

Interview Transcription

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Time of interview: 3:20pm – 4:20pm

Setting of interview: A small group learning room in the University of North Dakota Medical School. It was quiet with a table and chairs with a door that open into the hallway that stayed shut during the length of the interview.

I: Alright, so thank you for being willing to participate today, um, please remember that you're not required to answer any of the questions, and that you're uncomfortable with. The purpose of our project is to gather information about the history and the evolution of occupational therapy practice in North Dakota and Wyoming. Um, through life histories of individuals who have been influential in developing OT in these two states and or at the national level. Um, do you have any questions before we begin?

P: No, no I think it will be interesting.

I: Yeah, alright.

I: We're excited.

I: So the first one we're going to start big picture so what has being an OT meant to you?

P: Um, that is a big picture question. I think it's meant so much to me. Um, I know it's been a career but it's been more than that. It's been my identity I think. Um, and all the skills and knowledge that I've learned over the years that you'll learn too, um, you use in your personal life too. So I think it really helps in personal life as well as you know a good meaningful career overtime.

I: Right.

P: I've been an OT since I was your age.

I: And then when did you decide to be an occupational therapist?

P: Oh, uh let's see I have to think now. Uh I probably did not know about it in high school I think I thought about a health career in high school and then when I was in college, um, I was able to job shadow with an OT and then I also, um was kind of deciding between a couple careers as a freshman/sophomore, well mostly a freshman, and I took a vocational interest test and I came out strong in OT and teaching. And at the time

I'm like I don't want to be a teacher, but OT, that's where I wanted to go, so that kind of gave me the confidence to just keep pursuing that.

I: Oh, okay cool. Um, and then how have you seen the profession evolve over time in, um, your practice - so describing the profession as you see it now.

P: Oh my goodness.

I: Or how it's changed or grown throughout the years.

P: Yes, I think it's changed so much. I mean some, some parts of it have remained the same as far as our values and roots, um, yeah. Some of those, um, foundational things have stayed but all the contextual things all the skills and knowledge is just growing exponentially.

I: Right.

P: So when I think back when I first started, um, there were difficulties with, um, other people, um, saying that they were OTs, and they weren't OTs. And we're like what's going on here, your not OTs. Yeah, there is an occupational therapy sign above the door. So there were those types of things going on when I first become an OT that wasn't on my radar screen while that was going on and so now you know now we are established as a profession and become more and more recognized for what we do, and value for what we do so I think that keeps getting better.

I: Tell us a little bit more about, what were there certain professions that were saying they were OTs?

P: No, this was uh I don't know how much I should say. But no, people I would say in the community would say such things. Not so much in you know established medical, um, models, it was more community-based. And, um, sort of activity therapy kinds of people.

I: Was it like recreational therapist or?

P: I don't think they I don't even know that recreational therapy, um, you know, was just getting started back then, so I think it was just other people. Probably what you would call, um, maybe activity therapy people nowadays but without a credential. Just calling it occupational therapy and an occupational therapy room and we do occupational therapy in here.

I: That's interesting I didn't know about that. Um, and then, um, so we want to look at the context of practice when you graduated. What, what

was happening in the world, like socially, um, politically, economically, um, or even within your family.

P: Okay, so the context is when I first graduated?

I: Yep, mhm when you first graduated OT school.

P: Um, let me think, well politically really a lot of turmoil, um, because let me see when I was in college Nixon was president and impeached and then it was, um, President Ford and so lots of distrust and mistrust and the Vietnam era was coming to an end. So, you know, more of uh more global awareness and uh for me, uh, political awareness. Uh, maybe more awareness of veterans and you know what they contributed and what's their, oh, injuries were returning from war and all that going on. I'm trying to think, the rehab act was kind of people were understanding that. So there was more, um, people with disabilities rights and advocacy going on so all of that was in influencing me as an OT. And then uh, I forgot to say the whole maybe feminism movement, and um developing careers other than teaching or nursing.

I: Right, mhm.

P: You could actually be other things. Mhm.

I: Did you, um, partake or participate in any of those political movements or was it just more what was happening?

P: Oh, let me think. I think it was more what was happening in the world and there were maybe little ways that you could participate but professionally I always, uh, was a member of AOTA so I would try to stay up on what was going on and what was changing, and was definitely thinking about it.

I: Awesome, um, and then how did the context shift across time of your practice, so you mentioned a few of those things with the, uh, Vietnam War just ending um, but, and how the rehab act was starting to, um, be more established.

P: Mhm.

I: Did you see major shifts within practice and that?

P: I have to think. So I always worked more in adult rehab and acute-care so yeah they were more patient rights that came about. Um, more patient and family education, um, that, that became bigger. Um, I think you always had an emphasis on team, uh, working as a team. But, I really

came to appreciate that when I was an OT, and the importance of the client on the team so that was starting to be recognized, so, and then I think as far as, um, helping people get discharged to home. Whether you were in a wheelchair, how will you get around in the community and how will you get back to work and so there was that emphasis on helping people return to work and driving. Like I remember our department starting a driving program and we partnered with, um, driving educators in the school system at that time but they were interested in helping adults get back to driving too so you had to kind of think about the community and what was happening with people once they left, uh, the rehab or hospital setting too.

I: So more big picture care?

P: More big picture, yeah. That was going on. I know reimbursement started to change too.

I: Okay.

P: So, um, HMOs, health maintenance organizations. Um, I remember when we first had out-patients and we had to, um, call the insurance company and say what we were going to be doing with this person, and how long it would take and the expected outcome. That was a change, a big change, and we were like well why do we have to do this? How do we do this? You just had to kind of figure it out as you went along, so yeah.

I: So prior to that was it more funded by like privately instead of through insurance or?

P: No, no let's see no I'm probably not even going to remember the proper term for it. Um, it was definitely insurance paid.

I: Okay.

P: Um, some people paid out-of-pocket but insurance for like vocational rehab. But it was, oh, paid for, for as long as the person needs it.

I: Okay, okay.

P: So there were big, big boundaries. There's a term for that, I know you guys are learning it and I don't, I'm like blanking on the term for it.

I: That's okay.

P: Mhm.

I: Alright so thinking back to your career and reflecting on your personal growth and professional development what do you see as your personal accomplishments that have impacted OT practice.

P: Oh my goodness. Well that's going to be harder to answer but I think I always, um, pretty much gave my heart and soul to being an OT. And um, you know always kind of tried to give at least 100%. And you know really think of the client so maybe I always was client centered and team centered. Um, what else? I know, one thing that I was like, uh, really happy about was, uh, when I was involved as the NDOTA North Dakota OT Association President and going to the AOTA, uh, meetings. Um, at the national level and I spoke out and a number of us did when the payment system was changing.

I: Okay

P: And we were like and now we have to say how many visits we need and what, what are we basing that on. Should we have something that helps guide us? So I was apart of a focus group and that was apart of AOTA developing the practice guidelines. And I was like, whoa, that matters. If you notice something in practice and you, um, speak up about it, you know AOTA will listen and try to respond in a helpful way. So after that practice guidelines I was like this is great, this is good. Mhm.

I: Awesome.

P: And I think one other thing that I'm maybe proud of or just that I found it was interesting it was hard at the time but I was involved in our North Dakota OT Association as, uh, as the president and it was when physical agent modalities were a big deal for OTs and, um, so we had to change our practice act and, um, our legislative person in the state association and everybody on the board got involved with making that change so OTs could be recognized as, um, being able, to, to, um, you know apply modalities with, with education and credentialing and all of that. It's not like if you didn't know how to do it you certainly couldn't use them but starting to have the mechanism for that.

I: Yeah, well cool.

P: That was interesting. And tough at the time, but we got there!

I: Was there something you would've liked to do that you weren't able to accomplish?

P: Oh yeah probably lots of things but when I look back I'm just really happy with everything I was, um, able to do and you know I was in

contexts that, with other people and things that helped it. My one thing that I am, aw, I wish it would have gone differently was OT in cardiac care.

I: Okay.

P: I, I think that in North Dakota and maybe elsewhere, there are so many specialty areas of OT, emerging, ongoing, and as an OT manager I just didn't have the staff to do everything so I kind of had to let the cardiac rehab go to the side and it was, we were there just more as an on-call basis but that hurt. That hurt a lot because we couldn't get the numbers of OTs so there always was, I'd say a shortage of OTs so that might be some of the kinds of negative consequences when you can't provide services where they are needed. That's a problem. So I'm really happy there's so many OT schools now I think that's making it a lot better.

I: Have you seen it get better throughout time, are you thinking that the need for OTs is rising as?

P: So yeah, I don't you know having been an OT educator I'm not exactly sure how that plays out in practice.

I: Okay, yeah.

P: I, I think the need is still growing, so maybe there is a shortage yet, I don't know. I think it depends on where you are. I think cities, oh yeah, I think it just depends. Cities might have an easier time of urban areas attracting OTs then more rural or smaller town areas but not sure if that's still the case.

I: Yeah, so what is one of your best memories of being an OT?

P: I have like a million but I think it's just all, I can think of many individual clients that I worked with and you know things, I got to see them improve to such an extent. Like people who had spinal cord injuries be able to use a wheelchair and go home, plan their home, um, get back to driving, get back to life, those kinds of things. That was really exciting. And I did get to work with a lot of people with lots of different conditions. So, yeah, I always yeah, had a great time. I can't, wasn't like all jolly and I'm having a great time working with you, but seeing the value of your background, and what you can bring to helping people.

I: How do you think seeing that diverse client population kind of shaped you?

P: Yeah, I don't know. It's like the chicken or the egg. I've always been someone who likes variety so I don't know if I kind of chose that or if it just kind of came to me, but um, I'm not really sure but I think it helped me be curious and interested and keep learning and growing, and going to workshops on arthritis, what's the latest there. And now more chronic disease management, what does that mean. Primary care, um, learn and grow there.

I: Cool. So now describe one of the most challenging experiences you had as an OT.

P: Man, and I probably have an equal number of those. So, I got to think of one. I will just choose the ones where maybe a client was resistant to OT. I always thought that those were challenging. I think now, with um, um, I'm going to blank on the name for it. Well with motivational interviewing, uh, with the book that you guys have and start using in your first year summer course, her name is Taylor.

I: Oh, yes.

P: Her and her model, I think that really helps, um, OTs develop the language, and the ability, and the modes. You could choose different modes to use. Where back in the day I didn't have that. You know, and we of course um, you know, had education on how to communicate but it wasn't as theoretical or as skills based so I found that very challenging to, to kind of help persuade people. But usually if you could help them start doing something, even if it's a little thing like someone eating their lunch that day or whatever it is and then start building the rapport, then it usually grew. But some people are just tougher, yeah, yeah. And for lots, you know for us to understand where they're coming from too, you got to be good at that. For sure.

I: Was there any mode that you preferred or that you just naturally used?

P: Well you see I probably naturally use, I think the variety of modes that are out there now or that are identified now would be, would have been so helpful for me. I probably used empathic but also instructing and I think I because of the OT values that I had about doing, you know helping people do, and build skills, I think that just was used a lot. I don't even think that's a mode. Maybe it fits in with, uh, instructing maybe?

I: Yeah, yeah. So we want to get an understanding of what your educational experience was like, so kind of the class-size, any of the theories, faculty, kind of what stands out to you about what you were learning?

P: Hmm, so I graduated in the late 70s. I'll say that. As far as theories, oh my goodness, you see there weren't that many. Um, I remember Ann Mosey, um, Carl Rogers, more of the psychological frames of reference that influenced OT. But really there weren't any others that were more globally used. Uh, maybe I do remember, oh I should say sensory integration, that was big. Um, NDT was just starting to come about as a frame of reference and only with children. So, it was when I first was out in practice that was, we uh, brought in some person who could teach us with adults. So, I mean there really wasn't much, more of you know starting with the OT values and the educational philosophy of OT. So now, did I miss another part of that question?

I: What kind of was your class-size like?

P: Oh, class-size, hmm I think 25 to 30? Something like that. And then I know we did get split up into smaller classes for like our psychosocial group class. Mostly that one I think.

I: Sounds pretty similar.

P: Yes it does, doesn't it. And then I'm pretty sure we were with PT for some of the bigger classes, kind like the medical science classes too, and uh, maybe even with uh, there was a um, psychiatry class that I remember, and neuroscience class that we were all together too.

I: Cool. Okay so OT is pretty, uh, has its fingers in a lot of different pots and after reviewing your CV we notice you worked a lot in acute care rehab, uh, area of OT. So what brought you to that area of occupational therapy?

P: Goodness, um, I think it was who, part of it was who I was as a person. I always, um, I think, uh, I was the oldest one in my family so I always was around adults and listening to conversations and participating in that. So I knew I liked interacting with adults, you know you can have these interesting conversations with them. So I was attracted to working with adults more than children, not that I didn't like children, but I was just like I totally love having the back and forth, uh, dynamic. And then maybe, I don't know about rehab. But, I think it was probably was where I did my job shadowing in the acute care rehab facility. And then maybe it was all the things going on in the world and the country at the time that influenced me too.

I: Um, uh was there a class that you taught that was your favorite while you were here?

P: Oh my gosh, can I say that? Um, yeah well I appreciated all of them. I

probably have, I mean they are all like up there with my favorite but I think because of my background and my practice background, the adult rehab class that I taught. That was, yeah. Yeah it was part of my heart and being, and yeah, and really I taught it the whole 22 years that I taught. So it was fun to see how it evolved over the years too. That was fun. Enjoyed it.

I: So was there a transition period for you when you went from being a practitioner to a professor that you experienced?

P: Oh yes, oh yes. So, let's see, um, it wasn't even on my radar to become an OT educator. Funny how that works. But uh, so I was working as a practitioner and I supervised fieldwork students and I liked it. I was like oh this is really fun, I really enjoy this back-and-forth dynamic and helping people learn and become a part of OT. And uh, we used to have fieldwork educators come and visit the department too. And so this one, she happened to be from UND and said, wow I see that you enjoy working with students and tell me more about that. So she like interviewed me and talked to me, and probably to the other therapist too, but she remembered that I really liked it and so then when there was an opening here for teaching she called me and said Jan we sure would like you to apply for this position. I was like can I do it, I haven't had the experience. Oh yes, you come here you'll be learning and going to school and yeah, I want you to apply. I was like all right, well okay. I'll have to tell my family, hey I am moving to North Dakota. Yeah.

I: So were there any challenges faced during that transition?

P: Oh yes, that's like a big, it's probably you know like going from any area of practice to another, transitioning. Um, maybe there are others. I think if you go to any other specialty area there probably are challenges, unique challenges, and things that you have to learn. So I remember I wanted to, I don't know if I needed to possibly work on a degree in education and that really helped a lot, like oh now I understand how to teach in larger groups of people. So getting the education at the time helped quite a lot.

I: Were there any aspect of being a practitioner that you missed after becoming a professor?

P: Oh yeah, so that was part of the transition. Uh, yeah, probably missed it a lot. Probably wondered, why am I doing this, instead of. But um, but I found teaching to be as rewarding, if not more rewarding you know in so many different ways. So I just um, hmm, this is where I want to go now so even though it was hard, um, I went for it and I, and then um in later years, I thought being able to work with students on research projects

where they were actually were working with clients that helped me sort-of stay involved and feel like I was still working with clients and I probably was but that kind of helped fill that void hmmm, yeah.

I: And so research, we noticed was a big part of your CV document. How has research impacted your career or your approach to practice and teaching?

P: Oh boy. Yeah, so in my undergrad degree as an OT I don't remember liking research, I'll be honest there. But I was always like curious so once I was out in practice and wondering why this happens or we could do it this way; would have a better impact, you know? I always was asking research type questions to myself and maybe other people in the team or in our OT team so um that's why I always really valued being an AOTA member and reading AJOT articles and understanding that and now I'm probably getting off task what was the question again?

I: No; just how has research impacted your career or um your approach to practice or teaching?

P: Oh, okay. Okay. So even with a master's degree I got enough research background to value it more and I could start answering questions in the clinic where I worked and I started um being able to connect with other professionals who were doing research so I was brought in as an OT member of teams, or AOTA would have projects and AOTF had projects and I'd volunteer to be a researcher on those and then and then when I got my PhD I chose one that was um teaching and learning research methodologies and I totally chose; like I wanted to challenge myself because I felt like I could kinda do qualitative research I learned a ton of that, but I also I challenge myself to do a quantitative study and so therefore I think I again I just ramped up with my interests in understanding and then I hope I was able to help students too, to like learn to do different projects and how you could do them and; mhm...

I: So in your opinion, what ways has research shaped or changed the OT field as a whole?

P: Oh, boy I saw a ton of changes a ton of changes for the better. I mean I don't, so I'm thinking a lot of OT's were kinda like me; thinking 'uh research, whatever' you know. Take it or leave it sort of thing, but at the beginning; but then when you saw that it impacted what you were doing with your clients how they are improving um how others saw you um, that it helped with reimbursement I mean you just saw exponentially all the values to practice the value to practice. Having people really say ahhh, we need this skill and and yeah, I saw all those different ways

reimbursement really being respected on a team. I remember as a OT manager because I had my masters I was able to answer an accreditation question that was asked, and it was asked point-blank at me, and it had something to do with neuroscience, and I was like 'Oh my gosh, I'm so glad I had that course and I did this self-study in neuroscience. I can answer this'. Or when we had OT month sorts of things and people would go to and the doctors would say well what's the evidence for that and I would have articles right there like; 'here is an interesting article and this is what they found' and they were like 'Oh, okay', I mean it made an impact.

I: So, educational demands have shifted across time

P: Yes

I: So what do you see as the impact of; we're going to go through a couple different ones, but first the development of OTA programs.

P: Okay say that again, what do I see as ...

I: What do you kinda see as the impact of the development of OTA or COTA programs?

P: So, I'm not sure if I can speak to it really knowledgably now but, I don't know if there are more OTA programs or not. Um, I know that, I understand that they are moving towards a bachelor's level. Um, I think that's an area of our practice where there's a bit of a struggle you know, like how; how from an outsider perspective, external team oriented viewpoint you know how; what's the difference between an OTA and an OT. We've always had to sort of answer that. So, yeah, I don't know what to say about that. I think it's still kind of identity sort of thing that we're dealing with even to this day, and then now with reimbursement is needed, I think somewhat more difficult because occupational therapists do the evaluations and um OT assistance do more of the direct treatment and in some places, you got to decide who's got the background and the skills to do the intervention. So, I think there are managerial decisions made too about who's got the background and the breadth of the background for this position. If we could only have one position, who should we, who should we hire and why? Is that too much tonight?

I: So how do you see or what kind of impact have you seen with the movement to the master's degree for OT's?

P: I think there was a lot of worry with, you know most OT's. Occupational therapists having a bachelor's degree, there was a lot of worry. 'Well what's going to happen to us once people come out with a

master's degree? Are they going to make more than I do and I've been here for 20 years and have this experience and knowledge"? Yeah know, how is that going to work out? Um, so I saw that as a big issue. Um, I think somehow it, I don't know, it all worked out. I think because OT's with master's degrees, um were kind and aware enough to be not putting themselves, you know, above someone with a lot of experience and practice knowledge. Um, and maybe how managers were dealing with it too. And licenser boards, um, I think had to work out, um, yeah, you're all licensed practitioners no matter what your degree if you get a bachelors or masters.

I: How about what kind of impact have you seen the development of OT models and frames of reference having?

P: Oh, there again, I think it just makes it so much easier to communicate to clients, to the team members, to consumers. Not that you're gonna speak in real theoretical terms, it depends on your audience, but you could be more confident what you're doing and why you're doing it and how it all threads together. I think that helps with explaining it to external parties.

I: And then, how have you seen the importance of inter-professional education having an impact on either educational demands or just even in practice?

P: Um, boy I think that's really important too, because if you work so closely as team members you're, you might be the only OT on the team and there's one PT on the team and one nurse or whatever, so you have to learn what other people do and not offend people or not expect that they have certain types of knowledge that you think they should have or whatever. You learn to communicate earlier, now when you're learning it in your um degree programs. I think it just helps with respecting communication. And it's probably having an effect on client care and success of client care it's only has positive effects.

I: Alright so, as so ACOTE has indicated that by 2027 an entry-level practice will be at the doctoral level for the OT and the bachelor's degree for the OTA. As you think about your practice, what do you see as the positives about this move?

P: Mmmhmm, well gosh. I've kind of been a person who; almost with any issue, kinda sees many sides and tries to think it out umm, but I mostly see that it's positive for the occupational therapists. I'll just speak to that. That we're going toward the doctoral level. I know there will be those bumps in the road whenever a profession moves to a different entry-level degree. Um, and um you know, but but I think we we um are

valued enough on the team and in practice and in healthcare that we need to have the credential that matches what we know and what we can do and to help with our credibility because I think it's getting harder and will become more difficult with; it depends on resource allocation; but I want to see OT be an equal partner out there and with equal standing and so we will contribute and continue to contribute. We are too valuable to get lost off or left off of the healthcare team. I just think that would be just terrible for healthcare. Spending, I mean, all-across-the-board. Children, adults in all areas of practice.

I: Have you seen that change over time or have you seen it since day one? That valuable of OT and how it's really needed in the healthcare?

P: Um, I think I've always seen it grow. Part-time people growing growing for the better and it's sad, I mean it hurts me when I hear a story where someone didn't understand OT. So, I think OT still has to work really hard to explain to people what they're doing and why and help them see that they are improving with OT services too. We still have to do that, but ya, it's totally improving.

I: So, you kind of hinted at this. A lot of times you see both sides or you can see many sides of whatever is going on. So, with that which, for the doctoral level for OT and bachelors for OTAs, are there any drawbacks that you kinda can reflect on or see from this move?

P: I still think as it was with the bachelors to master's transition what will happen with salaries. I don't know. Will be staying the same as they are now? Um, I'm guessing that maybe probably they'll stay the same, but even if they do it's still the bigger value to the healthcare environment and keep OT at the table. That will matter, but I maybe there will be some struggles with how that will work out. Yeah know. Reimbursement, you know, getting paid for what you do. Reimbursement, I don't know. Again, if we're doing what we say we're doing and we have the evidence to back it up that hopefully will stay, but I think you'll have to keep have to keep advocating for that. Why it's you and not somebody else doing the same thing or doing something that looks like it's the same thing, it's really not.

I: Okay, now we are gonna do a different style question. We are going to do a card-sort question. So, for this qualitative class that we are taking, we reviewed a series of articles that looked at the values and beliefs across time so some of the key things articulated in the articles I put on notecards. So, I'll lay them all out. Licensure, legislation, and it kinda has the ones specifically talking about, but also in general arts and crafts, occupation, technology, specialty certification, continuing ed, activity analysis, adaptive equipment, and health care routines. So, how would

you prioritize these in terms of enhancing your professional practice and development from most important to maybe not so important. So you can kind of mess with the cards. You don't have to put them in order, so

P: Okay, can I ask you to just say that one more time? How do I prioritize them? According to...

I: Enhancing your professional practice and development, so kind of from

P: So like current, contemporary. What I think is most important to lessor important?

I: Well, yeah and how...if there is anything in particular that has been more important to shaping who you were as an OT

P: Oh, okay. Now I think I understand. Okay, this is hard. Because all of these are important, um so so I will pick out occupation and activity analysis because they are like, at the core of OT and what we do. And adaptive equipment is there but it's always changing too. I would put the healthcare team right up there you know, as part of influencing practice and important to it. And then continuing ed. I'm putting the arts and crafts out of the top deck. Um, you know legislation really matters, I'm putting that up there. And then, it's hard to know, like licensure um, I know it's important and needs to be there. Kinda, I'm going to put that next. Then I kinda see all of these as kinda changing. Um, they're necessary parts of the practice. And then, I mean these two are kind of necessary here. This one I know is optional but it's beneficial. I don't know. Technology is just a huge part of life and what we all do so, I think it's just gonna be a part of practice now and in the future, it's just gonna, you need continuing education to keep up with that or the actual things that you're doing in practice too. Is that kinda what you needed me to do?

I: Yeah! So how, are there any in particular that for you personally have just kinda seen a common thread throughout or has it really; does it change over time, kind of what's been, whatever's going on in society.

P: This is, occupation is always been there, the heart of what we do, no matter what decade we're in. I hope it, I hope it stays there cause, other people try to do it and dabble in it, but maybe it's kinda like that thing at the beginning where, we do it better and we need the evidence and the um credentialing to say 'hey, we're the ones that are doing this and. We know it inside and out and we know how to help people get there and help people do their occupations and the broad definition of it'.

I: Alright, so thank-you. Ya, you can leave those out if you would like or, either way. So, North Dakota and Wyoming is considered to be a rural state, so with North Dakota, how did this influence your practice decisions of, that being more of a rural state?

P: Oh, I'd have to think. Um, part of it was you know who people are and what they have been doing for their occupations, you know as far as clients. Who they are and understanding who they are, so getting a feel for that is important. Umm, I think it has a lot to do with accessing care. Ya, you know I was kind of surprised, um working in North Dakota. While we had people from way on the other side of the state, like, they would come this far. You know, um, 'wow', that's gotta be hard on their families, and financially, and everything else, so I think the access is really an issue in rural states. Um, what else was I gonna say? And then follow-up care too. Like if you, if you have a client who, and with most clients, no matter what the practice area is, needs some follow up. But there isn't an OT there, back home to do the follow up. Then what do you do? So, that's why I kinda see where technology could move up and be right up there with healthcare team if we're doing more telehealth and things like that or if we can get to the point where we have OTs on all healthcare teams, no matter where they are. In rural practice too. Or some way of connecting. But it was hard when people had to go home and, you know you would give a home program and then you'd have to follow up with maybe a PT or there wasn't a PT, then you're really stuck. I mean you hope the family can follow through on things, but even the PT you know, it's not OT. They can get at us, but you know to a certain degree like we get them but we can't do exactly the same things.

I: So did being an OT in a rural state influence, um, your involvement in organizations or did it, well we'll start with just that one question.

P: Let me think about that, like if I had been in a large, you know urban area would I have chosen to get involved. Is that kind of the way of thinking about it?

I: Yeah!

P: Um, I think, just because of who I am and how I think professionally I would've gotten involved anyway, but I do think I always was like wondering about, I don't know, like if I had a client from Rugby, well, who is out there in Rugby? I would need to get to know them. So, I wanted to be able to network and to know other OT practitioners in the state. Plus, once I did get involved and like, as the president of the OT association president and going to AOTA meetings, I realized rural states need representation. Cause otherwise, the big states are like, calling all the shots and saying what they need. Like something related to, I don't

know, specialty certification, where we need more things related to technology or something. So, they kinda needed to see what our unique needs might be. Like we need telehealth and um, fast internet connections, you know, that sort of thing. Yeah so, we have to have those things made known.

I: So, we just have one final question. So, um imagine that I am a family member who is considering a degree in occupational therapy. What advice would you give me?

P: Mmmm. Oh, I would highly encourage you. I would because I see it as just a, one of the fastest-growing professions and if you like to work with people you'd like to help people who are either have some injuries or illness affecting them you can help them get back to doing what they want to do or develop the skills. Like with children to develop normally and be a part of society and and it always has so much variety to it that you're always gonna be challenged and rewarded. And you have to keep looking for the challenges and the reward too. You know you could just go around and do your routine job, but you have to be looking for it too, to find out it's always been a great career, good way to make a living, it's got enough flexibility, so if you have a family you can, you know, go part time for a while and come back. Yeah, it's got many many benefits. Did I convince you?

I: Oh yeah, I think I might consider OT.

P: Okay, good!

I: Um, would you um, what would you say were the drawbacks maybe?

P: Drawbacks to becoming an OT?

I: Yeah

P: Can you tell I'm such an OT, I don't even see any drawbacks. I hardly see any drawbacks. I don't. I sometimes saw them with the healthcare team not understanding us. So that was always, like, sad. And then you have to spend a lot of time explaining.

I: So, one of the things, as a first year, we would always have conversations about is that elevator speech. How have you um, adapted, your elevator speech within the healthcare team or professionally as a professor or...

P: You know, I will say I struggle with that to this day. It depends on who, who they are, or how much time I have, how interested they might

be. I always try to find out a little bit of why they are even asking me if I have time. Otherwise, I go with occupation, and you know, 'so how important is, you know, going to work, driving, taking care of your children'. You know, trying to go with something that is generic. You know, we are the people that help you get back to doing that after an illness or an injury and giving them those examples. That would be my, sort of, elevator speech thing.

I: I like it. Is there anything else you would like to share with us about just kind of your experience overall?

P: Oh, man. I think you asked me everything that I might think you might ask me. Um, not a whole lot more. You had such good questions that I had to think about, and think back about. I think I described things, um or enough. So, I hope it will be beneficial to you guys.

I: It already has been. Yeah, we so enjoyed this experience, and we heard that from everyone who's done their interviews, that it's really cool to just learn more about kind of, especially if it's people that we know or who have been a part of the program. Kind of past experiences and your CV was incredible to look over, that was cool.

P: See I just love learning and doing things and never have been just disappointed by trying something new and I think as I grew as a professional I knew that it was important to take risks, I mean you're not going to do something totally silly but, like, you know, get out there, learn about something! If it's not the thing that you want, then don't go there, go somewhere else. Just keep learning.

I: So cool, well thank you

P: Well, thank you! How fun this was. It was actually fun. I was a little worried, like oh, are these super hard questions or

I: We are glad you enjoyed it!

P: Yeah!