

Qualitative Research Transcription

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- A: “Uh, so okay, and this recording is starting. So I'll just record us, and then we're not actually gonna use the video from this, we're just gonna use-“
- W: “Okay.”
- A: “The audio re- from it, so-“
- W: “Okay.”
- A: “You don't have to worry about that. Um, so thank you for interviewing us today.”
- W: “Sure.”
- A: “Um, we don't, um ... Well we have a list of kind of like semi-structured interview questions to talk with you about, but you don't have to answer any questions you don't want to, or any of that makes you uncomfortable. Um-“
- W: “Okay.”
- A: “The purpose is just to get information about you and your life as an OT, and your practice, and just kind of help us, starting our careers to, you know-“
- W: “Okay.”
- A: “What's best. So you wanna start?”
- T: “Yes ma'am. Yeah. Well, uh, I would like to thank you for being a willing participant in this interview today. Please remember to, um, remember that you are not required to answer any questions that makes you uncomfortable. Uh, the purpose of this project is to gather information and history in the e- evolution of occupational therapy practice in I ... in North Dakota (laughs) and Wyoming area through life histories of the individuals who have been imple- influential in developing OT. Um, do you have any questions before we begin?”

- W: “Um, well unfortunately I also taught qualitative research, and so I do have a couple (laughs) questions.”
- A: “Oh, okay.” (laughing)
- T: “Okay.”
- A: “Okay.”
- W: (laughs) “Um, I was wondering how you were going to, to, um, make sure that your, your information is authentic. Are you gonna do member checking? How are you going do all of that?”
- A: “Yes, we were both actually going to transcribe the interview, and then-“
- W: “Okay.”
- A: “Check in with each other, and then we were also going to just check with you whether you'd like to see a copy of that before we turned in our report, so that you could check it as well.”
- W: “Okay, awesome.”
- A: “Um, yes. Okay, perfect.”
- T: “Thank you, any other questions?” (laughs)
- W: “Nope, that's it so far.” (laughs)
- A: “Okay, let us know if you have any others throughout, so yeah. Um, thank you by the way for sending us your CV. That's really-“
- W: “Sure.”
- A: “Helpful. Okay.”
- W: “And I apologize it's not more up to date, but I really couldn't ... and, and I couldn't find any older ones either. So it was like well, it'll have to do.”

A: "Oh, it's perfect, it'll do well. Alright, so I think we're just gonna start out with demographics, and--"

T: "Mm-hmm" (affirmative).

A: "Then just kind of see where it goes from there."

W: "Mm-hmm" (affirmative).

A: "So"--

W: "Okay"

A: "Okay? Like there in middle. Sorry, we have like a list of our questions that we kinda created over here. So"--

W: "Okay",

A: "In case I got it, I got it".

T: "Mm-hmm (affirmative)."

A: "So, um, what year did you graduate, and what school did you go to?"

W: "I went to UND, and I graduated in 1985."

A: "Okay."

T: "Wow."

A: "Let's see, um, what degree did you get? Did you get like a Bachelor's in OT, or a Master's--"

W: "Yes."

A: "Or--"

W: "From ... Yep. Then I got a, a Master's degree later in education, and then a PhD--"

A: "Oh--"

W: "In teaching and--"

- A: "Okay."
- W: "Art."
- A: "So currently you teach at that U Mary?"
- W: "I do, but I'm, I'm retired. So no, not currently. I just fill in every now and then. Yeah."
- A: "Oh, okay. Very cool. Um, so what other degrees, or certifications do you have? "
- W: "Um, well as I mentioned I got a- a master's degree in education from, um, The University of Mary in um, gee, maybe 2000 or something I'm not sure. No that doesn't seem right, maybe, yeah that's probably right. 2000, and then I got a PHD in, in um, teaching and learning from UND in 2006."
- A: "Okay-"
- W: "Um,"
- A: "That's a few."
- W: "And I had uh, certifications, lets see. You mean like, I, I'm certified as a Car fit coordinator-"
- A: "Oh yeah."
- W: "I'm certified those kind of things? NDT, a long time ago, when they kind of gave a certification, they don't do that now for adults but, um, I'm certified in Montessori uh, dementia training, um-"
- A: "Oh, wow."
- W: "Let's see, that's all I can think of off the top of my head. Right now, where I actually have the certification. "

- A: “Yeah. Okay. Uh, do you have, um like any professional organizations that you're a part of? “
- W: “Um I belong to NDOTA, and AOTA, um, probably those are the main ones right now. “
- A: “Okay. So where are you from originally?”
- W: “I am from the eastern part of the state, a little town called St. Thomas. But I've been in Bismarck for 40 years so.”
- A: “Wow.”
- W: “Long enough. Thank you.”
- A: (Laughs)” Now, questions do you have?”
- T: “Well, I'll start off with uh just an overview but what does O- what does being an OT mean to you?”
- W: “What does OT mean to me?”
- T: “Yes ma'am.”
- W: “Hmm. Um, I shoulda really been prepared for that question. Um let's see.”
- A: (Laughs)
- W: “I think OT is, um, an awesome profession because it allows us to be part of our clients or patient's lives, and make a difference in their lives, and um, it's um, it's a personal kind of thing. You know I think OT it's- way more personal than some other disciplines. And so we do get to kind of- get to be part of the fabric, or part of the story of somebody else's life. And they become part of ours. Um, so let's see, what does it mean to me. I, I guess I really can't imagine doing anything else, ever, in my life, I don't know um, I think that ... boy, I shoulda been prepared for

that one. Um, (laughs) let me think about it and I can come back to that one a little bit more too.”

A: “No that's fine!”

T: “Well maybe this might help, but, how do your personal beliefs and values line up with the principles of occupational therapy?”

W: “Um, well, I think, I think they line up really well, I mean I believe in, in, um the value of, of um life and of honesty, and in um, um respect and caring and all of those things fit in very well with um, occupational therapy. I think, also that ethical piece, I mean I think it's really important to be ethical and I think that's part of OT, as well, um, yeah, all of, all of that. Um ... again I might add to that later.”

T: “Okay thanks.”

A: “So when did you decide to become an OT? And why?”

W: “Mm, um well I was, I went to school when I was older, and so um, I already had kids and everything and, and so I wanted to make sure, first and foremost that I would always be able to support my family. And so um, I wanted to be in a profession that, that I knew I would actually make some money in at some point in time. I mean that was a, a huge factor at that point in my life, and also, I wanted to be in a profession, you know a health care profession that was kind of what I was always drawn to and um, I thought about nursing, and I thought about PT, and, and you know at that time they didn't have you do a ton of um, well they did have you do kind of a ton of volunteer work, gotta take that back, um I and I also worked in um, early int- not early intervention but I worked with people who

worked in early intervention, and I also worked in um, multi hand-handicap classrooms.”

“And I had worked in um, the developmental center, back then it was called the Grafton States School. And so I was exposed to a lot of different types of therapies and, and um, it just seemed like OT was where I needed to be. It was, it just fit me. Um ... And I like the fact that it had so much versatility and you could do whatever you wanted and work in whatever area you wanted. And I thought for sure I'd work in psych. And um, or Peds and I really didn't do that as much as I thought I would. So, it just seemed to fit me. I like the whole principle of OT and getting to know your client and your patient and um, teaching them the things that they need to do to be a normal, everyday person. The things that they wanted to accomplish in their life, so it just fit me. “

A: “So, what “(inaudible) -

W: “Go ahead. “

A: “I'm sorry. I didn't mean to cut you off. Um, I was just going to ask, what area of practice you were in?”

W: “Well, when I first started working, we um ... my department was very small. And so, we really didn't differentiate very much. And we just worked in every area. So, like, we started out, we worked in psych, we worked in work hardening, we worked in home health, we worked in everything. We had Ped's, you name it. We did it all when we first started out. And after the department got a little bit bigger then we kind of started spreading out into different areas or becoming more specialized in certain areas. So, my main area was rehab and acute care. Um ...

When I was working most of the time and home health. I did a lot of that too. I did a lot of home health. Um ... So that was kind of my main area, so more with adults, although I did work in psych a little bit and in Ped's a little bit too. "

A: "Okay. What was the name of the facility?"

W: "I'm sorry, I didn't hear that."

A: "Sorry, what was the name of your facility that you worked in?"

W: "Um, when I first started out, it was um, Bismarck MC ... Med Center One, in Bismarck. "

A: "Okay. "

W: "Mm-hmm "(affirmative). "Yeah. "

T: "I know you said you're retired, but um, how did you see ... how do you see the professor, sorry, profession evolving over time while you were practicing?"

W: "Oh, gosh. Um ... Well, I'm sure that everyone will say this who's worked a long time ago, I mean, for many years. You know when we first ... when I first started working, the patient was where it was at with everything, right? And we could keep patients for a really long time in rehab or even in acute care. We kept them for a really long time until they were really, truly ready to go. Right? And um ... with all the changes in insurance and all those kind of things you know that is just definitely changed a tremendous amount. The funding and all of those kind of things that ... that has changed a lot. "

"Um ... When I first started working, we used a lot of crafts and uh, different modality things like that. And I think that has changed a lot. You know the whole profession has gone more towards um ... you know more towards a medical model

than before. And I don't know that that's a bad thing, but I think that some of those things we could bring back in and it would be very beneficial. Very beneficial and I think we've gotten away from some of that and that's kind of too bad. You know we still talk about occupation and doing what's important to the client and all those things but it's ... I still think some of that's gone by the wayside that still would be good to use with clients. I think that's a huge thing that's changed in how it's evolved. “

“Um ... I think that clients have a lot more say in their treatment now, and I think that's a really good thing too. Um, before it was kind of the OT would direct pretty much what was going on, back when I first started, anyway. And then, with um, with the advent of the um, some of the accrediting agencies and all of that, that started changing when they wanted patients to have more say. And so, that was a huge improvement, I think, because you know sometimes they were just only doing what the OT wanted to do and not anything else. “

Um ... “Let's see, how else has it invol- evolved? Um ... It certainly, we've, we've, in North Dakota, we've changed our practice over time to include a lot more scope of practice and occupational therapy. Um ... we're basically still a new profession, but I think we're becoming more well known to physicians although they still, in a lot of places and instances, need some education as to what OT is and what we can do, I think. “

“Occupational education, therapy education has changed tremendously, um, as everybody is moving toward the Doctorate in the future. Um ... it was even. It was even kind of mind-boggling when we moved to the Master's program you know

cause we started out, even when I started out teaching, we started out as a ... as just a Bachelor's program and then moved to Master's pretty soon after that but ... So, that was totally different. Um ... hmm. “

A: “How would you say technology played a role in it? “

W: “Oh, I think that definitely has played a role in it. Um ... you know when I was working, though, full time, we didn't really have much technology. What we used ... we had TeleHealth, but OT wasn't using it at that particular time and I think they probably are now. Um ... of course, we didn't have computers at our desk or anything. You know so, I mean, technology didn't merely play the role that it does now. Now the therapists have technology at their fingertips so they can go look up something or they can um, figure something out or, you know, get information. They can keep in contact with their patients, all those kind of things. Um, and I think that made a huge difference for teaching OT, also because even when I started teaching, not everyone had computers at the University of Mary. Not everybody. Which is like, kind of crazy to even think of now, but because of ACOTE requirements, they had to give us computers. Or we probably wouldn't have had them either, you know? “

“You know, so, technology has made a huge, huge difference. I think you know probably they are using it more and more for the kind of TeleHealth kind of things that um, for documentation, certainly. Which, I have mixed feelings about that too. “

A: “Alright. “

T: “So, I know you said when you got into, uh, when you started OT, you already had a family. So, um, what was ... what was it like whenever you graduated as far as um, what was happening. What was going on in the world socially, economically, politically, at that time?”

W: “Hmm. (laughs) That was a long time ago. Let's see. What was going on? Well, hmm. 1985. Um ... you know I'm kind of drawing a blank at what was going on in the world, then. Oh. Let's see. “

A: “What was happening with your family? Like, how old were your kids? “

W: “That would be a better ... that would be an easier one. (laughs) Oh, let's see. I had um ... my youngest daughter was um ... I think my kids were around 11 and 14 at that time. “

T: “Oh. “

W: “Pretty close to there anyway. And um ... um, I had just gotten remarried a couple years before that, so, when I graduated, I, my kids were with me in school and we couldn't sell our house. So, my husband stayed here. So, we went back and forth while I was in school. So, it was really nice to be home when I graduated and I was home full time. Um, and you know my kids were just really busy in school, and things kind of seemed normal for a while. I really just can't think of what was going on at that time. Um ... Really. Yeah. I don't know. Sorry, that's not a really good answer, but- “

T: “No. No. That's a very good answer. Thank you for sharing that. “

A: “Let's see. So, thinking back to your career, reflect on your personal growth and personal development. So, what did you see as your personal accomplishments that impacted you? “

W: “hmm. Well ... I think um, getting my um, degrees, like getting a Master's degree and getting a PhD certainly impacted my ability to um, function as an OT and to, as my job as a teacher, and how I interacted with students and how I felt about myself because truly, I think, um, education is really, really important to me. And so, for me to be able to kind of, okay I guess maybe to fulfill a dream and to get my PhD because I always wanted to do as much schooling as I could, cause it was really kind of a goal of mine. So, that was really important to me. Um, I think it gave me that confidence.”

“Um, some of the things I did in OT, I was a supervisor in OT when I was at Med Center for a while. I think that gave me the confidence to move on to be, and become, or think that I could become a teacher. (laughs) Um, I was involved in a lot of the, I think it gave me the confidence and the courage to, to get involved more in my professional organization, as well, too, I was in NDOTA and on the board of management for NDOTA two different times over the years. And I was also part of, and as a member of NDOTA, I was a um, representative to AOTA as well, for two terms, I believe. I believe it was two terms or a term and a half. I might have filled somebody's position when they have to leave.”

“Um, and then also, I was part of the practice board. I was on the practice board for two terms as well in North Dakota practice board. And during that time, we um, revamped our um, practice law and our rules to include educational

competencies and all those kind of things because we didn't have any of that. So, that was um, one of the things, too.”

T: “Okay. And um, was there ... I know you accomplished a lot, but were there some things that you wished you would like to have accomplished in your journey? “

W: “Yeah. Of course. Uh, I always wanted to be more involved in vision kinds of things, too, and so I kind of wanted to get a certificate in vision and go back to school to do that too but I didn't. You know my husband, kind of put his foot down and said, "I think you should be done with school now." (laughs) It was okay. So, I would have liked to have done some things like that. Um, but you know some additional schooling and training and that sort of thing. I really would like to do some of those things. Um ... one thing I didn't mention though, too is with students, I had a chance to go to Guatemala with sev- with students several different times. And um, um, that was pretty awesome. I think that definitely, definitely added to my personal growth and my growth as a teacher and a therapist and all those kind of things too. That was back on the other question, but I just thought of that. “

A: “Yeah. So, you felt like that had one of the biggest impacts on your personal growth? “

W: “Definitely. Mm-hmm” (affirmative).

A: “Great. So, what is one of your best memories of being an OT?”

W: “Oh, gosh. Hmm. Of course, of course one of my really favorite memories is, is um, when I was a student therapist still. And one of my very first patients that I worked with, and she had Guillain-Barre and recovered really well. And she was

just this sweetheart of a lady and she you know, she just wrote me the nicest letter afterwards and everything. You know she was one of my more memorable patients. Maybe just because she was one of my first ones. Um, but I think fondest memories are, some of them are, are at different times during my career, working with patients obviously um, working with my colleagues, you know are some of my fondest memories. “

“One of the things we used to do when we worked at Med Center is we always celebrated by putting on a little skit or something or OT department. Whenever there was something going on, if there was a birthday party or a um, um, something at work, we would always make this little sketch and we were kind of hams, I guess. And um, do that for the rest of the, for the rest of the rehab or we would have. If it was some- one of our birthdays, we would have a birthday party and everybody would dress up as some kind of character. Like, one time we had a Saturday Night Live birthday party for someone and everybody dressed up. So, it's kind of the social things. Some really fond memories are the social things with my colleagues and stuff. “

A: “What kind of impact did that have on you? “

W: “Well, um, you know it certainly gives you a sense of belonging, you know? And I think you know having that social impact, I think a huge part of any place that you work or anything like that is, is the social part of it, right? Cause they're kind of your family away from your own family. So, um, I, you know you feel comfortable with your colleagues when you have a close relationship with them and you know that you can turn to them if you need some help. And say, "Gosh,

you know I've never seen this kind of patient before, you know what do you think?" And ... and um, and they've got your back. You know they're gonna cover you if you need to be gone and you don't worry about it if you, you know if you're ill. It just, it just makes ... It's a huge part of work, I think, the social aspect of it and having that closeness with your colleagues. And I've been really fortunate to have that in, when I worked in the hospital setting and when I worked at um, as a teacher as well. So, I think that's really important. “

A: “That's wonderful. “

T: “Really awesome. Now can you describe one of your most challenges in OT “

W: “I would have to say ... That one comes to mind right away. I think my most challenging experience is when I went from being a clinician to a teacher because nobody ever really tells you what that's gonna be like. And, you know I worked for quite a while, and I would have ... I considered myself to be a master clinician at that point in my life. And I knew what I was doing. I was comfortable with what I was doing. And when I came to be a teacher, it was all new. Totally new. When I went to school, I learned one theory. Maybe two.”

A: “Wow. “

W: “Now I had to teach theory, which I didn't even know any of them, you know that were new from when I graduated. I didn't know how to grade papers. I didn't know how to write assignments. I didn't know how to do any of that. And that is a big, big, big transition. Plus, you had to read every single thing the students read. So, now you really know what teachers really have to do, right? You have to read every single thing that the students read and learn it at the same time. And then be

able to teach it. And, and, and another huge challenge, I think, going along with that is that as a clinician, you know what you are doing and you don't have to stop and break it down and do it, do a task analysis of what you're doing, right? But when you teach it, you do-“

A: “Mm-hmm “(affirmative)-

W: “Because you have to give your students steps. Okay first, you do this, then you do this, then you do this, then you do that. And so I find myself going, if I were showing them a different technique or something, they've asked me a question and I'd say, ‘Well, you know I have to do it, just a minute.’ And so, then I would do it so that I could explain it to them. It's that I could break it down. That was hard and that took a while to get over that. So, it's a big ... that was a huge transition for me. Just having to ... It was a different way for me to think. “

A: “Alright.”

T: “Alright.”

W: “But, it was a great experience to have and I'm really so glad that I did that.”

T: “Well, how ... how were you able to resolve that challenge? Did it take a couple years to get acclimated to it or did you just ... What did you end up doing?”

W: “Well, I you know ... It did- you know I had ... Again, I had colleagues that could help me. But as a new program, we didn't have any extra staff either, right? You know so, we all pretty much taught everything. (laughs) And, I mean, obvious we didn't, but we taught a lot of classes. Now, nobody teaches that much as ... because we didn't have all our full staff yet, every year we'd get another staff as the class progressed and we'd get a new staff member so that they could teach the

next area of content. That's kind of how programs start. And so, it was always kind of a challenge. So, I'd say for a few, at least three years it took me, probably, to really feel like I kind of knew what I was doing a lot. It's ... it was ... Plus, then I was also getting my Master's degree at that time as well and education. So, it was a big change. It was a big change and big transition. And you just kind of stuck to it and kept plugging along and I don't know. “

“It, it was a lot of reading. I know a lot of reading. You know you didn't do too much stuff, any reading for fun, for a long time. I didn't do a lot of reading for fun for a long time and I love to read. So, that was a change too. Um ... But I think, yeah. It was just ... I got help from my friends, like, you know from my colleagues. Um ... my family was very understanding and because I worked a lot, a lot of hours. And so, to get through that and um ... eventually it got to the point where I didn't have to do that quite as much. I felt more comfortable. I don't know what the strategies I used. I think it was just getting to feel more comfortable in my own situation. “

A: “Okay. So, we want to get an understanding of your own personal educational experiences. So, can you describe your education, like your class size, theoretical models, staff OT, just your overall experience? “

W: “In OT? When I went to school? “

A: “Yeah. “

W: “Hmm. I think we had 35 students, probably, in our class. Um ... if I'm not mistaken. There were several of us that were older than average. So, that was um, that was kind of nice. We were a few of us had had kids and stuff like that, so that

was kind of nice. Um ... We, we had um, our courses were set up ... I don't know how the courses are set up, now at UND but our courses then were kind of set up so that we had a psych semester and we had a phys dys semester, and had a peds. Is that how they do it, still? Kind of? “

A: “Yeah. “

W: “Yeah. Okay. So, um ... okay can you repeat that question again? I just want to make sure I don't get lost here. “

A: “Yeah, um sorry it was kind of long. I was just wondering about your general overall educational experience like your class size, theoretical models, faculty members or anything that stands out to you from when you were going through OT school.”

W: “Ok, ok, well we had some pretty awesome faculty members, um Dory Markin was one that I will always remember, um and she was pretty awesome. She taught Phys Dys and um she was always just this reserved kind of quiet lady, at least that we thought as a teacher, but later as we got to know her better she wasn't really that quiet and not that reserved (laughs). But, very well respected and she knew her stuff for sure, she was great. Um, Sue and what was Sue's last name? I can't ever remember, that's terrible. (Pauses to think) She was the department chair, um, I can't remember her name, that's just awful. Anyway, everyone will know who she is. Um, was um uh, she was the chair and she was quiet an outspoken lady and um she was an interesting later and we go on pretty well, we get along pretty well. She did the psych groups which also made it pretty interesting and challenging and I remember everyone was kind of scared to go through the psych

groups because we kind of all go, you know, it was all set up so that we each went through the psych experience. I don't know how they do it there now, but that's what it was then. We would each go through the psych experience and you know everyone would ask as a therapist and you would have to tell your story, you know that whole bit. And I was older so I think "not gonna do that" (laughs) of course you know you kind of do it and so it was a good experience. Their whole basis was if you can't deal with your own issues then how are you going to deal with anyone else's. Which made a lot of sense, you know, at that time. Um, so I remember that class for sure. Um, I remember not having very much equipment or anything, we went to the rehab, um to learn how to do transfers and use their bathroom equipment and all that kind of stuff and only once. We did it once and that was it. I mean we didn't have much equipment we were in this little, well maybe it wasn't that little, but it was a big room on the 4th floor. I think in, um is there a Makkena or something?

T: "yes there is"

W: Is like right across from the union?

T: "yes, yes, it is"

W: "Yeah I think that's where we used to be, I can't remember that either (laughs). Um, anyway we were on the top floor so most our classes were in there and then we had a couple other classrooms and it was pretty crowded, but we didn't have much for facilities, a kitchen and stuff, but yeah. Um, let's see, uh theoretical models, like I said we didn't get very many, but, oh yeah Sonia, is Sonia still there?"

T: “Yes!”

W: “Yes she is isn’t she, Sonia was my teacher as well and I think she’d just been there a year or so. I’m not sure, but she hadn’t been there too long I don’t think and um yeah I liked her a lot too, we got along really well, um, uh, we had our main theory was MOHO of course, I’m thinking, let me think, I think just MOHO was one of the main ones that we had and I remember Sonia introduced Claudia Allen’s theory that year for the first time I think so it was pretty new and we all went ‘uhh, that’s crazy, how could thing ever work? How can doing a leather lacing thing tell them that they can’t be home alone, you know, or that they are going to need somebody with them? We all thought it was ridiculous, um let’s see. Um, we got a little bit of NDT, just an introduction to NDT and that was like one lecture and that was it because that was pretty new at that time as well, well that wasn’t so new but we didn’t have it, we hadn’t gotten it at all.”

(This part of transcription was left out by request.)

T: “Well, we have another question here, so ACOTE has indicated that by 2027 that entry level practice will be at the doctoral level for OT and bachelor level will be required for OTA, as you are thinking about your practice what do you see as the positives about this move?”

W: “Well I think it’s positive in that the other fields are going to that, I mean they are at or going to a doctoral level as well, a clinical doctorate, so I think that is, it’s a positive move in that way, um, it it, I think it will allow us as OT’s to be a little bit more autonomous and um, not necessarily the way PT is, but um to be um more autonomous because of the research piece and the educational piece that

will come along with the additional schooling um, I think it will allow us to be a little bit more respected, allow us to be a little bit more known to physicians because there still lots of physicians who have no clue what OT does so I think that will help our profession. I think it will help as it relates to insurance and reimbursement as well, I think that's going to be helpful also. I think that will impact us that way. I also think that there are some things that aren't so good about it."

T: "That was my next question actually"

W: "That was your next question I knew it! Especially in North Dakota I think, because in some of the bigger cities, in some of the bigger cities, I mean I think that somebody with a doctorate, a clinical doctorate degree would get hired over someone who didn't in many places. Here I don't know if that would be the case, I don't know that that um, clinicians feel that around here that they feel like it's a huge advantage. Um, I'm not, I don't know if you've talked to any just clinicians that that have said anything about that, but my personal thought is that from some for the people I know that they probably wouldn't be all that impressed about it. Um, possibly because because the people who are working are probably worried about, how are they going to have these people as students when they are having a higher degree than they've got, you know. Um, and I think that in North Dakota they probably aren't going to get paid more than anybody else even though they have a OTD because we just don't pay that much in North Dakota so I don't think it will make a difference in that way, but I think it might be kind of threatening for the OT's who are out there that still have a bachelor's degree and and don't

have a master's degree, but yet they've been a bachelor's degree for a long time and whatever so now they're taking on these folks who have more education than they do and and hopefully that isn't going to be the case but I would imagine with some it might be, most of them would need to even feel threatened but they may, you know they might. Um, experience certainly gives um, I mean makes a world of difference and all their years and years of experience is gonna be huge compared to education, I mean a new therapist is a new therapist whether they have an OTD or they have a bachelor's degree or a master's degree, so they still don't know everything so, so in that way it could be good and bad."

A: "So North Dakota is considered a rural state, how did this influence your practice decisions?"

W: "the rural-ness of our state?"

A: "Yeah"

W: "Um, hmmm, (Pause) well, I think that you know when I was working in the hospital setting, um I think it influenced us a lot because I mean um it is a really rural state, we were kind of a bigger area so people would come to us from different smaller towns and different areas and different regions and so it influenced practice I think because we needed to adapt to their needs for sure. And um, I think that we needed to have some um services that we could provide in those smaller areas so we could do some follow up kinds of things with them and um, um (pause) so I think we started some satellite kinds of things that we maybe wouldn't, maybe they wouldn't do it in big cities necessarily or in a less rural area, um so having outpatient therapy and those kinds of things, the rural-

ness really impacted that. So it's not like you could just schedule somebody to come in for outpatient therapy and you couldn't just schedule a home visit because they were too far away and you couldn't be gone you know from work that long or your other patients that long, it just wasn't a feasible thing. Um, I think that um as an educator I think the rural-ness is kind of good. Um, because there's not as, I think it gives us, um I don't know how to word that exactly, I think um, I think that because were in more of a rural state we think a little bit differently than those who are in a city, um especially big city and so this could be good or bad actually, you know we are probably more trusting and more open with our patient and our, with each other and with our students and then maybe they are in other areas because of our rural-ness. Um, I think it gives us an opportunity to teach our students to use different methods, to respect the, um, the needs of their clients and be more aware of what is important to a rural state then maybe someone else would, you know? I don't know.

T: "Great, thank you! So imagine that I am a family member considering pursuing a degree in occupational therapy, what advice would you give me and why?"

W: "Ok you're a... you're a..."

T: "Family member"

W: "A family member, ok!"

T: "Yeas, what advice would you give me and why?"

W: "Well I would tell them it was the best career they could ever choose and um because it would give them the opportunity to work closely with their clients um to make a difference in somebodies life and um, and that they would have to work

really really really hard because it's not easy, school is not easy and if they thought it was going to be a piece of cake then they shouldn't even consider it because it's not easy. And, um, I would tell them to to check out different areas of occupational therapy so that they get experience what it was that they really wanted to do, and I don't think they would actually know that until they get out in the fieldworks anyway, but still so you have an idea of exactly what occupational therapy is and and I would also tell them to explore some other health care fields because that really helps to to show them what the differences are and how OT is alike or not alike some of the other ones. Um, I would suggest that they uh, that they do some research on AOTA website so that they can learn a little bit about occupational therapy before they ever get to an interview so they have some knowledge and they've done their research um, I probably would keep telling them that they should apply to several schools I think, to to have an opportunity to choose if they can afford to do that 'cause I know that's not cheap to do anymore. Um, let's see..."

T: "would you tell them any draw backs about occupational therapy?"

W: "Of of going into occupational therapy?"

T: "Yes ma'am"

W: "Or, ok let's see, draw backs (pause). Um, I think there might be some draw backs depending on where you choose to work, you know there, for salary wise perhaps, um but that also could be a huge incentive in other areas because the pay is really good in some of the bigger cities or for travelers or all those kind of things, so um. Draw backs, hmm, you know I think it could be challenging for

people who have a family, and their trying to do this as well, I mean it's not, it's because it's a full-time job in itself going to school, it's really hard to work when going to school, I don't know if either of you do, but it's not very easy to do that and get all your school work done and do a good job. So, there's a lot of extracurricular things that go along with OT and so you're gonna be really busy in school, they would be really busy. But, I had a family and I did it so you know I think anybody else could too. Um, huh, I don't know I can't really think of any other draw backs of OT."

T: "That I know!"

A: "That's good!"

W: "Wait maybe one, we still we still have to promote our profession because people still don't know what OT does or what OT is, that still an aspect that were not... we're still a young profession and we don't we we still need to promote a lot, and to me it seems like the docs coming out should really have some knowledge about OT I would think by now, you know? And a lot of places they do, I think at UND they do I don't know if they do everywhere else so I think that's kind of a drawback that we always have to keep promoting and maybe that's not truly a draw back."

A: "Its yeah, I see your point though, it definitely makes it more challenging."

W: "Right"

A: "So yeah. In all your years as an OT which environment did you feel fostered the most growth in you personally and professionally?"

W: “Hmm. Um, well (pause), you know I can’t say there’s was one more than the other, I think I had a lot of personal growth when I was working in the hospital setting as a staff therapist, and developing my skills and feeling competent and feeling comfortable with myself and how I worked with the patients and then later as a supervisor, um you know I felt a sense of personal accomplishment there and then as a teacher, you that’s another whole thing I mean that, the personal growth, just because I experience so many different things and you know belonged to a lot of different associated and did a lot of different things, so the personal, I don’t know how you can, I don’t know how I can, how I can, (phone rings) opps sorry. Um, I don’t know that I can honestly say that I um can truly separate the personal and professional growth totally, you know? And I think I probably had the most professional growth as an educator and so then I had that personal goal too.”

A: “Alright, well I think we are down to our last formal question here. So, when in your practice as an OT, did you feel you made the shift from entry level OT to expert level OT in the field?”

W: “Hmm, uh when, well (laughs) that’s a really good question, I’m not sure I can actually pin point it. Uh”

A: “were there any experiences surrounding that time that helped?”

W: “(sighs) you know I don’t think there’s just a day when you realize like ‘hey! I got this!’ You know I don’t think that you can really pin point it in any one thing, I I um, as a as a clinician when I was working, I guess there comes a time when other people seek you out for help or opinions or physicians might call you and ask a question or you know, something like that and um your colleagues might turn to

you for advice or it's at, you know probably at that point, when you're considered by others to to have a quiet a bit of knowledge in your area or or have some expertise in your area, so as a clinician I think you probably, I don't know when that would have been exactly, but you know that would kind of the circumstances in which you might feel that, I think it depends too on you know if you've got additional education, all those kinds of things, I think when I became NDT trained that helped a lot too, uh I felt confident in my abilities related to that and it kind of strengthened all the things I knew, believed in and felt and different strategies that I used you know, so I think that has something to do with it. Um and we kind of talked about that as an educator and the schooling and how that kind of stuff all helps and and you know you're doing presentations and you know for different things and I don't know, I can't really say when I guess."

A: "That's a good answer"

W: "Has anyone ever been able to pinpoint that?"

A: "I don't think so- "

W: "Anybody else?"

A: "I was expecting that question would be more about an experience that helps you reach a different level but-"

T: "I mean you answered that perfectly, having an expert call you or you're the expert and having people call you to ask you for your expert opinion that could be like the shift there, you just don't know like 'it was this!'"

W: "Yeah exactly, exactly, yeah definitely."

A: “So do you have any other information that we might have missed during this that might be good to know about your experiences as an OT?”

W: “Um, let’s see, I you know, that the opportunities that I had to be involved in North Dakota State Board of Practice, um I think that really helped with my both personal and professional growth too because it was an experience that not everyone else has, and I think going to the, you know you just don’t know anything about any of that kind of stuff until you actually do it. And you don’t realize what it entails and so changing those, going through the law part and practice rules, all of that kind of stuff, that was really a neat thing to experience, even though at the time I thought it was really frustrating to do you know dealing with everybody and going through the legal process and all that, but um I think that was a good experience, as was being part of that RA, you know to kind of see how the whole ball games works with AOTA. Well I think those two things were very helpful in making me who I am too. Um, again personally I just think that OT is the best field ever and I can’t imagine doing, having done anything else. I mean at one point I was considering into PT, which practically everybody does you know at some point they think that, but I thought ‘nahh’ that’s really not mean. But then I thought well if I were a PT and an OT, I considered that at one time- I’m sorry what?”

T: (laughs) “I said I can only imagine the billing you could get from that!”

W: (laughs) “really, well you’d only be able to bill for one (laughs), oh the abilities yeah, I know I thought that would kind of be the best of both worlds. Then, I also thought well speech therapy that would be awesome too! But OT was a really

good fit for me, and if I had had a lot more time then maybe I would have gotten a degree as well, but I probably still would have always worked in OT. That's where my heart is."

A: "It's great to see that you have the passion still for it"

W: "Yeah!"

T: "Well thank you so much for taking your time to allow us to interview you, it's a very great information, we really appreciate it."

W: "Yeah no problem and if you think of, you know as you're going through it and you go 'I wonder what she meant by that?'" don't hesitate to call and ask for clarification or something, you know I don't mind that at all."

A & T: "Thank you so much"

A: "And we will send you a copy of our transcripts when we're done."

W: "Ok, great, great sounds good"

A: "It was great to meet you"

W: "it was great to meet you too, ok we'll see you"

T: "Ok have a great night"

W: "Buh bye"

T: "Bye"