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I: Okay, so can I just confirm that you understand the information about this study and you’re happy to continue?

R: Yes, ma’am, I’m so happy to partake.

I: Okay.

R: ...with you.

I: Thank you. Thank you. Okay, so, can you tell me about the postings, the clinical postings, in your course?

R: Yeah, ma’am. Of course, I have to share to you. From morning you will be going to posting \*\*\*\*. We be having four to five hours’ posting every day. We are having a – we will be post in different units and different areas. Like, you will be posted in paediatric to geriatric. We are – we will posting a few members – we will be dividing a batch, and few members will be posted in paediatric, few members posted in neuro, ortho, psychiatry and geriatrics, and rehabilitation centres. Like, we will be posting and we will do a therapy for 30 minutes for each child or each adult patients, and during that time, we will set a goal for them. We will differentiate the goal like three months to six month. Our short-term goal will be three months. Long-term goal will be six month.

I: Okay.

R: Okay? We – first, we will be focused on the ADL skills. In the ADL, ward and all, they have no difficulties. We will deal with different kind of conditions, like autism, ASD, Down’s syndrome and, like, a physical condition, TBI, traumatic brain injury, spinal cord, and like CP, cerebral palsy kids, and hemiplegia. So, we will focus on the area. First, we will focus on the brushing, bathing, toileting skills, how they – how we can improve their skills for them. Retrain, or giving some adaptive devices, like that, we will be, so they’re setting a goal. For about 30 minutes, we will train them. We will give some home programme for them. They will be practising, and they will be retrained, and they will be – they have a benefit in that. Outcome will be good for them. They have that are satisfied. We can give them real quality of life, good yeah, good prognosis will be there. Yes, ma’am.

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

R: I think those are what I – I will be think always when I am going to paediatric posting, we are going to sculpt a child. We are going to mould a child, like a parent. That does – I always used to tell every mother is an Occupational Therapist because that every parent will be moulding and sculpting the child, and giving them a new environment for them, like that. They are part of their disabilities. What abilities they’re having, we have to do the improvement for them, and we have to show off their skills in the environment. That is in each Occupational Therapist job, always they are used to think like that. So, something we’re having a – we have to do that. That is regards to our course later. I have to – always, I will think, in 30 minutes, whatever we can do best for the client, we have to do it. We have to train the – at least a simple skill. For brushing, they have to flex, they have to extend, and they have to push up paste, and they have to brush it. For that, we have to – for a short term, we can give them the movement stretching and a positioning can be given for them. We have to train them.

I: Okay.

R: The dedication should be there, for an each Occupational Therapist.

I: Okay. So, how do you link the classroom work with the posting?

R: For in classroom, we will be discussing, and the staff will be teaching about the conditions. Like, ASD, autism spectrum disorder, learning disability, they will be telling about the conditions. What we will do in therapy, we have to apply that. Without knowing the conditions, we can’t apply our therapy in that individual. So, we will learning a condition, and our profession, actually, OT what I think as in a Occupa – going to be a future Occupation Therapist, we are not working for a condition. We are working for a client. We all are client-based approach. For example, how I can classify our profession, and a Physician? They always used to – like, for example, I’m taking a typhoid fever. For that condition, they give an antibiotic, this antibiotic. But we are having cluster of autism kid, we will not focusing a same approaches for each client. We will see what skill they wan – they need to improve, what skill this client want to improve. So, it’s all based on the – not condition, it’s based on the client. So we will learning conditions, yeah, and in clinical postings, we will going there and asking a rapport established with the client, and we will ask them, we are having some tools, we are asking a question with the parents, and discussing with them what the child needs. We will give for – we will give the outcome for them.

I: Okay. What would happen if you were on a posting and you met a client who had a condition you didn’t know?

R: Sorry, ma’am?

I: If you – if on posting, you met a client with a condition that you did not know?

R: You’re asking, did you know, like, that thing?

I: Yeah, is – have you had that happen?

R: Like that in? No, ma’am. Not yet.

I: Okay.

R: Because...

I: What would you do if it happened?

R: I will ask them first what – if it can be verbal means, I’ll ask in verbal. Non-verbal means, I can mean in action language, non-verbal communication I can do with the client. Otherwise, I can ask the informant or parent. Parent, or a relation who came with the client, I can ask them. Help they are specifically, they are telling, my child, or my relation, was unable to walk after this trauma, they are telling, if I don’t – I don’t know the condition, means I will train them in particular skill what they needed, wow, what they wanted to be. If they are working as an, a car driver, as a Ola car, Ola cab driver, they want to work in with their leg. So, I will train them with that, otherwise, if it’s not possible, we can’t train them in their leg means, we can modify the cars, we can modify the limbs. We can give some artificial limb orthosis. I will be doing.

I: Okay. What records do you keep of your clinical postings?

R: Recording of the client? We will be taking assessment. We having the tools for that. In general, as an informant, and for psychiatry, for psychiatry assessment in a – for a physical condition, for physical condition, like that, we will be assessing and keeping as a record for the client. And every day posting, if I’m taking a child, I’m seeing the child needs, I will be having a long note. For each student will be having that. We will be recording the date, time, age, gender, what kind of therapy we gave them, what is our goal – we are – what – today I’m seeing one child. Same child only I will be seeing another day. That two weeks posting. After that, I will be posting another, suppose I’m in paediatric, after two weeks I’m going to psychiatry, I will tell my colleague, I was taking care of this child. So, you will be – I set this goal, so continue with this goal. After he or she will be achieving, then you can proceed with another.

I: Okay. So, what kind of things do you write in your log, about treatment and goals? Could you give me an example?

R: Yes, ma’am, of course so. For example, we are keeping a client and just, I’m taking X as a client, for the gender for five years as the main I’m writing, and we have to improve the sitting tolerance. So, I will – short term goal, I can keep, like sitting in a – like a tactile boards and keep some dexterity or take more activities. So, we can improve their cognitive skills, like attention-seeking, memory, and we can give some – like a – like what they are interested. Like, drawings, colouring, and vegetable printing, paintings. Like that, we can give some – for that five years, what they need, we can give like that. That’s my short-term work. So, I can improve the after time, like a sitting tolerance is my goal. But improving the cognitive skill, memory, attention, like, there are – it’s a holistic I’m giving. We will be writing like that.

I: Okay, great. Can you tell me about any situations from your clinical postings that you really remember?

R: That I really remember?

I: That are special.

R: Yes, ma’am. I’m having one client, \*\*\*\*\*, first time on seeing a learning disability client. That time I used – I was not used to know what about this condition because I was in first year. That time I’m telling almost I’m going to be end of the first year, I’m going to step into our second year. From second year, we will be going deal with that client. First year, we will be on observation only. So, that time I was quite – why the people are, like, why they are confusing the BDW in a mirroring image? What can we give them like that, I’m thinking of that? And he always used to be – he have a behavioural issue, that client are having a behavioural issue. He always fight with everyone, and he will bet everyone. That time I just went with – I just went and create a rapport with him. He just came at me and he gave me a hug. That’s a most – I’m thinking, I used – that time I used to think, “Our profession is great.” Seriously, because so many Therapists are there, so many of my colleagues are there, my friends are there. But how – it’s – how we are, to be rapport, and give a relationship with the client. We are – we have these, some articles like form, kindness, matter of fact, like, we have to give them – we have to palpate the child. It’s not based on the condition. Learning disability is like that. Some people will be very silent. So, we have to palpate them, we have to increase them, we have to motive them. It’s all – it’s not based on us. We have to go in on them, and we have to search their character, and we have to rapport. And he came, he – actually, he bet my colleague, and he came me and gave me a hug. Nothing I did. I went and just said, “Hi, \*\*\*\*\*, how are you?” just I’m asking. “Morning; have your lunch.” [ “I heard you’re inaudible – 12:20] I’m asking like that. He was looking me, and he was going there, and just he turned and gave me a hug. So that’s my memorable day.

I: Yes, yes.

R: Starting my postings.

I: Yes, and any memorable moments that perhaps didn’t go so well?

R: Yeah, it’s all, every days are memorable because every day I will dealing with another, another client, two weeks, months, so we can see more things. I’m just saying this one client – in psychiatry ward, we are having alcohol dependency patients. They will use to want – they want the – they need to talk to someone. They need that. So, that time is set with them, and we have to tell the importance of the life, quality of life for them. How they are important to their family. We have to encourage them. We have to motivate them, and in psychiatry we having the schizophrenia, mood disorder. In mood disorder, we can take bipolar. Like, some people will be manic, some people will depressed. Manic always used to talk, talk, talk, talk, love talk. Always very happy, into. But depressed, they’re very, very depressed. They think, “Why I have to live in this world like that?” That time we have to go, and we have to tell we are there and first, they have to believe us. That’s most important in our therapy and we are – we also – we have some ethics. We have not – tell their lifestyle or secrets to another Therapist or another client. We having that ethics. So, we have to tell them, they have to believe us, and we have to give them a goal. Occasionally, if he or she is working areas, how do they want to be? If I’ve – a girl is coming, she was depressed. By being – his role was be a woman for another child. Is a mother, actually. That time, we have to tell the importance of the role of mother. You playing this main role, how you are going – like that how your child goes. While you are there, we have to explain the roles. We have to motivate them, and we have to tell their family. Family education is more important. You have to educate their family, society, how they are think. They will be always used to think, because of their family members or an individual person who hurts them, we have to talk to them, “We are there, don’t worry.” It’s a simple thing, like, that we have to give them, and we have to give their quality of life to improve it. Occasionally, so they can – they having some income, to live their life, for he.

I: Yes, and as you say, sometimes those kinds of patients are not motivated. How do you – how have you learnt to motivate them?

R: Always staff used to tell them, tell us. They taught some ethics to us in first year. After that, two or three – other clinics, when we are going to be posted, that then staff will be coming. In first year, all we did observation only. We will not be having a rapport with client because our staff will be teaching us, and they will be have a rapport with client. We will be observe that. So that time I used to see – and more, we will – and we are going to some conference. They will be telling us, “You should encourage and motivate, that’s your main goal. You have to achieve – they have to achieve. Then only you are achieve – you are achieving your life, always. In some conference, the staff will be telling, I hear that. So, I’m always used to think, “How are my parents was thinking about me?” They will be thinking, “No, my daughter want to be a Doctor. What type of Doctor will be my daughter?” If I’m studied MBBS also, I’ll not be quite satisfied like this because I like this profession, I love this profession. After coming one year, I will – I’m knowing this profession. It’s quite informative and interesting. Yeah.

I: Excellent. So, anything else that was – that particularly sticks in your memory from your postings?

R: Hmmm.

I: Anything where you think you have learnt a lot?

R: Yeah, ma’am, I learnt a lot and mainly in paediatrics because in adult case, their mood will be same, only most of time in physical conditions. But in paediatric, their mood will be fluctuating for every kids. Quite informative, and interesting to be with them, that 30 minutes. It’s something that they gave a task for us, we will be having that. Which, in 30 minutes, client should be palper and they should not be cried. They should be comfort with us. Like, that we have to make their environment. So, in a – actually, in a clinical posting, some staff will be. Today, one staff will be coming. Another day, another staff will be coming, sometimes. But we can gather information from our staff because, in their way of self they will be doing. One sir will be when they look, client will be sit. Another sir will be doing, like, doing their activity, and motive them, and attention seeking will be coming like that. So, we are, there’s lots to see, actually. Not only palpations are good for a client, and we have to straightforward with the client. Not like, “Don’t do like this.” Not like that. We have to – we can give re – we can reinforce them. “When you do this, I will be giving you this.” The reinforcement also will be like a task-oriented means. Quite useful for the client. They’ll achieving something, no? In that particular five minutes or ten minutes. Yeah.

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

R: There are actually – in second year, we used to study pharmacology, general medicine, general surgery, and that time I will be thinking, “Why we have to study all this?” I used to think like that. After I’m finishing my second year, I step into my third year. That time I saw more physical condition, you know, like a spinal cord injury, like coma patients, and stroke, and TBI, traumatic brain injury, and RTA, road traffic accident. Like, the road traffic accident, most of them are very young, very young youngsters, like up to age 20 to 25, 25 to 28, like, 30. They are just losing their life in RTA. He’s really enjoying to driving bike, and the time was very bad. He will be fell, fell down. That time, the hand will be a brachial plexus injury, for example, internally. They – he’s a Computer Engineer, actually. How he will be work? How he will be back to their life? What I’m going to do it? That time, a question was raised. What we are going to do it? I used to think, “Why we are studying medicine, or we are studying surgery and all?” After that, I’m knowing that if he’s taking under medication, we have to – we have some ethics and norms, we should give the therapy or not, when they are taking like this type of drugs. Okay and they are – if they are having a pain, if they are taking a steroid drugs, or analgesic, aspirins, like that, anything, that time how we have to treat the client, in what way like that? So, after that, if brachial plex – brachial plexus injury means we can give some braces, some splints, like that. If Computer Engineer, if you want to ride a bike after injury, we can do it, that’s our role. So, we have to know it about not only general medicine, general surgery, we have to know about everything in the medicine. Then, only, we can do our therapy. That we are very important role in their life. Each Occupation Therapist, they have a very, very vast role and very important role in their life, and for individual. From adult to geriatrics. How we can help geriatrics? Nowadays, most of the geriatric patients will be having rheumatic arthritis. We can tell them the position, and again, \*\*\*\* their areas. We can give them some activities, for them, to be full precautions. Not for more damage their bones and ligaments, tendons and all, for ageing, due to ageing, and we can give them – psychologically, we can train them, because age was very – going down, down, down. He or she will be always used to doing and, “Why we are still alive?” Like that and all. We can give some gardening activity. We can give some play therapy for them. Like, a girl, like, occasionally, like candle-making. Like that, something. Something quiet was useful for psychological things for them. Always, they will be engaging, used to that because if their child is going abroad and studying there and married and settled, they will be very alone, the geriatric patients. We will be the guide for them. We can improve their quality of life. They can think some – they are – they will – they – we have to think them. For them, they have to think, what we are trying to say. This age also, we can achieve something. We have to tell them like that.

I: Okay, thank you. So, my last question is around the fact that we’ve been talking today...

R: Yes, ma’am.

I: ...about your posting...

R: Yes, ma’am.

I: ...experiences. How has talking about it been for you?

R: How was – for I – how I feel, you are asking?

I: Yeah, yeah.

R: Yeah, I feel very good. After a long time and speaking about my posting and interacting because in first year, we have one programme. We all went on a movie for, to report the – we have, to improve awareness of OT, OT in India. The movie is based on a CP client. That time I spoke in media, one year back. After that I’m talking now. So, kind of informative for me. I was so happy to telling you about our clinics postings here.

I: Okay, that’s great, thank you.

R: Okay.

I: Okay, so we can finish there.

R: Yes, ma’am.

**[End of File – 24:24]**