Interviewer 1: All right. Okay. We're thinking this is probably going to last an hour, hour and a half, and we have 15 questions here to ask you. So we'll just start with the first one.

Interviewer 2: Should we start with the introduction?

Interviewer 1: Okay.

Interviewer 2: I'll just start reading that. All right. So thank you for being willing to participate in this interview today. Just remember that you're not required to answer any of the questions that you feel uncomfortable with.

The purpose of this project is to gather information about the history and evolution of occupational therapy practice in North Dakota through life histories of individuals who have been influential in developing OT in this state or at the national level. Do you have any questions before we begin?

Interviewer 1: Our first question, we want to start with a big picture question, so what has been being an OT meant to you.

Janet: Oh, boy, every day is a different day, so it's always stimulating, and you never know what you're going to have happen, yet it still all goes back to that core of activities of daily living and helping people improve the quality of their life. That's just the every day basis of it. That make sense?

Interviewer 1: Yes. All right. When did you decide to be an OT?

Janet: I was probably in junior high. My sister's older than me and she was exploring health careers. I was a candy striper at the hospital, and my sister worked at the hospital in service. We both liked that medical field. She was going through things, so I was shirt tailing on her. I remember I was looking at a couple different careers. I was looking at therapeutic rec and OT and I went down and observed at what was St. Luke's, now Sanford, and I spent a day in the OT department and came home, and it's like, that's what I'm going to do. That was it. I knew early on that that's what piqued my interest.

Interviewer 1: Very cool. What did you find about the profession?

Janet: What did I find out?

Interviewer 1: Yep.

Janet: Kind of just the basics, that you work with people, wide diversity. We didn't have the internet at that time so anything that you got was maybe a flyer at the school or something that you sent away for. I probably sent away and got some stuff about OT in packets and once that came, looked and at that time, we only had one option, up at UND for schooling.

That's I guess the journey that I took. I know with my sister and her research, I don't know if we got books or pamphlets. That's how we did those things back then.

Interviewer 2: How did you first find out about the profession. Was I through your sister?

Janet: Yeah, and just from being in the hospital and looking at different ... probably going through a pamphlet book on careers in health. I'm sure they had just the basic careers. My sister's now a speech pathologist who went on to be an audiologist.

Interviewer 2: Okay. Very cool. What factors influenced your decision to become an OT practitioner. I know you had touched on this.

Janet: It excited me. It looked like what I wanted to do, and through my observations of going and observing initially, and then I did volunteer work my freshman, sophomore year at the rehab hospital back then. I actually worked in the gift shop for a while, and it was really cool, because you could really see the patients coming and going and that was really cool to see them not in the therapeutic setting, but just in the hospital and with family interacting. Then I did do volunteer in the OT department too, kind of sealed the deal.

Interviewer 2: Yeah. You kind of got to see behind the scenes.

Janet: Yeah, yeah, and just from candy striping in the hospital, I would see a lot, just because I was up on the floors.

Interviewer 1: Very cool. How do you see the profession evolving over the time of your practice, from when you started to now.

Janet: The biggest probably thing is all the documentation and all the red tape and all the frustrating things that we all hate that go into the job. When I first started, we were paper writing. We didn't have anything. I remember one of jobs at McKennon, we dictated it into a note. They typed it out for us, otherwise, it was very hand copy. You didn't get challenged as much for providing services, but my first job was a rehab center. We didn't have DRGs back then. Everything was paid for, and we never had to worry about is it going to be paid for. It was paid for.

That's probably the biggest changes in pediatrics. Patients are constantly ... constantly defending yourself.

Interviewer 1: While you did what you did.

Janet: We're not doing near as ... that was just so nice that we didn't have to worry about that. OT, it's changed with modalities and what OTs can do, but still, what

I do in acute rehab, in acute setting. We're doing some of the very same things working with people, get them back to being independent.

Interviewer 1: So it's core.

Janet: Yeah. It's right down to the basics of your ADLs, your cognition, visual perception, those types of things.

Interviewer 2: You said red tape. What do you mean by that.

Janet: Just all the little crappy things that you got to do. You can't use the word maintain and ... there's so many parameters of things that can knock you off the block.

Interviewer 2: Insurance.

Janet: Insurance, and yeah, it's like, oh my gosh. I guess that's probably been frustrating even midpoint in my career dealing with insurance companies, saying, "Just pay it, we're doing a good job," however I know that there's rotten eggs everywhere that ruin it for all of us.

I've done workers comp way too much ... you have somebody that's fibbing, it screws it up for everybody else that's trying to do the straight and narrow. It's the system.

Interviewer 2: Yeah. I feel like we'll learn a lot more about that once we actually get into the profession. We just hear about it right now, so it's interesting.

Janet: Yeah, and pinpointing one instance. I had one guy that was going to a nursing home, and he might have gone to assisted living, but he just couldn't put his own socks on. Nobody will pay for a sock aid, and of course, at that time, I wasn't smart enough to say, "I'll just buy him one," which you're not supposed to either. Sometimes you have to be ... we're still human.

That's where I think OT is a little different. Sometimes we got that more human compassion, where we do care. There might be, at least not in the medical fields, but there's other professions that they just do their thing. That's it, and we get that bond and it's always interesting.

A lot of times you'll find out your patients will tell you things that they will not tell their doctors that are pretty important, so then you go and say, "Well, this is what she reported to me, because we develop that rapport."

Interviewer 2: That trust is so important.

Janet: Yeah, yeah, it is very important for the patient.

Interviewer 2: All right. We want to look at the context of practice when you graduated. What was happening in the world at this time?

Janet: Oh boy, that's a history lesson. Well, we had the Iran-Contra problem. Lots of probably healthcare reform. Gosh, what else was going on. I don't remember. It was just doing our life.

Interviewer 1: Do you want to elaborate on the first thing you said?

Janet: Well the Iran-Contra, that was with Jimmy Carter was president, and they had issues with Iran and the Contras, I think they were the regime, and they kidnapped some of our people. We went in and took them, so there was all this escalation of the Middle East and the United States issues that were history. That was kind of big. Otherwise, I can't really ... fashion wise or anything.

I think I'm kind of protective that I lived in the upper Midwest, so I'm protected in my views of the world, the global picture.

Interviewer 1: How about family factors at that time? What did your life look like at that time?

Janet: I was single. My mom had moved away when I moved to Duluth for my first job. She moved elsewhere, so Fargo kind of wasn't home anymore, and I was dating my husband, and his home was Fargo and my family had dispersed elsewhere. I got my first job in Duluth and would have to fly to see them because they scattered elsewhere. It wasn't a day trip.

I had my OTs that I worked with, which you guys know Jan Stubey. She was my first boss, and we had ... there was a core of us, there were six of us in the OT department, and they were really my family. You just develop that rapport, because my family was all far away and another co worker, her family was far away, so we just did a lot of our holidays together. You look at holidays a little differently.

Back in my day, you didn't work Saturday, Sunday, where now, you work Saturday and Sundays. You work the holidays, so that's been probably the biggest change in the last five years. Your family dynamics in the career have highly changed, because we used to be ... you had every holiday.

I remember at one of my jobs, we'd have Good Friday off. It was a Catholic hospital. The nuns, no, you are off.

Interviewer 2: How did the context shift across the time of your practice? What were the key aspects that influenced the shifts you saw?

Janet: Financial. I think, kind of that insurance reimbursement issue and how DRGs came about and the reimbursement. As far as OT evolved, people do recognize

us more because a valued service in the media lately. You've got Al Roper that loves his OT for his son.

It's not just, which it always hasn't, predominantly will be PT, PT, PT, but they're coming to understand a little bit more that OT's on the forefront. It helps to have great leaders in the OTA to help with that, that are kind of cutting edge.

I think it all kind of goes down to that darn money, just the reimbursement factor and how do we get the most out of what we're doing for our patients and those types of things. And, proving that we are capable. I think the fight, I've had the era of modalities that we're capable of doing. We have the education, and we are able to do it, and when we do it, it's for a service, like a [inaudible 00:11:43] for one, health patient type things that we're getting recognized for those. It's still ongoing. We still have people that are saying, "Why is this person," and we had an instance this past year, "Why is this one person doing this treatment?" We said, "Because it's a modality and if she's been trained as competent, she's able to perform it." I'm on the licensure board too.

Interviewer 2: Okay. Gotcha.

Janet: That's how I knew that little story. We're still defending ourselves to the insurance companies that we are competent.

Interviewer 2: We do have a purpose.

Janet: We have a purpose, yeah, and as long as it's in with therapy, it's acceptable.

Interviewer 2: When you mentioned PT, PT, PT, do you think that OT has advocated for themselves more and that's why we're being more familiar to others? Or, how do you think ...

Janet: I think just social media, the changing times, publications, OT's been very involved in the health care reform acts that our lobbyists and OTA behind the scenes are working on that issue. I think that's part of it. We've had some very, I think strong people in the OTA national that has been beneficial.

I remember being in classes where were told, "You OTs don't need to know this but you PTs do." It's just that mindset that no, we are together, we're integral. I don't know what is changing. If you guys have that ...

Interviewer 2: I feel like right now in school, it's kind of still the ... PTs vs the OTs. We do have a classmate that she was a COTA, so she tells us once you get in to the profession and are working, it's so much more teamwork than it is what we feel like right now in school. We both are like, "Oh we do this," against each other.

Janet: I know I had just recently did a co-treat with a PT and he said, "We're not really supposed to do this." I said, "Yeah, we can." It's not every day, but like on this

one, the lady was assisted to he's working on different areas of sitting balance, I was working on just sitting for ultimately, and grooming and just, we needed to work on standing.

I couldn't have done it by myself, there was no aides, so it was like, "Yeah, let's do OTPT together," vs. not doing anything with her and doing something together, and I just don't put down that I worked with you. I'm just putting down that we're working on sitting balance for ultimately participating and growing. She'd fall over if she lifted her arm. That doesn't work too good to sit in a room in even a wheelchair you're falling over. There's a purpose for OT and his purpose was to get her stronger so she could sit and then stand up better, so working on all those different dynamics. Sometimes though the younger kids just out of school, it'll be a little learning curve on "Yeah, we can do it, but not every day." Not like we're going to hold hands and treat everybody together.

We need to help each other out.

Interviewer 2: Everyone serves their purpose.

Janet: Yeah. I can still ask questions of cognition when she's sitting at her be and stuff.

Interviewer 2: Think back to your career. Reflect on your personal growth and professional development. What do you see as your personal accomplishment that impacted OT practice?

Janet: Oh wow, loaded question.

Interviewer 2: Yeah, that is a loaded question.

Janet: I don't know. OT has fit in my career so well. In my home life, it allowed me to be per diem, once my kids were starting to get older. I've actually been per diem, my son who is 32, no my daughter is 32, my son's 28. I was per diem before he was born.

I've worked probably .8, so almost full time hours, through that, that I was able to work different hours and it worked well for all my employers and such. It allowed me to be complete on a professional side and a home side and a mom side and a hot wife side. Other growth in me, I'm the one at work that says join NOTA, support your profession, got to get out there because we do need people to support it. There again, it comes down to money. We need money for the lobbyists to keep our profession intact in the state and the OTA.

Professionally, it's been just, I don't know if it's OT is just part of you. I know the energy comes serving right now. That's my OT background. I know from the past I've incorporated it into when I'm painting the house. It's like, I'm really tired, I probably need to come off the ladder for safety's sake. There again, it's like,

"Okay, take the rest breaks that we preach, then you're going to be more successful going back."

I don't know. It's been well suited for me. As I was just with my father and doing OT with him, his wife just moved into assisted living and getting him acclimated into his house. We didn't know why the cleaning people can't make his bed, because there's clothes on the bed. We found, he doesn't have a place to put them, because he can't reach the lower shelf in his drawer where his underwear was and he didn't have closet space because they brought up the washer and dryer for him, so he didn't have a closet for his pants and his shirts, so he just laid them on the bed.

Well, you got to dig to find that, so dig to find that and then Dad and I, we rearranged his whole bedroom and he can now put his underwear away. You have to throw it in this side of the drawer and ...

Interviewer 2: Definitely the OT in you.

Janet: It's the OT in me. And, getting the services in the home. It's kind of like even though you're off the clock, you're still in OT.

Interviewer 2: It's part of your life.

Janet: It's part of your make up, yeah. I think you practice what you preach. Did that answer that question?

Interviewer 2: Yeah, it did.

Janet: I kind of go ...

Interviewer 2: That's okay. Let's see. Were there something you would have liked to do that you weren't able to accomplish within your career?

Janet: I really can't think of a thing. The one thing that my per diem position, which with that job, I never had sometimes the patients the same day, so I do miss having that one on one contact with people and then I know what my treatment plan is for tomorrow, and it's like I will see something that I would love to try and it's like, but I've got to get ... that's not my patient tomorrow. The different little things.

I had a lady recently at the rehab that I wanted to do mirror therapy with her, because I thought she would have been awesome with it. Of course, I wasn't there with her to do it, so I left a note saying, "I think you should try mirror therapy." I don't know if they ever ... if they did.

Things that I didn't achieve, I know I didn't have any great mindset to cure cancer type of thing or anything like that. I've had a very good career.

Interviewer 2: All right. Very cool. Good deal. What is one of your personality traits that has got in the way of you and your client's relationships if you can think of anything.

Janet: Probably my cheerleaderness. Sometimes I get a little over zealous and sometimes I want me to tone down, because I do get excited for them. It's kind of like, "You're too excited." Sometimes my husband, even taking the [inaudible 00:19:33] out this year, he was like, "God you get so dang excited about it." I'm like, "Yeah, we're doing it." I get so excited.

That I would probably have to say would be my biggest obstacle. I'm one that advocates that if things are not gelling, switch therapists. In my work, in a big enough facility, you can do that. I can't think of really anything else.

Interviewer 2: Okay. So my next questions along that is what is one that has helped you develop a relationship with your clients. That one could go both ways.

Janet: Both ways, yeah. It's just that I'm kind of sit down, and I'm the one who will say, "What are you working on in therapy," and let them be involved and that's probably been beneficial. I've gotten a lot of good feedback from that, and that I care. Sometimes, yeah. I don't know, it's just me, but if somebody needs something, I'll try to help them get it taken care of and probably that's a customer service trait too.

Interviewer 2: Go out of your way to ...

Janet: Yeah. I will do that.

Interviewer 2: What is one of your best memories of being in OT?

Janet: I've had a couple. One is, I had a quad, he was a quad with some function, and I remember the day he put his pants on. I cried. I went out in the hallway, and I told the nurse, who was his primary nurse, I said, "He made me cry today." I was just teasing him, and so that was pretty cool.

On my field work, I had a young man who was also a quad from a power take off and he and I did a whole bunch of things. He was 16, I was 18, we were real close in ages. We'd do things like make cookies and cupcakes and through the years now, I don't follow him per se, but I have another OT friend that sends me clippings because he's kind of notoriety case in his area.

Just the fact that we had touched each other's lives at that time was kind of cool. I've had the ability to do workers comp and just understanding that whole realm of field and helping people get back to doing their life and educating them and doing work conditioning, that was good. Those are probably the ones that really stand out.

Interviewer 2: Seeing those little things make a difference.

Janet: Oh boy, yeah, a huge difference.

Interviewer 2: It not only impacts him, but it impacts you.

Janet: I also had a lady who could never figure out the husband's and wife's goals, she had a stroke, was to be able to cook again. Well, she could never find the refrigerator to figure out that's where eggs were. She'd look in every cupboard, and I remember once after we worked and worked and worked, that we were making something, and it's like, "Yeah, I need eggs," "Okay, where are the eggs?" "Well, they're in the refrigerator," and she walked over to the refrigerator, and I think the husband, and I looked at each other like, "Oh my God, she got it."

Seeing that progress was [crosstalk 00:22:40]. Those little things that, so they found the fridge, whoop de do, it's like, "No, that was a huge milestone for her." We make that impact.

Interviewer 2: Yeah, very cool. Let's see. Now describe one of the most challenging experiences you had as an OT.

Janet: I think the one thing that comes to my mind is just the fact that we deal with injury that people could code on you at any moment. I guess that's probably the one thing that is always in my mind. I don't want to have to call a code. That might be the most challenging thing that I've really had an issue with. I know we've had those patients that are a challenge in themselves. I see the population of our patients getting more mental health illnesses that I do go to work some days and go, "Gosh, I hope I don't get impaired at work," because the thing to be calmer at work and those types of things that they're probably educating you guys on.

There's so much drugs in the world and alcohol and so much more mental health. I see our patients being more critically ill with mental health illnesses that strike out. That's probably just another challenge that I've seen, that you do worry about your own safety. You don't know what that other person, especially with TVIs and they do strike out at you.

Interviewer 2: Do you remember a specific situation where you felt scared in the moment?

Janet: I probably have. I always meet the patient at the door, that's one thing they teach you. I've had some that have escalated and trying to decompress, but yeah, you end up going for a walk with a patient. You just deal with that, I guess, maybe years of experience with that too, but it's out there. I've never been ... I've been hit. I have been hit. Knocked my glasses off, used to work with peds, always was at the eye doctor getting my glasses adjusted because they hit out at you.

That one lady, when she hit me, that was kind of freaky. I think she just got kind of mad, I was a little too close, so staying that distance.

Interviewer 2: Sure. And knowing what they're comfortable with.

Janet: Yeah. You kind of have to read people's comfort zones, but when they're starting to escalate, all those darn education things that you're going to be like, "Oh God, I got to do it again," they serve a purpose, because they do keep you safe and help de-escalate things.

Interviewer 2: And then processing through, when did that start, why did that occur.

Janet: Yeah. I've only had, luckily, only one patient die on me, and that does haunt you for a little while, and you just have to go through it. It was like, yup, it was his time, and it is what it is.

Interviewer 2: I was going to ask you if you ever had to call code in you're ...

Janet: I have called a code. When I had a patient seizuring and nobody was answering the call fast enough, I did call the code. We had a system at that time, you pulled the emergency cord, the call light out of the wall, that triggered a rapid response call, but they didn't come fast enough for me, and my adrenaline kicked in, and I put the man back to bed and within probably half hour, he was back in surgery for heart surgery and came to be that it was daughter's girlfriend's grandpa.

I didn't recognize him, because you're in ... from street clothes to in a hospital gown, so it was kind of freaky. I was like, "Oh my God, it was you." I did what I was supposed to do and prevented him from falling on the floor and threw him back to bed. He wasn't a big guy, but adrenaline, when that kicks in, boy, that's a kicker.

That's probably the only time I've called a code, and I've done cardiac rehab and the whole gamut of things.

Interviewer 2: I wanted to bring up, since you mentioned you see mental health so much, and I know we had talked about, does mental health still have a place in occupational therapy, and I feel like some people disagree that we should do a mental health field work. I wanted to just ask you about ...

Janet: Oh boy. It is so predominant out there and the mental health, why are they doing their drugs, why are they not functioning in life because they're doing their drugs. What is going on in their mind, their mental health to need the drugs. What else can we do to give them and help them, guide them through that journey to find something more suitable that might give them the answers.

I still see mental health being a vital part of OT. It's not the area I would want to practice in, it wasn't my choice when I got my jobs, but I see that there's a need for mental health and not just medication. There's other things that they can be doing to have that positive viewpoint in life and have that satisfaction, whether it be that they're just cooking a meal or if someone's so blue and down that they can't even function, well, what can we do to help them.

So I think we're part of the team on the mental health spectrum, but yeah, I see there's a lot of mental health. Again, it's not just social media, I just see such a change in our patients. We talk about it as staff. We're getting some sick people. Maybe it is that darn social media stuff. For some people, it's consuming their lives. They get nothing out of it. I know I'm frustrated with Facebook and stuff as we all are, but there's too much time spent on it and not enough time doing leisure skills, interacting with human beings, interacting with pets and animals, or whatever.

Interviewer 2: Actual interaction.

Janet: Yeah, not just sitting in front of a device.

Interviewer 2: Which affects self-esteem in everything.

Janet: Oh yeah. [crosstalk 00:29:25] I just see, even involvement of people in NOTA. They're not, because they don't have time, because they got to check Instagram and Facebook and everything else.

Interviewer 2: The world's changing.

Janet: The world is definitely changing. Twitter, I don't tweet. I do look on, just for sometimes football scores. I see that, that's changed our world.

Interviewer 2: We were talking about that in one of our classes. We get split into groups so, I don't think you were there, but Dr. Nielson is talking about how, since you can see what's going on in the world everywhere, it's right in front of you, that can even increase anxiety, all the different stuff going on, and it never stops.

Janet: Just even with my husband's ... we've been watching a lot of Netflix this past week, and he likes all these shooting, killing violent shows, and it's like, "Oh now, I need a good Doris Day movie, just because life is good ,and I don't like to see people killing each other." I know that it happens out there, but some of it is so violent. My husband, he likes some of those shows like Ozarks, I just can't even watch that show, and some of those Breaking Bad's and Orange is the New Black, it's like, I don't even want to see that on my radar. I'm trying to give myself blinders.

That's got an impact. All the video games are so violent. People are violent, I think that needs to change. Sidebar.

Interviewer 2: No, that's okay. We want to get an understanding of what your educational experiences were like, so describe to us your education, what you went through.

Janet: It was two years under grad up at UND, and it was easy, it was good. We did your normal thing, you have fun. Then you get into OT school, and the world changed at that point that barely the rest of the campus didn't exist.

You go right down, and you're studying a lot, and you're in OT school, that's your focus. I was on fast track, so I was one that I had a year of, my junior year of OT school, then my junior summer, I went out and did my psych afflation, because we didn't have enough of field work sites, so they split the class in half. Then, I was done in December of my senior year, but I did an optional piece.

We did that. So we did the summer, three months, then you came back for a more intense schooling of that first semester, then my second semester I did my phys dys and then I did an optional piece afflation. We graduated in May.

We were pretty intense. You only had, at that point, OT classes. It was good, and I know now that they spread things out a little bit more, and you guys have Masters, I didn't have a Masters paperwork to do and all that kind of stuff, and now they're looking at Doctorates. Life was good in school and couldn't really work too much. I did live in the dorms, which was nice, so I didn't have to make meals, I don't know how you guys do that living off campus.

I lived all four years in the dorm, and it was fine. They didn't have a lot of apartments like they do now.

Interviewer 2: There's a lot of options.

Janet: Yeah, there are. That was my education, and the continuing ed type of things was once you're in the profession.

Interviewer 2: What was your class size like?

Janet: I think we were about 50 to 60. I know that they have at UND pictures of it. I know I have a picture of it, because I want to an NOTA conference, I took a picture of my class. I still know a few of them in the area and such. I think there was 60 of us. Then we were divided into 30 ...

Interviewer 2: Split in half?

Janet: Split in half.

Interviewer 2: Okay.

Interviewer 1: I just want to ask one question. Since you talked about everything was more crammed together, did you feel that when you went out on your three month field works, that you had had enough preparation in schooling to be prepared?

Janet: I think so, yeah. I felt ready for it. The first year probably, we were more ... a lot of pediatric, and in fact, I still have my pediatric workbook underneath here, like you have, that was mimeograph sheets. That's not even fancy dancy typing, because it was all developmental, and it's a fantastic book that was Ruth, and I can't remember her last name right now. So I have a grandchild, so I use that notebook. My husband and I will sit here and say, "Okay, what's Parker to be doing now." And we look in my book, and this is what he's going to be doing. The best mimeograph paper, but I think schooling is a little different than when I went, it was more hands on that you learned strokes. Now, you guys have to research more of it. You have some of your core classes to give you those foundations. Then, you've got to sail on through.

I see the students coming through that they're doing good, we have a few that are exceptional. We have a few that sometimes not so strong in their education background, but for the most part, yeah, I think education has changed. We did more hands on type of things.

Interviewer 1: Okay.

Janet: Yeah, so when we went out, you still worked with your supervisor, but you kind of knew what your goals, and what you're going to do, and the things you're going to do when you get out there.

Interviewer 2: Do you remember particularly any theoretical models? Learning about any of those in school?

Janet: I'm sure I did, but no, nothing like what you guys are more drilled.

Interviewer 2: Yeah.

Janet: No, I don't know, nothing.

Interviewer 2: I've heard that too from, we've had one field work, one form of field work so far and even there I think I asked my OT about the model that she learned or uses or whatever ... it's not as big as what it is now.

Janet: I think the main thing is that it's a person that you're treating, and you're there to help them get better and do you use a ... I know that there's lots of different models that look at Trombly. I see that, but no, I'm not strict in one.

I remember doing Bobath in my first job. That, if anything, those are a treatment modalities. People just don't do Bobath like they used to. Now it's NDT, and there's so many other different little things, the evolution.

Interviewer 2: Do you remember any of your faculty, any of your professors you were super close with more than others? Or, were you all ... you have a bigger class than what we have.

Janet: Yeah. We knew Ruth Lund was the director, then you had Sue McIntyre and she was something else before she went back to McIntyre. I don't know if you guys know the history of UND people. She was a big hockey supporter. Her grandson was Zane McIntyre, the goalie for UND.

And then, oh my God, Owen Olsen who taught us crafts. We had to actually do crafts. That was a scream of a class.

Interviewer 2: We were just talking about the crafts lately.

Janet: Yeah. Do we need to copper tooling, absolutely not. But, yeah, it's a great strengthening media. If it gives you satisfaction, go for it. I know I had a patient that would come into the hospital with cellulitis and Sue Falls and the doctor would order diversional OT, back in the day when that was covered. He'd come in because he needed another copper tooling for some family member, and he did the Last Supper. It was like, "Really? Can't you find something else." Kind of bored me, I didn't like being the craft lady, but there again, mental health.

While he was sitting there he wasn't bugging the nurses. Okay, ask me the question again.

Interviewer 2: The faculty ....

Janet: Oh the faculty, yeah, so we had to make rugs, I still have mine underneath that sofa, knit, crochet, do all that. Those are the main ones that I had, Ruth, Ione, Amy and Sue McIntyre. I remember on my interview, they had us in an old room that I was so nervous, I could not open the door. Amy had to get up and let me out. I'm like, "Oh my God, I'm not going to get in." Sue McIntyre's question in the interview was, "Why are you wearing that dress?"

Sue was into psych. She's going to analyze you out. It was kind of like, so I gave my answer, and I was okay, I got in. I remember that. Sue always liked to challenge us. She'd get in and learn our psyche, and boy she ... she was mental health.

Interviewer 2: That's so funny that you remember that.

Janet: Oh God yes.

Interviewer 2: But that sticks with you.

Janet: It does.

Interviewer 2: Is there a wrong answer here?

Janet: Yeah.

Interviewer 2: What types of characteristics and qualities did you aspire to have as a young grad and how have you developed those over time?

Janet: Wow. Characteristics. I used to want to do probably good for my patients that I'd always be trying to get that continuing ed, so I'd be better at what I was doing and have that educational background. I wasn't setting out to be a rocket scientist or anything, I just wanted to do good work and like what I did.

Interviewer 2: What is a fear you had when starting your career? If you had one.

Janet: Probably, I think just that I would hurt somebody, I would harm them in doing something, that you're just ... it's somebody else's life. I was just respecting their life and ... I know, yeah, because there's times that it's like, "Ah, I didn't put on their TED socks," and you wake up at two in the morning, and you're like, "Good God, they're not going to die because of it, but it was like, "Ah, I forgot that." Those are those little things that you yourself then just process that to be a better person, providing service.

Interviewer 2: Learn from the mistakes.

Janet: Yeah. I don't remember ever doing tens on somebody that shouldn't have been. I haven't had that. I haven't had to do a lot of that, but yeah, you just don't want to hurt anybody.

Interviewer 2: Yeah, definitely. All right. We're going to talk about how educational demands have shifted across time and just say some of the things that have shifted, I want to see how you think they've ... to see how these have impacted the profession.

Janet: Okay.

Interviewer 2: So, the development of the OTA program.

Janet: Yeah. That one I struggle with. They're doing a lot of changes right now that OTA program. A lot of them should have been guided to go on to OTR school, to get their four year degree, or five now.

They do have a place in rural America. I know I was just talking with an OT in Iowa who said a lot of their programs, they come out with just a, it's not even a BF. It's not a BF degree, it's just, you're kind of trained. They must have, but I don't know if they're getting OTAs from not schools, or that are highly accredited or what. I didn't know and I didn't have a chance to talk to her.

Many of them should have gone on to get their R degree is why it breaks my heart. A lot of times it's a decision of finances, is that it's a two year program vs. four, and not really understanding the ramifications.

There needs to be a delineation of that for an OTA, probably shouldn't be doing the initial eval. I think some of them are highly qualified that, like I said, I would trust that they did an eval, or to do components of it. So, no. I think we need maybe another degree to help allow it, especially in rural America.

Interviewer 2: Yeah.

Janet: But then we have all this telehealth and everything else coming aboard, it's like, how is the role going to be changed. I've been lucky to work with some really good OTAs.

Interviewer 2: Good.

Janet: That's a toughie. I don't know, and I know they're talking about going to BS on that. They're talking about, if they're going to be a BS, what's the difference about my BS that they should be able to do evals. Where is that rule for the OTA?

Interviewer 2: Movement to the Masters degree. So, from the BS to the Masters degree for an OTR.

Janet: I think that that basically occurred just to get more research going, because that is essential, evidenced based practice, the buzzwords. I think that's why the push came. Did it really fulfill you becoming a better OT because of a Masters degree? It may not, but you're at least understanding maybe the research where I don't maybe get the whole research and to read a research report and see the variances. You guys have that, so that's probably tools in your bag that you're going to understand those research articles a little bit easier.

Interviewer 2: Yeah.

Janet: The problem is, I'd love to do research, but you got to have somebody to do the research with you and fund you and everything, so academia's where it falls back onto, or bit hospitals with educational background.

Interviewer 2: Right. All right, development of the OT models and frames of references.

Janet: Somebody got into them. I don't live by one. I know that it's out there, probably some people in some facilities do use those models more, but that's more facility based too. Maybe if we had a strong ... I have a great director right now, but if he was like, "Okay, we're going to only do this model," it's going to dictate how we function. We're lucky that it's not just UND grads, so we get a really nice, diverse treatment for OTI.

Being rah rah to the models, I'm probably not that good in that.

Interviewer 2: All right. Emphasis of the OT OTA collaboration. We kind of touched on this when we talked about the OT program.

Janet: Yeah. And being on the licensure board, yeah, I know that it needs to be there, and I see both aspects of it, that the OT wasn't there for the OTA, and she's left floundering, to the fact that some change a job title. They need some supervision as this is how we do it in this setting. We're in a different setting, but I'm also questioning in my head, being on the licensure board that this is interesting, why do we have to have them supervised? Who's supervising me?

Interviewer 2: Right.

Janet: I think the collaboration between the OT and the OTA can be beneficial for the department for the dynamics of we're a team. You're treating my patients that I eval, I assign them to you. I want to know that you're doing what you're supposed to be doing. I think it helps for the department for even making it a stronger department and a stronger OT program. It kind of is like, who's supervising me? Who's to say I'm perfect, and that's hard for an OTA to tell the OT, you're not doing it right. How do you function in that role.

Interviewer 2: I think of when we go out into the profession and say we have an OTA who has 30 years of practice behind her belt, it's like, I want her to tell me what she thinks of what I'm doing, but since I have that title ...

Janet: You're just saying that what can you teach me? Yeah, you do have the R behind you that it kind of falls into your ballpark, but it's also hers, because it's collaborative. It's just giving you guys that collaborative so that you are going to be better. She's going to help you be better, you're going to help her. It's a collaborative type thing. Of course, Sarah's on the licensure board too. I don't know if she teaches you guys anything or talks about it.

Interviewer 1: ... on the OT and OTA program and like ...

Interviewer 2: I think actually this coming week or next week we're having guest speakers come in and kind of talking about the delineation of roles between the OTA and the OT.

Janet: And basically, it's going to be interesting because it's really who does the eval. That's kind of the bottom line. In some places I know a coworker in home health that she likes to do the last visit for the OT, just because then she wants to make sure everything is going as she thought it was. Nothing wrong with that OTA doing it. I don't know, it's better for the patient, which is what the supervision is all for, is to protect the consumer.

Interviewer 2: Whatever's best for them.

Janet: And that one is, yeah, that's what the licensure board's all about, we're the consumer advocate.

Interviewer 2: Then lastly, the importance of interprofessional education.

Janet: Yeah, otherwise you're going to go stagnant. You just can't be, you got to be opening your mind to new things, kind of getting good continuing ed. Sometimes, some of the programs that come through, and you girls will see them, you're like, okay, it's cheap. It gives me my six CEUs, but what the heck am I learning from it, nothing. You'll see those come through. So it's finding good things and unfortunately, employers aren't giving you carte blanche to go to this in service and whatnot. They will pay for some things, but, for Samford, we get monies, so we bring in speakers. Then we all can go, and we open it up to Samford type thing.

It's hard when we're so far from Minneapolis, that it's a drive, it's a hotel, it's ...

Interviewer 2: A process.

Janet: But it is, you need to keep yourself fresh.

Interviewer 2: Okay the next question is about the accreditation council for occupational therapy education has indicated that by 2027, entry level practice will be at the doctoral level for the OT and the bachelor's degree for the OTA, which we kind of spoke on. As you think about your practice, what do you see as the positives about this move?

Janet: There again, it probably goes back to more research, more getting info out for education, evidence based practice. It is going to cost more, which is going to be a negative, because then we want salaries to accommodate it. For me, once I was already in the state when they began the Masters, they wouldn't have done that. Anything that costs me money to get my Masters, so that's why it's nice to be grandfathered in. I didn't have a desire to do research, I wasn't in a facility where research was my thing. I don't think we go into OT to do research.

I think that's the, being at that doctorate level will give us maybe more research, which we need in the career, profession. Yeah, it wasn't on my radar at all to go back.

Interviewer 2: The other question was what about the drawbacks of this move?

Janet: That's the cost. Again, finding the places that can do the research, so you get somebody that loves the research, and I know that they had doctorate programs, some of the first ones I think were just even, they were doing research. You had people going into OT for research, because there are people that they want to do the research on. I want to treat patients. I just want to do

my gig. Not be the leader and not be the supervisor and deal with all those management issues.

For some people that's what they like. I think of ... I know some people in the country that it's like, "Yeah, they get off on that research and go with it." That's their personality.

Interviewer 2: Yeah. It's nice where the same way, how you were with the bachelors to the , or the thing with the Masters, the doctorate, because we'll be graduating, and next year is when they'll start the acceptance to the doctorate program.

Janet: So you guys know you'll be a little [inaudible 00:51:33]. I think it has to go that way because other professions are going that way so UND to keep competitive, say we have value. We're important, so I know the PTs do a lot of drawing, and they're doing the portal for licensure, and that's something we're kind of looking at, but it's a process.

Interviewer 2: We've asked our professors about this, like, "What does this mean since we won't have a doctorate, we'll have the Masters, what does that mean for us." They bring up some of the same things, research and ...

Janet: But you're going to get that foundation to be going after it and you're going to be expecting to read that research because it's going to be out there, and you guys will navigate the computer systems better than my generation, where I have the electric typewriter with the correcting ribbon for my papers in college, you can do it right there on the keyboard, and it corrects it and everything else for you. You'll know how to go after that info for you guys with Masters degree and not having the doctorate. You'll probably be better off than my generation.

Interviewer 2: I think it's interesting too, how the doctorate, it's going to be another year of undergrad, so the program, our understanding is that the program itself at UND will have minor changes and then they're adding that extra year in the undergrad, which we're not sure what type of undergrad classes ...

Janet: They're going to do.

Interviewer 2: So I wonder if it's more on the research on the statistics classes and that type of thing. We only needed one, so if we lean more towards that way ... it'll be interesting to see what they do.

Interviewer 1: It sounded like there was maybe one more optional field work that they were also putting in, so we'll see.

Janet: Well, they're going to have to if they extend that [crosstalk 00:53:27] of service, you can't be going two years without being out there with the patients and trying.

Interviewer 1: So it's like either another scholarly project or another field work or something.

Janet: Like a level on or something.

Interviewer 1: Something like that.

Janet: I think we need to get you out in the field to look. It might be okay to increase that observation type thing, but then you've got places that HIPPAs stringent. They don't have the staff to have all of you guys come out. I feel sorry for teachers. They go four years and then they finally get them in a classroom, and then they hate it, and they've wasted four years. You need to have that experience.

Interviewer 1: Yeah for sure.

Janet: I know Samford is limiting how many observation hours you can get, because of HIPPA.

Interviewer 1: Okay, yeah. You need the experience in [crosstalk 00:54:14]

Janet: Yeah, it takes time and effort to do it.

Interviewer 1: Yeah.

Interviewer 2: All right, so our next question, we brought cards. Okay. So I'll say the question first. For this class we reviewed a series of articles that look at the values and beliefs across time. Some of the key things articulated in the articles were licensure, legislation, arts and crafts, occupation, technology, specialty certification, continuing education, activity analysis, adaptive equipment and health care team. A mouthful. I have them written on these cards, and what we would like you to do is prioritize these items of enhancing your professional practice and development. So how would you prioritize them?

Interviewer 1: And then once you have that done, we'll just go over a little bit of why you prioritized it the way that you did and whatnot?

Janet: Technology has changed. We used to do checkbook ledgering because everybody had ... you guys don't do it anymore. So all those little different changes.

Interviewer 1: Yeah, absolutely. Probably even change, like when we're in [crosstalk 00:55:54] and how it's going to change.

Janet: You're going to have a chip, your phone's right here, your microphone and everything. I don't know. Okay, I think I got these in order. So, you ready? Number one I have is occupation, because you can't do anything without

occupation. As I tell my patients, why do I need occupational therapy? Because your newest job is you're taking care of yourself. It's my standard lib.

Then I have the health care team, because I can't work without the nurses, the doctors, the PTs, the speech. Then I have activity analysis, because I do remember that paper we had to do and do you guys have to do it?

Interviewer 2: Yeah.

Janet: You got to act, everything needs to be analyzed that the patient is doing. Why are they doing this, because it's not the way I do it, but there's a reason why they're doing it, so we have to analyze just even the motions and everything else.

Then I put continuing ed, because you got to be constantly updating and maybe it's because I'm older, the continuing ed's important, because it's been a long time since I've been in school.

Adaptive equipment because that's an OT parameter and people need to use more adaptive equipment. I know three reachers.

Technology, because we got to get in there but still some of the basics of adaptive equipment and basic OT, this comes into play. I'm not big into the assistive technology, it's not my strong suit, but it serves a purpose, and I have gotten good at doing iPads with patients and such. Specialty certification, it's not something that I need to do, but it is important for those that are in those practice areas that need to have it.

Arts and crafts, because yes, you need to have the leisure. And then I put licensure and legislation, because those are kind of the boring things behind the scenes type of things in life. They're a needed thing, but they're not forefront. They don't go to work and say, "Oh, got to do this for my licensure."

Interviewer 2: Yeah.

Janet: That make sense?

Interviewer 2: That did. I like how you ... rationale.

Interviewer 1: That's good.

Interviewer 2: It's great. So the next question is about how North Dakota is kind of rural state, how has this influenced your practice decisions?

Janet: Well, just sometimes I know that with my patients that they're not going to be getting the care that I would like them to get the care, because ... we used to send people to rural areas that needed cognitive therapy. I knew that the

therapist didn't understand what cognitive therapy was. First of all, I would do a phone call and talk to them, but also I would really do more education with the family so they could help reinforce activities at home that they're doing, just because we are so rural.

You cannot expect outlying areas to be top on it and have all the top technology, because they've got a budget issue. That's probably been kind of a little issue on being rural. We just don't have providers everywhere because we are rural. It's teachers, everybody has that same problem in North Dakota and rural states.

Interviewer 2: How does it impact the care you are able to provide? I know you said that you had to consult over the phone, was there anything else in particular?

Janet: No, just the education and just making sure that they're ready for that discharge from acute rehab to their home and no services. I can't remember, the Head Injury Association, making sure they have those references that those who come up, more kind of in the 90s.

I've seen that transition of that organization and that's a good reference point, just how to network, which is important for us at OT practitioners to go to those meetings in the state, being involved, because you learn those practitioners that you're referring to and three of us sat together and it was interesting how we all have the same problems. Someone's rural and big city, Fargo, hospitals, tons of co-workers. This one who's kind of out in her own, we all have the same problems.

Interviewer 2: The other thing is, how does it impact your involvement in professional organizations and continuing education opportunities.

Janet: That is probably person to ask that question, because I feel that's a real concern, that people aren't getting involved in their state association, and they need to be, whether it's just for the lobbying and people need to be involved in keeping the profession safe. I'm on the licensure board, and I've been on North Dakota OT Association for quite a few years, in different board positions.

I see the need that it's there, and it's just not getting filled. It's sad. So we need that, and we get things out of a good education, and you keep the profession viable. It wouldn't take much to tromp our profession with that type of thing.

Interviewer 2: Who has been one of greatest social supports throughout your career and why?

Janet: My greatest social support. Wow. I would probably have to say my coworkers. They're my OT family, they're your work family. We do things outside of work, and they probably have been a good social support.

Interviewer 2: How many of you are there on your team?

Janet: Oh my goodness sakes. There's about three pages of us now.

Interviewer 2: Really.

Janet: Yeah, there's quite a few of us. I'm probably about 18-22 of us at work. I'm in a big facility, which is great. They're probably my social support.

Interviewer 2: How long have you worked here?

Janet: In Fargo, well I was with Dakota Hospital and then that got sold, and I then joined Merritt Care and then Merritt Care became Samford, and I just celebrated, I think, 32 years of service that I've been in Fargo.

Interviewer 1: Okay. You've been here a while.

Janet: Yeah, I've been here a while. Yeah. I haven't moved very far.

Interviewer 1: Are you one of the last ones or is there still quite a few of you that have been here since that beginning?

Janet: From the beginning, there are two others of us that have been that many years of service. Then, we have some that probably that are in 20 year time frame, that had joined Merritt care, what later became Samford, so as far as the ... I am probably the elder person in the staff. The support staff, like a secretary in our [inaudible 01:03:08] is older than me, but just doing the OT, I'm kind of ...

Interviewer 1: It cool that you've seen that whole journey ...

Janet: Yeah.

Interviewer 1: You've been there.

Janet: Yeah, because I'm definitely on the end of that journey, getting closer to retirement than I am from starting a job.

Interviewer 1: How many years do you think you'll still ... is retirement in your near future, or are you ...

Janet: [crosstalk 01:03:30] near future, we'll see what all goes on with my life right now. I'm starting to think about ... we're in that age group that you get together with friends, and it's like, "Oh when are you going to retire." I'm not even 60 yet. My bosses put some things out there, well Janet, I don't want you to be thinking retirement yet. I get comments like that from my coworkers. I'm still young, but who knows what the journey'll be.

Interviewer 1: I think it helps when you love your job. My dad, he just retired, and he's 63, but he came back from work every day, and it was just, he was miserable. I think that definitely adds into it.

Janet: If you get to a point where you get talking that retirement and you see some of the frustrations and you're like, "Really?" You then become miserable and you don't just with changes. It's like, "Yeah, I worked all my life, I've done good work and now it's the time to back off."

But then, you got to think, what is my husband going to do all day ... because he doesn't have that many hobbies and leisures. Females it's different. We keep ourselves busy. We've got unfortunately housework, you don't get out of that.

Interviewer 2: Imagine that I am a family member who is considering pursuing a degree in occupational therapy. What advice would you give to me?

Janet: Do it. Don't be an OTA, sorry, I will be honest. I would say go, get that bigger degree and just enjoy it. Every day's a different day, and it's a great career. Then you can kind of go where your niche is, to specialize. And, you can be like me, flex time.

My daughter's a PT, she just decided to go flex time. Her husband's at the point where he can, they have the insurance and everything, and she'll go flex time and be a mom and wife. It's nice that it gives you that freedom.

Interviewer 2: And that kind of goes into the next question, because I think that is a positive of occupational therapy, are there any other positives that you believe are ...

Janet: Just that every day is a different day. You can find your niche and be happy. You've got to make yourself happy too with your niche, but it does give you the freedom of some of the negatives is now we're working weekends and holidays and that's tough. We're needing more staff to work those weekends and holidays. Who wants to, yea, I went to four years, five years of college, hey I want to work weekends. Unfortunately that's the world we're in. Every day's a different day, and you're in control of, I think, I'm in control of my schedule, when I get a patient load. I can spend as much time as I want with them to fulfill their needs. Gives you control too.

Interviewer 2: Awesome. What are the drawbacks to ... can you think of any drawbacks to OT? Like me thinking about it right now, I can't really think of any [crosstalk 01:06:56]

Janet: Like I said, I'd say the biggest thing, the change is you're working holidays and the weekends for your life, but otherwise, you still, you get a good salary, you don't get good 401k, so for your life you're taking care of yourself and such, but ...

Interviewer 2: ... helping others.

Janet: Yeah. You like what you do, that helps. There's days that you hate what you do.

Interviewer 2: There's always going to be those.

Janet: Yeah, yeah. There times my husband doesn't want hear, my daughter and I will talk and she'll say, "Yeah, I either wipe a patient's backside," and my husband's like, "What ... Bakers don't do that." That we deal with the bare bones of life. We see people naked and changing their clothes. There again, that's another change that I think we have, is the profession, is as we get more males in it, there are some people and they're coming out with that documentation of about how people have been abused and raped, that they don't want males. That's a whole other thing that it's more acceptable to share those feelings. They don't have to be as suppressed, and we can deal with them on an open level. It's like, "Gosh, we got to be more aware of that too," their privacy I guess. I'm kind of whacked on the things like, cover up. I don't need to see those private ...

Interviewer 2: We just read an article about shower assessments for new grads coming out, how they feel about those and since it's a weird thing to practice and to do on ... level ones that I don't even think you could, because the whole privacy thing. Then it's how do you feel going out for the first time doing it on your own, seeing, is there awkwardness. It is a weird thing.

Interviewer 1: Especially if you've never had that background with a CNA or a home aide or something like that.

Janet: Or just toileting. I'm sorry, you may fall off the toilet. I'm standing right here, because I'm doing the paperwork if you fall, and I'm not doing the paperwork. Patients don't want to wear gate belts, well that's my safety for helping you if you stumble, and I need to help your balance, and many times we have to do that in our daily routine. Yeah, just finding that safety and their space. Respecting them, but ...

Interviewer 2: Doing what you have to do.

Janet: Yeah, to get the job done. Because, many times it's like, "Oh no, just leave me in here to go to the bathroom." There again, you're learning, no I'm here just for your safety so if you have an issue I'm here for you quickly. Now it's changed, lawsuits and all that kind of crap interferes in that too.

Interviewer 2: All right.

Janet: All good?

Interviewer 2: Yeah, that's good.

Janet: Well I don't have any pictures or anything, but I know I had a lot, but I don't even know where my picture of my class, but they have them there, they have a photo.

Interviewer 2: Yeah, and I know they have and electronic thing you can click on the years of the graduates. We found one of our professors on there. So, we'll have to see if we can find you.

Janet: It's been definitely a good career. You guys'll like it.