, then it’ll be very useful, I think so, but I don’t know if they can control the population in India.

I: No. No, no, it’s very different, isn’t it?

R: Yeah.

I: Okay, well, thank you. I shall turn this thing off.

**[End of File – 15:57]**