|  |
| --- |
|  |
|  |
|  |
|  |

**Transcription of Interview**

**[Beginning of File]**

I: Okay, so, can I just check with you that you’re happy with the participant information?

R: Yes, ma’am.

I: And you’re happy to continue today…

R: Yeah.

I: …and talk to me?

R: Yeah.

I: Thank you. So, can you just start by telling me about your clinical postings on your course?

R: I started here at my 2017 batch. We are the first batch. At first, we enjoyed our posting a little bit in the case of that, so there we able to see different kind of paediatric conditions like ASD and LD, and some of them developmental delay and global GDD. We found CP also that makes – gives what is OT. So, it’s been exciting to see what is this, what are the different kind of conditions we can able – we enjoyed seeing these patients.

I: Yeah, yeah. Okay and that was – so that was in Year 1?

R: Yeah.

I: Yeah?

R: Yeah.

I: So…

R: So, we went in an observation standard. So, we observed the people and we just rapport – we a created rapport with their parents. So, on later on stages we learned how to make an interview and how to make an assessment in second year, in third year and all, we observed these with the client.

I: Okay, so can you tell me a little bit more about in the second year, how that’s different to the first year?

R: Our first year is basically about the observation and rapport-creating with the patients. In second year, we use some of the assessments, generally OT assessments, and in that we used to fill up in psychiatric. We’ve been posting in psychiatric also. So, different set of assessments will be used to diagnose them and some of the questions will be asked from the parents’ sides also, so come form the activities of daily living or something, and it’s quite interesting.

I: Okay, so, in Year 3, what have you been doing in Year 3?

R: Sorry?

I: In the third year…

R: Yeah.

I: …what postings have you had?

R: We went for orthopaedics, different – and same as first – as in second year also, we went for paediatric, psychiatric, hmmm, yeah, and general OPD. In third year, we went for orthopaedic surgery and (pause) psychiatric and neurological postings.

I: Okay.

R: Yeah.

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

R: The clinical postings purpose? Yeah.

I: Why? Why do we do clinical postings?

R: Because after finishing our course, we can’t able to directly see, so from here it’s we learn from the patient. Rather than sticking to the theory or into the book, we learn from the book and we also able to see indirectly, so that is very interested and it’s quite beautiful to see this, oh, what is it? Look, it’s there and we are the Occupational Therapist treating the patient, yeah, it’s nice.

I: Okay.

R: Yeah.

I: So, you’re thinking about the theory and the things that you’re reading…

R: Yeah.

I: …and you’re also thinking about what happens then, applying that.

R: Yeah.

I: Yeah, yeah.

R: You can able to see it in the daily living, things and such.

I: Yes, yes, okay.

R: And some of the outcome also, we can able to see it.

I: Yes, yes. That’s great, thank you. So, can you tell me how you record what you do in your postings?

R: Sorry?

I: How do you – what record do you keep of your postings?

R: Yeah, we maintain some log notes and we have seen daily postings, what we have done, in the basis of patient’s demographic data, along with their treatment plan that we use to maintain it. So, for example, if we maintain – if we see a paediatric client, we will maintain a record of their basic datas and also, we use to plan their treatment daily.

I: Okay, so, can you give me an example of – you record the demographic data, can you give me an example of what else you record in there, then?

R: For example, if I go to GDD, we will make – we will ask their age, gender, name, and what is their intellectual level, and the chief complaints from the mother, how she’s saying the child is at home, and also, in the environmental level, community level, and later on we will come through then observation and examination, and in observation, we will see for their posture and appearance and their (pause) speech, hearing, and how they look, how is it coming there, by walking. Are they entering the department through carried or wheelchair, like that basically, and their body build, how they are writing, I definitely will use. So, in examination, we will focus on gross motor, fine motor, perception, cognition level, and their task level and their ADL, play level or motor skills level, and their balance, co-ordination, everything we will consider.

I: Okay, excellent, thank you. So, your logbook that you keep…

R: Yeah.

I: …what do you use that for? How do you use it?

R: For the daily basis, if we enter – if you are seeing repeatedly the same patient, so it will be useful to check, well, we have done this, is there any outcome from the patient we are able to see, and also, we will repeat, or sometimes we can change the plan for them. You know, it’s like a follow-up.

I: Yes.

R: Yeah.

I: Yes. Okay, so how does that help your learning and your development?

R: It’s really helpful, because sometimes we will be post – changing the posting after two weeks gap. So, it will be – in-between we are having a gap, so after the two weeks of another posting, we will maintain the record and we will see, oh, we have seen that patient for the last session. So now we have to change the plan, no? So, it will be helpful in that purpose, as well.

I: Okay. Could you tell me about any situation from your postings that you really remember?

R: Yeah, he’s – the child is used to cry. So, I felt that sensory room, that is Snoozelem room, which is very, very effective for them. They used to see the surround and explore that now first time for that room. Later on, she will, or he will adapt to that situation and that’s quite interesting how suddenly, the child stops their crying. So, after changing into another environment, the child will used to play, so it’s – what is this? what’s happening there? it’s like that.

I: Okay and what did you – when you found that that worked, how did that affect what you did with other children? Did it make a difference?

R: Yeah, it make a difference, so a child – the parent feels – before another child won’t able to see the parents’ face itself. So it doesn’t make eye contact, so after using this Snoozelem room, the child used to explore a lot of different kind of senses, and then later, into the ordinary OT room, we used to give some of the activities, which improves the eye contact. So, the parents get surprised, “Oh, my child is looking me, it’s recognising me,” so it’s happy to see the bond between them.

I: Yes, yes, can you tell me a little bit more about how that makes you feel?

R: Yeah, it’s – I’m so surprised. Wow, I made it. Yeah, it’s a good outcome. So, I’m an Occupational Therapist, like that I feel very happy. Like, also, we – or a child in GDD condition, a child doesn’t able to walk, after three months of – four – three to four months of daily posting therapy, now he is able to crawl and able to stand, then later on he used to walk. So, it’s, oh my God, within six months of – of six to – oh yeah, six months, he’s able to walk. From that, for first time, the child – parent used to carry the child. Now the child, it’s walking, so it’s like a miracle. We are able to make the child walking, it’s nice.

I: Can you describe to me what you did with that child?

R: Yeah, we will give that early intervention, like stretching, and also we use NDT programmes in ball therapy, so that the child integrates their reflex, so which is also fulfilling. Yeah.

I: Okay. Can you tell me about how your postings link to what you do in the classroom?

R: Our classrooms is basically what we will do in our postings. The syllabus will be given, and the topics will be also based on that – the post of patient or the postings we’ve entered, it will be relevant to that. So, when we go to our class, same topics will be taught there, so that we will – it will be not like in a seminar presentation. We will discuss the client, so it will be useful to see the client, as well as the syllabus will be covered. So, if we see the DD – exactly DD means, or an autism child, we’re able to see the autism conditions, what it is, and also, we describe about the client. So, yeah, it’s the same, the features will be same, and what will be the development plan will be given to them. It is easy for us to learn.

I: Yeah, okay. Are there any partic – any other situations that you remember in particular that maybe were difficult in your postings?

R: Difficult in the sense of? (pause) Sometimes the recovery will not be, like, within to expected time, so, some – that time I will feel difficult, what is happening. So, we have to find something, definitely it must be this or that, like, kind of situations will be difficult.

I: So how do you find the right thing to do, then…

R: I…

I: …in that situation?

R: …my staff’s really helpful. They use – they give me hints, and sometimes they will provide some data, so – or some theory knowledges. So you just search in this book, you will be definitely able to find it, so we will use to refer, and if we apply it, we – later on, I will recognise, oh, this is the basic behind it. So, that is okay.

I: Okay. Thank you. Do you have any particular memories, any particular situations, that you recall from your psychiatric postings?

R: Psychiatric postings, most of them, like, maniac patients and alcoholic patients, schizophrenia can be found a lot. So, I had a patient named \*\*\*\*\*. He is very, very violent and arrogant in the psychiatric ward. He’s the one that’s very arrogant. So, we used to get fear, “Oh my God, this man is here,” so he’s definitely going to hit someone, like that. So, after giving the – after few – it will be – for psychiatry it is one month of posting, so we went continuously, really. So, after a few weeks, we saw some kind of difference in him. \*\*\*\* entered the OT as a – he found it enjoying – enjoy and amusement in OT. So, he used to love the OT and later on, he understand inside can be created in OT. So, he just recognised himself, and within two months itself, he just discharged, so because of our group therapy, it’s very, very helpful for them.

I: So, how did – what did you learn from that experience of that, working with that man?

R: Yeah, so it’s quite different and the people also, they are so dull and depressed. When we enter, they will come – itself will come and enjoy. We used to give warmup exercise, they will do it, even though they in drowsiness, they will do it. So, they are enjoying Occupational Therapist.

I: Hmmm hmm, and why do you think that is?

R: Because when we enter, they itself come. If there are Doctors come in, they will just be quietly and depressed and thing, even as he is offering here the talk himself. We are just talking, but in their time, so that they are enjoying, oh, something is going – today, they will do something, so we are going to enjoy. We used to make a dance of them, we used to make a singing, so people itself comes and gathered in a – forms a group and they find happiness within themself. So that’s nice.

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

R: Well, yeah, we also went for oncology department in a posting. So, there we find difficult, like, part of – they had a surgery in their tongue.

I: Right.

R: Yeah, so what will be given to them, I couldn’t able to find is there any processes still now can be provided, or the child – the female will still have the inability to do – use their tongue. So, by we went there, and we provided a an orthosis, like a brace (indicated around head), like. So, oncology is so different, so it’s nice also, but it – Occupational Therapists maybe learn more about for their processes in the side of things, that’s what we find.

I: Okay, thank you, and finally, how has this been for you, talking to me about your postings?

R: No-one has asked me like this, first of all, and we used to discuss in our class, with our staff. \*\*\*\*\* used to ask a feedback after three months or four months. So, it’s nice to say at three years of experience to you, so it’s – I’m cherishing my thoughts and clinical practices with you, it’s nice.

I: Okay, well, thank you. If you haven’t got anything else to tell me about, then we can finish there.

R: Yeah.

I: Okay?

R: Yeah, thank you, ma’am.