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I: Can I just confirm that you’ve read the participant information and you’re happy to continue?

R: Yes, ma’am. Yes, ma’am.

I: Okay, great, thank you. Can you tell me about the clinical postings on your course?

R: Ma’am, basically, we have three types of postings. In the second year, like, we go to OPD, then we have a posting on a general ward, and then we have a posting on psychiatric ward. In every posting, we have got some good exposure in that. Then, many clients come, like, stroke, autism and then, cerebral palsy. We see – we make sure that we give them a good ex – good treatment. Basically, I have experienced a lot, but I didn’t see, basically I was a – I came – like, I came here, I didn’t know, what is autism? I didn’t know, what is cerebral palsy? But I – after coming here, I came to know how they feel, how they come under some circumstances where we are basically very blessed that we are a normal child. So, yeah, I had a very good experience in my exposures. Yeah, that’s all.

I: Okay. Can you tell me what you think the purpose is, of the clinical postings in the course?

R: Purpose is, we come to know how we can treat the patient, and about approaches, and then about what in all we can find in patients, that we can identify with area: this is autism, or this is cerebral palsy. We can identify, we can differentiate them. Then we can – by this clinical posting, we can practise, basically. Then – hmmm [pause]. Good yeah, and basically, for good exposures, this is very helpful for us, for – in the second year. Yeah.

I: Okay. How do you link the academic work with the posting?

R: You mean to say...?

I: How do you apply what you learn in the classroom...

R: Okay.

I: …in your posting?

R: Basically, they teach us what are the approaches in the classrooms. This is approaches and cover Rood’s approach, then orthoses. For orthoses we can give for stroke patients, like they are teach us in the classrooms. We make sure that in the postings we treat them according to the approaches and assign – assessment. Like stroke, we use orthoses. Then for – in psychiatric we use cognitive behavioural therapy. Then we use behavioural modification techniques. Like, in many ways, in – what we do in a classroom is a – basically, we learn what is the approach, and we apply it on the postings. That is what we do. Then I – we come to know about what is the approach, basically, when the staffs teach us? So that when we go and attend the patient, we don’t hesitate what we should do or what should not do. That’s why.

I: Okay. How do you record, how do you document what you do on postings?

R: We have basically a posting note for us. In that, we record that at this date we have attended this client. With the staff signature, what are all activities we have done with the patient. Then, what is the use of that. Like that, we have a separate note for this. We maintain, from the first year ‘til the fourth year, ‘til the course ends, with one single note. Every ward and all, inside basic – wherever you go in postings, even in psychiatry, even in general, general block or in OPD, we used to write if the patient – and with the patient name, his age, his sex, then what is the condition. Then what activities we give, and the signature of the staff.

I: Could you give me an example of what you would put in – where it’s – where you talk about the activities that you did?

R: Like, activities, for example, if a patient is coming with autism, he is a five-year-old, how we can give him like fine motor activities like putting beads, to make his cognitive skills and his memory. Then, for example, in stroke, we can give him a – like a, if he is having a right hemiplegic, he – then we can give him fine motor activities like a dexterity board, then a pince grasp, by using pince grasp, or tripod grasp we can. If he’s feeling difficult in writing, we can give him clay, and make him use a tripod grasp. Even, strengthen his tripod grasp. Then, yeah, basically, we look what problems he has, and according to that, we give him the activities.

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

R: Good ones?

I: ...big in your mind? Good ones, yes, or not so good ones. Both.

R: Good ones, and my first year of posting, when I went there, I saw a patient with autism. It was very good one, actually. Small – a small child. His name was, I think so, \*\*\*\*\*. Yeah, when I saw him, I felt that, yeah, we are blessed that we are born in a very normal way. Then, when we started – when I started treating him, I came to know that well, I have learnt something, that I can treat a patient. So, yeah, that was a very good day for me.

I: So, what was it that you did that made you feel good?

R: Basically, he was not interacting with anybody. So, we gave him a – we were talking with him and we were – actually, he was distracting very much. So, we made him – nobody can – actually, nobody can – was able to make him fixed in this one on one attention. I went and I gave him. I was talking, I talked with him. Then, while talking, I gave him activities, so he was fixed in the activity. So, I, yeah. Others can do, I, but I did. That was at – well, that was a good feeling, actually. Yeah.

I: Yes, I bet it was.

R: Others can do, but I did better. Yeah, so I thought that one day you’ll become a very good Occupational Therapist. That was the – that’s really mean to me a lot.

I: Hmmm hmm, and so, that going so well, what impact did that have on you moving on?

R: I can’t…

I: When that went really well...

R: Yeah.

I: ...and you felt really good about it…

R: Yeah.

I: …did you then think about how you could use that experience for working with other patients?

R: Yeah. Once we get a boost, that we can do something that a staffs like what we are doing, then we will not disappoint them by giving them – by letting them do what we – we’ll not disappoint our staffs by giving lame excuses that we are not doing today, we are not feeling well. We make sure that – I make sure that I give my 100% best to a – to the Client. That he – he’s – what he’s paying for, for the session, he executes it fully, for what he’s coming to the – to us. So, yeah, I basically, I don’t waste time by sitting or if client comes, I’ll go. Also, we’ll don’t waste our time by sitting simply. We use our books. We study. In the posting itself, in the clinical assesses, but – yeah, but when client comes, I give my 100% best, to not disappoint them, to the parents and to the staffs.

I: Okay, so could you tell me about any experiences that have been more difficult on your postings?

R: More difficult? Ah, I had one client name \*\*\*\*\*. He came from USA. He had a US – he had severe autism and severe ADHD, both he had. So, when he came for the first time, one of my staffs came and said, “You should handle him because he’s physically very tough.” He was – he’s about 13. Once he came, once he entered into the OPD down, he ran about and how to say? He ran about and splashed all the things with what he had in his hand, and he was crying a lot, and he was screaming like anything. But when we started treating, I had very bad experience with him and I got hurt, I got bleeding.

I: Oh.

R: Yeah, he was beating me a lot, because he was too aggressive. So, yeah, that was one of my – I can say it was not a bad experience, but I learnt from him a lot. Like, we can handle him with – if we had handle him with the softness and with what we can do with him, if you don’t be with him, if we be with him with a very angry manner, he will be, what? He will be with us aggressive. If we handle him softly, he’ll just be softly. That day, I understood that yeah, we can manage him. Then we made a – then I made him to sit. He was not able to sit, actually. He was sitting and he was seated W-sitting. So, we made him sit a cross-legged sitting, then we made him – he was not groomed well. We made him to groom himself, yeah. But one of the bad experience was the bleeding and hurt, you know, yeah.

I: Yeah. Yeah, that’s not good, is it?

R: Yeah.

I: But you – it sounds like you worked out what to do, in that situation?

R: Yes, I was not able to know what to – and how to handle him. But when one of my staff came and said that you should handle him very softly, then we – then I was able to pull my – pull myself back and make sure that he was not uncomfortable there. Then, yeah, by day goes, he was – he became silent, and what we see was doing, actually.

I: Hmmm hmm, and how did you feel then?

R: Yeah, I felt like, okay. Once we – it’s just like once we experience something that we are not able to do, we learn a lot from that. We learn how to come over situations like this. But when he was doing and sitting and was silently doing activities, I felt, yeah, I did something good for him. Actually, he was not able to sit in the trampoline all day. I mean, the – in the therapy ball also. Yeah, once we made him to sit in the therapy ball, yeah, he was happy in that, basically. He was jumping and he was just laughing. First time he laughed, actually. Well, he laughed then, yeah, that made – yeah, that was a good day for me, that.

I: Yeah. Yeah, I bet.

R: That was a good one.

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

R: Yeah, my postings? I’m basically – in our postings, we do a lot of things. Like, we basically – we, when we were in first years, we don’t know what are the equipments we have in that. So, basically, we learnt a lot by knowing the names. What are the names, then what are the uses of that, how we can treat a patient by using that? Then, inside – it was in occupational therapy side, and in the psychiatry side, then we came to know about the psychiatric assessment, how we should treat a patient in that. How we should behave with them, how we should socially behave with them. Then how we should interact with them. Then we made them – we are – what we made – we came to know what are – in Psychiatry, what and all conditions are there. Like schizophrenia, then bipolar disorders, then, yeah. Yeah, posting we learnt a lot, actually. We learnt a very good stuff in our postings.

I: Good, glad to hear it. So, just thinking about our conversation now…

R: Yeah.

I: …how has it been for you, talking about your experiences on postings?

R: Yeah, I feel good, actually. By saying that, how we experienced that, to another person, it feels like, yeah, we are in something the right way. Like we are getting our experience to a person who has come for us. She had spent so much time with us. To say with them, I feel very good.

I: Good. Good, I’m glad to hear it. Okay, so we can finish there, if you have nothing else?

R: Yeah, I don’t think.

**[End of File – 16:22]**