Bachelor of Occupational Therapy

ALL INDIA OCCUPATIONAL THERAPISTS' ASSOCIATION

Estd. 1952

AIOTA

AIOTA's Handbook of Minimum Standards of Occupational Therapy Education in India (MSOTE:22-23)

Bachelor of Occupational Therapy

Academic Council of Occupational Therapy,
All India Occupational Therapists' Association (AIOTA)

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Development of Handbook & Acknowledgement

The formulation of handbook of Occupational Therapy curriculum 2022 is a result of a visionary initiative by those who recognized the need for such a statement on professional standards of occupational therapy education in India, on par with international standards. The framework of MSEOT 2022-23 is formulated primarily based on WFOT -"Entry level Competencies for Occupational Therapists - 2021" and through 'expert opinion methodology'. The expert opinion methodology was used in order to establish additional standards for various elements of student education, including practice education, as may be deemed necessary in the Indian context.

The process of laying it down would not have been possible without the invaluable contribution and commitment of many within the profession.

This project has been directed by the president of AIOTA and Dean of Academic Council of Occupational Therapy (ACOT), in collaboration with the members of the (ACOT) & the members of the executive committee of AIOTA. The refinement of the content of this document was done with feedback from various independent practitioners and academicians from Occupational Therapy colleges in India.

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Special Thanks to Dr.Lakshmanan S, Executive Editor, IJOT.

Chapter 1: Introduction to the Handbook

The variance in education and training practices for Occupational Therapy courses offered by institutions across the country was noticed by AIOTA. This prompted Academic Council of Occupational Therapy to revise the guidelines for education and career pathways of Occupational Therapy profession with updated structured curriculum based on skills and competencies. Thus, this handbook has been designed to familiarize universities, colleges, healthcare providers as well as educators offering OT education.

This handbook aims to reduce the variation in education by comprising of a standardized curriculum, career pathways, nomenclature and other details for each profession. The change from a purely didactic approach will create better skilled professionals and improve the quality of overall patient care.

1.1 The Scope and need for Occupational Therapy professionals in the Indian healthcare system

The quality of medical care has improved tremendously in the last few decades due to the advances in technology, thus creating fresh challenges in the field of healthcare. It is now widely recognized that health service delivery is a team effort involving both clinicians and non-clinicians, and is not the sole duty of physicians and nurses. Professionals that can competently handle sophisticated machinery and advanced protocols are now in high demand. In fact, diagnosis is now so dependent on technology, that allied and healthcare professionals (AHPs) are vital to successful treatment delivery.

Effective delivery of healthcare services depends largely on the nature of education, training and appropriate orientation towards community health of all categories of health personnel, and their capacity to function as an integrated team. For instance, in the UK, more than 84,000 allied health professionals (AHPs), with a range of skills and expertise, play key roles within the National Health Service, working autonomously, in multi-professional teams in various settings. All of them are first-contact practitioners and work across a wide range of locations and sectors within acute, primary and community care. Australia's health system is managed not just by their doctors and nurses, but also by the 90,000 university-trained, autonomous AHPs vital to the system.

As the Indian government aims for Universal Health Coverage, the lack of skilled human resource may prove to be the biggest impediment in its path to achieve targeted goals. The benefits of having AHPs in the healthcare system are still unexplored in India. Although an enormous amount of evidence suggests that the benefits of AHPs range from improving access to healthcare services to significant reduction in the cost of care, the Indian healthcare system still revolves around the doctor-centric approach. The privatization of healthcare has also led to an ever-increasing out-of-pocket expenditure by the population. However, many examples assert the need of skilled allied and healthcare professionals in the system, such as in the case of stroke survivors, it is the support of AHPs that significantly enhance their rehabilitation and long-term return to normal life. AHPs also play a significant role to care for patients who struggle mentally and emotionally in the current challenging environment and require mental health support; and help them return to well-being. Children with communication difficulties, the elderly, cancer patients, patients with long term conditions such as diabetes people with vision problems and amputees; the list of people and potential patients who benefit from AHPs is indefinite.

Thus, the breadth and scope of the allied and healthcare practice varies from one end to another, including areas of work listed below:

- Across the age span of human development from neonate to old age;
- With patients having complex and challenging problems resulting from systemic illnesses such as in the case of diabetes, cardiac abnormalities/conditions and elderly care to name a few;
- Towards health promotion and disease prevention, as well as assessment, management and evaluation of interventions and protocols for treatment;
- In a broad range of settings from a patient's home to community, primary care centres, to tertiary care settings
- With an understanding of the healthcare issues associated with diverse socio-economies and cultural norms within the society.

1.2 Learning goals and objectives for Occupational Therapy professionals

The handbook has been designed with a focus on performance-based outcomes pertaining to different levels. The learning goals and objectives of the undergraduate and graduate education program will be based on the performance expectations. They will be articulated as learning goals (why we teach this) and learning objectives (what the students will learn). Using the framework, students will learn to integrate their knowledge, skills and abilities in a hands-on manner in a professional healthcare setting. These learning goals are divided into nine key areas:

1. Clinical care
2. Communication
3. Membership of a multidisciplinary health team
4. Ethics and accountability at all levels (clinical, professional, personal and social)
5. Commitment to professional excellence
6. Leadership and mentorship
7. Social accountability and responsibility
8. Scientific attitude and scholarship (only at higher level- PhD)
9. Lifelong learning

1. Clinical Care

Using a patient/family-centred approach and best evidence, each student will organize and implement the preventive, investigative and management plans; and will offer appropriate follow-up services. Program objectives should enable the students to:

Apply the principles of basic science and evidence-basedpractice

- Use relevant investigations as needed
- Identify the indications for basic medical procedures and perform them in an appropriate manner
- Provide care to patients – efficiently and in a cost-effective way – in a range of settings, and maintain foremost the interests of individual patients
- Identify the influence of biological, psychosocial, economic, and spiritual factors on patients' well-being and act in an appropriate manner
- Incorporate strategies for certain emergency care, health promotion and disease prevention with their patients
- With an understanding of the healthcare issues associated with diverse socio-economies and cultural norms within the society.

2. Communication

The student will learn how to communicate with patients/clients, care-givers, other health professionals and other members of the community effectively and appropriately. Communication is a fundamental requirement in the provision of health care services. Program objectives should enable the students to:

- Provide sufficient information to ensure that the patient/client can participate as actively as possible and respond appropriately to the information
- Clearly discuss the diagnosis with the patient, and decide appropriate treatment plans in a sensitive manner that is in the patient's and society's best interests
- Explain the proposed healthcare service – its nature, purpose, possible positive and adverse consequences, its limitations, and reasonable alternatives wherever they exist
- Use effective communication skills to gather data and share information including attentive listening, open-ended inquiry, empathy and clarification to ensure understanding
- Appropriately communicate with, and provide relevant information to, other stakeholders including members of the healthcare team
- Use communication effectively and flexibly in a manner that is appropriate for the reader or listener
- Explore and consider the patient's ideas, beliefs and expectations during interactions with them, along with varying factors such as age, ethnicity, culture and socioeconomic background
- Develop efficient techniques for all forms of written and verbal communication including accurate and timely record keeping
- Assess their own communication skills, develop self-awareness and be able to improve their relationships with others
- Possess skills to counsel for lifestyle changes and advocate health promotion

3. Membership of a multidisciplinary health team

The student will put a high value on effective communication within the team, including transparency about aims, decisions, uncertainty and mistakes. Team-based health care is the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively to accomplish shared goals within and across settings to achieve coordinated, high-quality care. Program objectives will aim at making the students being able to:

a. Recognize, clearly articulate, understand and support shared goals in the team that reflect patient and family priorities
b. Possess distinct roles within the team; to have clear expectations for each member's functions, responsibilities, and accountabilities, which in turn optimizes the team's efficiency and makes it possible for them to use division of labour advantageously, and accomplish more than the sum of its parts
c. Develop mutual trust within the team to create strong norms of reciprocity and greater opportunities for shared achievement
d. Communicate effectively so that the team prioritizes and continuously refines its communication channels creating an environment of general and specific understanding
e. Recognize measurable processes and outcomes, so that the individual and team can agree on and implement reliable and timely feedback on successes and failures in both the team's functioning and the achievement of their goals. These can then be used to track and improve

performance immediately and over time.

4. **Ethics and accountability**

Students will understand core concepts of clinical ethics and law so that they may apply these to their practice as Occupational Therapist. Program objectives should enable the students to:

a. Describe and apply the basic concepts of clinical ethics to actual cases and situations
b. Recognize the need to make health care resources available to patients fairly, equitably and without bias, discrimination or undue influence
c. Demonstrate an understanding and application of basic legal concepts to the practice of Occupational Therapy
d. Employ professional accountability for the initiation, maintenance and termination of patient-provider relationships
e. Demonstrate respect for each patient's individual rights of autonomy, privacy, and confidentiality

5. Commitment to professional excellence

The student will execute professionalism to reflect in his/her thought and action a range of attributes and characteristics that include technical competence, appearance, image, confidence level, empathy, compassion, understanding, patience, manners, verbal and non-verbal communication, an anti-discriminatory and non-judgmental attitude, and appropriate physical contact to ensure safe, effective and expected delivery of healthcare. Program objectives will aim at making the students being able to:

a. Demonstrate distinctive, meritorious and high-quality practice that leads to excellence and that depicts commitment to competence, standards, ethical principles and values, within the legal boundaries of practice
b. Demonstrate the quality of being answerable for all actions and omissions to all, including service users, peers, employers, standard-setting/regulatory bodies or oneself
c. Demonstrate humanity in the course of everyday practice by virtue of having respect (and dignity), compassion, empathy, honour and integrity
d. Ensure that self-interest does not influence actions or omissions, and demonstrate regards for service-users and colleagues

6. Leadership and mentorship

The student must take on a leadership role where needed in order to ensure clinical productivity and patient satisfaction. They must be able to respond in an autonomous and confident manner to planned and uncertain situations, and should be able to manage themselves and others effectively. They must create and maximize opportunities for the improvement of the health seeking experience and delivery of healthcare services. Program objectives should enable the students to:

a. Act as agents of change and be leaders in quality improvement and service development, so that they contribute and enhance people's wellbeing and their healthcare experience
b. Systematically evaluate care; ensure the use of these findings to help improve people's experience and care outcomes, and to shape clinical treatment protocols and services
c. Identify priorities and effectively manage time and resources to ensure the maintenance or enhancement of the quality of care
d. Recognize and be self-aware of the effect their own values, principles and assumptions may have on their practice. They must take charge of their own personal and professional development and should learn from experience (through supervision, feedback, reflection

and evaluation)

e. Facilitate themselves and others in the development of their competence, by using a range of professional and personal development skills
f. Work independently and in teams. They must be able to take a leadership role to coordinate, delegate and Occupational Therapy care safely, manage risk and remain accountable for the care given; actively involve and respect others' contributions to integrated person-centred care; yet work in an effective manner across professional and agency boundaries. They must know when and how to communicate with patients and refer them to other professionals and agencies, to respect the choices of service users and others, to promote shared decision-making, to deliver positive outcomes, and to coordinate smooth and effective transition within and between services and agencies.

7. Social Accountability and Responsibility

The students will recognize that allied and healthcare professionals need to be advocates within the health care system, to judiciously manage resources and to acknowledge their social accountability.[10]They have a mandate to serve the community, region and the nation and will hence direct all research and service activities towards addressing their priority health concerns. Program objectives should enable the students to:

a. Demonstrate knowledge of the determinants of health at local, regional and national levels and respond to the population needs
b. Establish and promote innovative practice patterns by providing evidence-based care and testing new models of practice that will translate the results of research into practice, and thus meet individual and community needs in a more effective manner
c. Develop a shared vision of an evolving and sustainable health care system for the future by working in collaboration with and reinforcing partnerships with other stakeholders, including academic health centres, governments, communities and other relevant professional and non-professional organizations
d. Advocate for the services and resources needed for optimal patient care

8. Scientific attitude and Scholarship

The student will utilize sound scientific and/or scholarly principles during interactions with patients and peers, educational endeavours, research activities and in all other aspects of their professional lives. Program objectives should enable the students to:

a. Engage in ongoing self-assessment and structure their continuing professional education to address the specific needs of the population
b. Practice evidence-based practice by applying principles of scientific methods
c. Take responsibility for their educational experiences
d. Acquire basic skills such as presentation skills, giving feedback, patient education and the design and dissemination of research knowledge; for their application to teaching encounters.

9. Lifelong learning

The student should be committed to continuous improvement in skills and knowledge while harnessing modern tools and technology. Program objectives will aim at making the students being able to:

a. Perform objective self-assessments of their knowledge and skills; learn and refine existing

skills; and acquire new skills

b. Apply newly gained knowledge or skills to patient care
c. Enhance their personal and professional growth and learning by constant introspection and utilizing experiences
d. Search (including through electronic means), and critically evaluate medical literature to enable its application to patient care
e. Develop a research question and be familiar with basic, clinical and translational research in its application to patient care
f. Identify and select an appropriate, professionally rewarding and personally fulfilling career pathway.

1.3 Purpose & Scope of MSOTE

Purpose of MSOTE

A set of professional education standards can play a crucial role in outlining the key technical, cognitive, emotional, and ethical aspects of occupational therapy practice. Benefits of such a guideline are many. This can be a vital means for policy makers, regulatory bodies, occupational therapy students, and whosoever wants to comprehend the professional standards of the profession in India.

The revised Minimum Standards for Occupational Therapy Education (MSOTE) 2014 address three distinct but interrelated purposes. These are as follows:

- **Societal** purpose of having minimum standards for the Education of Occupational Therapy is to ensure recognition of occupational therapy's contribution towards people's health and wellbeing at a national and international level
- meet the expectations of society in terms of welfare & quality health services

The **professional** purpose of minimum standards is to promote consistency and quality of OT practice nationally and internationally and has a number of aspects such as

- Strengthening the communities of Occupational Therapists' globally by promoting a shared understanding, experience and language of OT education
- Fostering research on occupational performance, OT education and practice
- Facilitating the national and international exchange of knowledge, faculty and students between programs
- Facilitating international mobility of a qualified therapist

The **educational** purpose of minimum standards is to

- Guide the planning and implementation of new educational programs that would achieve AIOTA and WFOT approval
- Provide the baseline for monitoring the OT program for meeting the minimum standards
- Review educational program through the process of self-evaluation
- Promote graduate commitment to lifelong learning through Continued Occupational Therapy Education (COTE) and other professional development programs

Meeting recommended AIOTA's minimum standards for the OT education is a pre-requisite for AIOTA accreditation for new & ongoing educational programs in OT Institutes. However, this may be further modified in accordance with the needs & requirements of respective universities for OT educational program.

Scope of MSOTE

The document formulated for the use of a wide range of beneficiaries who are interested in academic training / education of occupational therapy in India. Some of the major scope of this document is given below-

Regulators can use these standards

- To understand the regulatory expectation of occupational therapists and to develop or modify the entry level occupational therapy course objectives accordingly
- To monitor the professional education in all its dimensions which not merely includes the acquisition of core subject knowledge but also other important dimensions like interpersonal skills, lifelong professional development and learning, professionalism, and integration of core knowledge into clinical practice
- To ensure uniform educational standards in the field of occupational therapy entry level education in India which is on par with WFOT Minimum competency standards for the same group. The Occupational Therapy students may also use this document
- To understand the requirements for occupational therapy education and practice
- To understand various dimensions of professional development which includes subject knowledge, interpersonal skills, lifelong professional development and learning, professionalism, and integration of core knowledge into clinical practice

Occupational Therapy support personnel or organizations

- To understand occupational therapists' roles and responsibilities

Government and Policy makers

- To inform expectations regarding occupational therapy services for development of policy and education
- To provide background information for health human resource planning and policy development

Other Professionals

- To understand occupational therapists' roles and competencies

International agencies

- To provide information for credentialing of occupational therapy programs

1.4 Introduction of new elements in Occupational Therapy education

a) Competency-based curriculum

A significant skill gap has been observed in the professionals offering healthcare services irrespective of the hierarchy and level of responsibility in the healthcare settings. The large variation in the quality of services is due to the diverse methodologies opted for healthcare education and the difference in expectations from a graduate after completion of a course and at work. What one is expected 'to perform' at work is assumed to be learned during the course, however, the course design focuses on what one is expected 'to know'. The competency-based curriculum thus connects the dots between the 'know what' and 'do how'.

The efficiency and effectiveness of any educational program largely depends on the curriculum design that is being followed. With emerging medical and scientific knowledge, educators have realized that learning is no more limited to memorizing specific lists of facts and data; in fact, by the time the professional aims to practice in the healthcare setting, the acquired knowledge may stand outdated. Thus, competency-based education is the answer; a curricular concept designed to provide the skills that professionals need. A

competency-based program is a mix of skills and competencies based on individual or population needs (such as clinical knowledge, patient care, or communications approaches), which is then developed to teach relevant content across a range of courses and settings. While the traditional system of education focuses on objectives, content, teacher-centric approach and summative evaluation; competency-based education has a focus on competencies, outcomes, performance and accomplishments. In such a case, teaching activities are learner-centred, and evaluation is continuous and formative in structure. The competency-based credentials depend on the demonstration of a defined set of competencies which enables a professional to achieve targeted goals. Competency frameworks comprise of a clearly articulated statement of a person's abilities on the completion of the credential, which allows students, employers, and other stakeholders to set their expectations appropriately.
Considering the need of the present and future healthcare delivery system, the curriculum design depicted in this handbook thus will be based on skills and competencies.

b) Promoting self-directed learning of the professionals

The shift in the focus from traditional to competency-based education has made it pertinent that the learning processes may also be revisited for suitable changes. It is a known fact that learning is no longer restricted to the boundaries of a classroom or the lessons taught by a teacher. The new tools and technologies have widened the platform and introduced innovative modes of how students can learn and gain skills and knowledge. One of the innovative approaches is learner-centric and follows the concept of **self-directed learning.**

Self-directed learning, in its broadest meaning, describes a process in which individuals take the initiative with or without the help of others, in diagnosing their learning needs, formulating learning goals, identifying resources for learning, choosing and implementing learning strategies and evaluating learning outcomes (Knowles, 1975).

In self-directed learning, learners themselves take the initiative to use resources rather than simply reacting to transmissions from resources, which helps them learn more in a better way. Lifelong, self-directed learning (SDL) has been identified as an important ability for medical graduates (Harvey, 2003) and so is applicable to other health professionals including AHPs. It has been proven through many studies worldwide that the self-directed method is better than the teacher-centric method of learning. Teacher-directed learning makes learners more dependent and the orientation to learning becomes subject-centred. If a teacher provides the learning material, the student is usually satisfied with the available material, whereas if a student is asked to work on the same assignment, he or she invariably has to explore extensive resources on the subject.[15] Thus, the handbook promotes self-directed learning, apart from the usual classroom teaching and opens the platform for students who wish to engage in lifelong learning.

c) Credit hours vs traditional system

Recently the National Assessment and Accreditation Council (NAAC) and the University Grants Commission (UGC) have highlighted the need for the development of a Choice-Based Credit System (CBCS), at par with global standards and the adoption of an effective grading system to measure a learner's performance. All the major higher education providers across the globe are operating a system of credits. The European Credit Transfer System (ECTS), the 'National Qualifications Framework' in Australia, the Pan-Canadian Protocol on the Transferability of University Credits, the Credit Accumulation and Transfer System (CATS) in the UK as well as the systems operating in the US, Japan, etc. are examples of these. Globally, a need now exists for the use of a fully convertible credit-based system that can be accepted at other universities. It has now become imperative to offer flexible curricular choices and provide learners mobility due to the popularity of initiatives such as 'twinning programs', 'joint degrees' and 'study abroad' programs.
In order to ensure global acceptability of the graduates, the current curriculum structure is divided into

smaller sections with focus on hours of studying which can be converted into credit hours as per the international norms followed by various other countries.

d) Integrated structure of the curriculum

Vertical integration, in its truest sense, is the interweaving of teaching clinical skills and knowledge into the basic science years and, reinforcing and continuing to teach the applications of basic science concepts during the clinical years. (Many efforts called 'vertical integration' include only the first half of the process).

Horizontal integration is the identification of concepts or skills, especially those that are clinically relevant, that cut across (for example, the basic sciences), and then putting these to use as an integrated focus for presentations, clinical examples, and course materials. e.g., Integration of some of the basic science courses around organ systems, e.g., human anatomy, physiology, pathology; or incorporating ethics, legal issues, finance, political issues, humanities, culture and computer skills into different aspects of a course like the Clinical Continuum.

The aim of an integrated curriculum is to lead students to a level of scientific fluency that is beyond mere fact and concept acquisition, by the use of a common language of medical science, with which they can begin to think creatively about medical problems.

This innovative new curriculum has been structured in a way such that it facilitates horizontal and vertical integration between disciplines; and bridges the gaps between both theory & practice, and between hospital-based practice and community practice. The amount of time devoted to basic and laboratory sciences (integrated with their clinical relevance) would be the maximum in the first year, progressively decreasing in the second and third year of the training, making clinical exposure and learning more dominant.[11]However it may differ from course to course depending on the professional group.

e) Introduction of foundation course in the curriculum

The foundation course for Occupational Therapy profession is an immersive program designed to impart the required knowledge, skills and confidence for seamless transition to the second semester of the course. Post admission, the foundation course is designed for a period of 6 months to prepare a student to study the course effectively and to understand the basics of healthcare system. This aims to orient the student to national health systems and the basics of public health, medical ethics, medical terminologies, communication skills, basic life support, computer learning, infection prevention and control, environmental issues and disaster management, as well as orientation to the community with focus on issues such as gender sensitivity, disability, human rights, civil rights etc. Though the flexibility to the course designers have been provided in terms of – modifying the required numbers of hours for each foundation subject and appropriate placement of the subject across various semesters.

f) Learning methodologies

With a focus on self-directed learning, the curriculum will include a foundation course that focuses on communication, basic clinical skills and professionalism; and will incorporate clinical training from the first year itself. It is recommended that the primary care level should have sufficient clinical exposure integrated with the learning of basic and laboratory sciences. There should also be an emphasis on the introduction of case scenarios for classroom discussion/case-based learning.

Healthcare education and training is the backbone of an efficient healthcare system and India's education infrastructure is yet to gain from the ongoing international technological revolution. The report '*From Paramedics to Allied Health: Landscaping the Journey and way ahead'*, indicates that teaching and learning of clinical skills occur at the patient's bedside or other clinical areas such as laboratories, augmented by didactic teaching in classrooms and lecture theatres. In addition to keeping up with the pace of technological advancement, there has been a paradigm shift to outcome-based education with the adoption of effective assessment patterns. However, the demand for demonstration of competence in institutions where it is currently limited needs to be promoted. The report also mentions some of the allied and healthcare schools in India that have instituted clinical skill canters, laboratories and high- fidelity

simulation laboratories to enhance the practice and training for allied and healthcare students and professionals. The report reiterates the fact that simulation is the replication of part or all of a clinical encounter through the use of mannequins, computer-assisted resources and simulated patients. The use of simulators addresses many issues such as suboptimal use of resources and equipment, by adequately training the manpower on newer technologies, limitations for imparting practical training in real-life scenarios, and ineffective skills assessment methods among others. The table mentioned below lists various modes of teaching and learning opportunities that harness advanced tools and technologies.

Table 1 Clinical learning opportunities imparted through the use of advanced techniques

Patients	Teach and assess in selected clinical scenarios
	Practice soft skills
	Practice physical examination
	Receive feedback on performance
Mannequins	Perform acquired techniques
	Practice basic procedural skills
	Apply basic science understanding to clinical problem solving
Simulators	Practice teamwork and leadership
	Perform cardiac and pulmonary care skills
	Perform patient care skills
	Apply basic science understanding to clinical problem solving
Videos	Prerecorded videos on patients, mannequins, subjects. website images/ videos from recognized organizations / institutions & text books/ reference books etc.
Task under trainers	Tasks as specific to the Occupational Therapy Profession: sensory integration, pre-feeding stimulation & techniques, work hardening, Functional assessment & training, Disability evaluation & certification, customizing orthosis & adaptive devices etc.

g) Assessment methods

Traditional assessment of students consists of the yearly system of assessments. In most institutions, assessments consist of internal and external assessments, and a theory examination at the end of the year or semester. This basically assesses knowledge instead of assessing skills or competencies. In competency-based training, the evaluation of the students is based on the performance of the skills as per their competencies. Hence, all the three attributes – knowledge, skills, and attitudes – are assessed as required for the particular competency.

Several new methods and tools are now readily accessible, the use of which requires special training.

Some of these are given below:

- Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OSPE), Objective Structured Long Examination Record (OSLER)
- Mini Case Evaluation Exercise (CEX)
- Case-based discussion (CBD)
- Direct observation of procedures (DOPs)
- Portfolio
- Multi-source feedback
- Patient satisfaction questionnaire

An objective structured clinical examination (OSCE) is used these days in a number of allied and healthcare courses. It tests the performance and competence in communication, clinical examination, and medical procedures/prescriptions. In physiotherapy and occupational therapy, it tests exercise prescription, joint mobilization/manipulation techniques; and in radiography it tests radiographic positioning, radiographic image evaluation, and interpretation of results. The basic essential elements consist of functional analysis of the occupational roles, translation of these roles ("competencies") into outcomes, and assessment of trainees' progress in these outcomes on the basis of demonstrated performance. Progress is defined solely by the competencies achieved and not the underlying processes or time served in formal educational settings. Most methods use predetermined, agreed assessment criteria (such as observation check-lists or rating scales for scoring) to emphasize on frequent assessment of learning outcomes. Hence, it is imperative for teachers to be aware of these developments and they should suitably adopt them in the education system.

Chapter 2: Background of the Occupational Therapy profession

2.1 Statement of Philosophy–

Occupational Therapy practice spans the continuum from health promotion to prevention to rehabilitation for individuals and populations throughout the lifespan. Occupational Therapist diagnoses the impairments/ dysfunctions based on skilful examination and evaluation regardless of the cause or aetiology and provide skilled therapeutic intervention to foster improvement in client's functioning and maximizing overall quality of life. Occupational Therapists provide the initial access into the health care system for persons with impairments and functional limitations amenable to Occupational Therapy and engage in collegial referral relationships with other health care professionals. Occupational Therapists must have commitments to lifelong learning and to search for the evidence that supports and advances practice. Critical thinking, problem solving, intellectual perseverance and courage are all essential characteristics of the successful occupational therapist.

2.2 Definition of Occupational Therapy & Occupational Therapist

"Occupational Therapy is a holistic, evidence based client centred first contact and/or referral profession of modern health care system, based on science of occupation with primary focus on purposeful goal-oriented activity/occupations, enhanced with the use of latest technological systems for evaluation, diagnosis, education and treatment of the clients whose function(s) is (are) impaired by physical, psychosocial & cognitive impairments, whether congenital or acquired, affecting their quality of life with the aim to prevent disability, promote health & well-being and return to optimum occupational roles.

Specific occupational therapy services include but are not limited to: preventive health literacy, assessment & interventions in activities of daily living (ADL), work & productive activities, play, leisure and spiritual activities; functional capacity analysis, prescription, designing and training in the use of assistive technology, adaptive equipment & splints, and environmental modifications to enhance functional performances." (AIOTA 2017)

In occupational therapy, occupations refer to the everyday activities that people do as individuals, in families and with communities to occupy time and bring meaning and purpose to life. Occupations include things people need to, want to and are expected to do. Occupational Therapy is thus an applied science based on scientific reasoning that enhances ability of client to participate in purposeful occupational tasks.

Occupational therapists have a broad education in the medical, social behavioural, psychological, psychosocial and occupational sciences, which equips them with attitudes, skills and knowledge to work collaboratively with people, individually or in groups or communities. Occupational therapists can work with all people, including those who have an impairment of body structure or function owing to a health condition, or who are restricted in their participation or who are socially excluded.

Occupational therapists believe that participation can be supported or restricted by the physical, affective or cognitive abilities of the individual, the characteristics of the occupation, or the physical, social, cultural, attitudinal and legislative environments. Therefore, occupational therapy practice is focused on enabling individuals to change aspects of their person, the occupation, the environment, or some combination of these to enhance occupational participation (WFOT). The core concepts of professional practice correlate well with the current concepts of the model of International Classification of Function [ICF] WHO 2001.

The Occupational Therapist are healthcare professionals who can practice independently or as a part of a multi-disciplinary team. The Occupational Therapist assesses/evaluates, diagnoses, plans & implements the treatment and rehabilitation program of all age groups of persons (neonates to geriatric population) having any impairment which hamper their participation in their daily functions

and prevent them from achieving their life roles. Occupational Therapy professionals use scientific knowledge base & advocacy skills to protect, promote and optimize health & functional independency and prevent illness/injury, alleviate suffering of human responses while assuming responsibility via. Holistic Approach.

2.3 Responsibilities / Activities

Occupational Therapy is a health care profession & is an essential part of health & community service delivery system. Occupational Therapist helps individuals, families, groups, communities, organizations, or populations to develop strategies and opportunities to maximize the engagement in one's 'occupations' includes things people need to, want to and are expected to do according to their living context. Occupational Therapists use a scientific approach based on evidence and clinical reasoning for their decision-making process.

Occupational Therapists practice independently of other health care/service providers and also within multidisciplinary rehabilitation/habilitation programs to prevent, gain, maintain or restore optimal function and quality of life in individuals.

Such a decision-making process by Occupational Therapist, ensuring that the needs of patients are met involves multiple steps such as:

- Comprehensive Assessment
- Diagnosis
- Planning an individual / beneficiary specific intervention
- Implementation of the proposed intervention
- Monitoring
- Modifying the intervention based on the input from monitoring
- Re-evaluating the client / beneficiary of occupational therapy services
- Effectively liaison with all the other associated professionals

2.4 Scope of Practice:

Occupational therapists are committed to the provision of culturally appropriate care to all clients. They work within a multicultural society, remaining cognizant of their own cultural values whilst also striving to understand and respect the particular cultural context of their clients.

All Occupational Therapists registered to practice are qualified to provide safe and effective occupational therapy & are guided by their own code of ethical principles. They have met national entry-level education and practice standards, and have successfully passed a standardized Occupational Therapy competence examination The minimum education requirement is often a baccalaureate degree or postgraduate degrees in Occupational Therapy.

The roles implicit by occupational therapists include, but are not limited to

- Clinician
- Counsellor
- Occupational related health risk assessor and advisor (e.g., worksite ergonomic evaluation, driving evaluation etc.)
- Program director (e.g., a specific program to promote mental health among elderly OR adolescents etc.)
- Rehabilitation director

- In addition to these roles related to 'direct delivery' of occupational therapy services, an occupational therapist may also manage other roles like,
- Researcher
- Academician
- Diplomat

2.5 Practice settings

Occupational Therapy is delivered in a variety of settings which allow it to achieve its purpose. Prevention, health promotion, treatment/intervention, habilitation and rehabilitation take place in multiple settings that may include, but are not confined to, the following:

- Government organizations / institutions / hospitals / projects
- Non- government organizations
- Private sectors like
  - Acute care hospitals & nursing homes (Indoor & out door patients)
  - Rehabilitation centres
  - community settings including primary health care centres, individual homes and field settings
  - Special schools /Main stream Schools/ Integrated schools/preschool centres
  - Child development canters
  - Geriatric clinics/canters
  - Chronic care facilities/ Nursing homes
  - Social agencies/Community Based Rehabilitation (CBR) & Disaster Management Projects
  - Hospice care facilities
  - Mental Health Setups /Institutions and Hospitals
  - Industries/ offices/ clinics/ canters
  - Occupational health canters
  - Public settings (e.g., shopping malls, public transport) for ACCESS
  - Prisons
  - Education and research Institutes/canters
  - Fitness clubs, health clubs, gymnasium
  - Forensic medicine

Some occupational therapists develop expertise in a specific working area, or with a specific age group or disability.

2.6 Professional code of ethics

Preamble

Applications of Code and Ethics Standards Principles are considered universally and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution. The guiding principles of Code of ethics are intended to orient the individuals within the profession, ensure the clients best interests and to protect the professional itself and its position. Professional ethics ensure a place of trust within the health care system for those who choose to practice occupational therapy. The ethical principles mainly include Autonomy, Veracity, Justice, Fidelity, Beneficence among others. Occupational Therapists duly registered with national /state council are expected to abide by this Code of Ethics. The goal of the Code of Ethics is to achieve and maintain high standards of professional integrity toward clients, colleagues, partners, stakeholders and the public. The Code describes expected conduct of all registered members in occupational therapy practice, including those involved in direct service to clients, management, administration, education and research.

The following Code of Ethics is expected from the professionals practicing Occupational Therapist:

- Possess the qualities of integrity, loyalty and reliability.
- Use professional communication with clients, colleagues, partners and stakeholders.

- Value and respect clients right to be self-directed in their decision making in accordance with their own needs, values and available resources.
- Value and respect client's rights to be treated with respect and dignity within a safe and non-judgmental environment.
- Ensure confidentiality and privacy of personal information.
- Recognize and manage issues related to conflict of interest.
- Maintain a standard of professional competency to provide high quality service.
- Abide by legislative requirements and codes of ethics established by provincial occupational therapy regulatory organizations (As applicable) and other organizations to which the members have obligations (e.g., employer, facility)
- Contribute to interdisciplinary collaboration and development of partnership to advance the occupational performance of the population served.
- Understand and manage ethical implications involved in all practice domains, including research.
- Participate in continuing professional development throughout their career and apply new knowledge and skills to their professional work which is based on best available evidence.
- Promote their profession to the public, other professional organizations and government at regional, provincial and federal levels and
- Contribute to the development and/or dissemination of professional knowledge.

Occupational Therapists shall work on the basis of first contact / referral and shall observe the code of ethics specified as below:

1. Responsibility to Self as a Professional

Occupational Therapists should demonstrate knowledge & skill of high academic & professional standards, open-mindedness & respect and maintain professional integrity while rendering services. They shall provide services within the framework of occupational therapy based on curriculum, experience, research and practice.

2. Responsibility to the Recipient of Services

Occupational Therapists shall:

- Provide services to recipients without discriminating on the basis of caste, colour, religion, race, ethnicity, geography, age, gender, gender identity, sexual orientation, economic status, impairments and disabilities, marital status, culture and political affiliation.
- At all-time strive to give treatment of the highest level of professional skill. Establish a collaborative relationship with recipients of service including families, significant others, and caregivers in setting goals and priorities throughout the intervention process. This includes full disclosure of the benefits, risks, and potential outcomes of any intervention; the personnel who will be providing the intervention(s); and/or any reasonable alternatives to the proposed intervention.
- Ensure that confidentiality and right to privacy are respected and shall discuss only pertaining facts with other professional persons involved in the treatment program.
- Ensure that people receiving their services feel safe, accepted, and are not threatened by actions or attitudes of the therapist.
- Respect the consumer's right of consent or refusal for services, involvement in research, or educational activities.
- Shall intentionally refrain from actions that cause harm or injury to the recipient of services.
- Avoid relationships that exploit the recipient of services physically, emotionally, psychologically, financially, socially, or in any other manner that conflicts or interferes with professional judgment and objectivity.
- Avoid engaging in any sexual relationship or activity, whether consensual or non-consensual, with any recipient of service, including family or significant other, while a relationship exists as an occupational therapy practitioner, educator, researcher, supervisor, or employer.

- Avoid any undue influences, such as alcohol or drugs, that may compromise the provision of occupational therapy services, education, or research.
- Avoid exploiting any relationship established as an occupational therapist to further one's own physical, emotional, financial, political, or business interests at the expense of the best interests of recipients of services.
- Take appropriate steps to facilitate meaningful communication and comprehension in cases in which the recipient of services has limited ability to communicate.

3. Responsibility to Professional Colleagues

The Occupational Therapist must show professional concern for those practicing the same or other Professional skills, recognizing that only by achieving and fostering mutual respect and understanding the effective service can be rendered to the clients and others.

4. Responsibility to the Employers

The Occupational Therapist should be responsible to his employing Institution and should assist in interpretation of its functions within the community. He/she must accept his/her proper share of responsibility to the Organization and administration to the department to which he/she is appointed.

5. Responsibility to develop Professional Knowledge

Occupational Therapists shall be responsible for actively maintaining, updating and developing their personal professional competence and apply their developed /acquired skill and knowledge in the professional work based on best available evidence. If carrying out research and/or studies the client's informed consent should be obtained and there should not be any conflict of interest involved. The novel ideas / techniques in the field of Occupational Therapy must be evidence based. The researcher's contribution to development of body of knowledge must be acknowledged as per research norms.

6. Responsibility to the Profession of Occupational Therapy

The Occupational Therapist must recognize his/her responsibilities in contribution to the growth and development of his/her profession through the exchange of information, rising of treatment and educational standards and improving conditions or employment. They should be committed to promote occupational therapy in public, government and/or private sector bodies at state, national and international Levels. Occupational Therapists shall uphold and foster the values, integrity, and ethics of the profession. The Occupational Therapist shall report to appropriate authorities any acts in practice, education, and research that appear unethical or illegal.

7. Responsibility to the Community

Occupational Therapists shall -

a. Promote information and understanding relative to the function and procedures of Occupational Therapy.
b. Ensure that their fee structure is fair and reasonable. They shall charge fees which are a fair reflection of services delivered both to individual and organizations with which they have contracts for service.
c. At all times recognize the fact that, in the eyes of the public, the attitude and philosophy he/she presents, portrays the profession.

8. Responsibility to the Council

Occupational Therapists should be responsible to follow the rules and regulations of the Council and maintain discipline by following & implementing the policy decisions of the Council in the interest of OT profession.

9.Responsibility of the Council

The Council should respect the professionals and their qualification & credentials. The council also has the responsibility to safeguard the professional interest of occupational therapy profession & the professionals.

The council should initiate on issues of professional interest & development and take necessary measures on its own without asking for representation from the professional.

10. Responsibility towards Professional Organisation

The Occupational Therapist must recognize his/his responsibilities for improving conditions or employment by supporting his/his professional organizations at the local, national and International Levels. Occupational therapists must become an integral part of the national associations for multidimensional growth of the profession in the country.

2.7 Recognition of Title & qualification on basis of carrier progression

Within the multidisciplinary team, the professional responsible for administrating Occupational Therapy treatment also at times referred to as the Occupational Therapist. The terminology of Occupational Therapist is an internationally adopted nomenclature and thus should also be applicable in an Indian context.

The recommended title thus stands as the "Occupational Therapist" with the acronym – "OT" for this group of professionals.

It is a known fact that with the career advancement, the nomenclature will also vary and will also depend on the sector and profile of the professional. Considering the 10 NSQF levels designed by the NSDA, the following level progression table has been proposed by the taskforce to map the nomenclature, career pathways and progression in different sectors of professional practice for occupational therapist.

The table 2 below indicates the various channels of career progression in three distinct sectors such as clinical setting, academic and research route. It is envisaged that the occupational therapist will have one entry pathway – students with baccalaureate. The level of responsibility will increase as the career progresses and will start with level six (6) for baccalaureate holders. The table also indicates the corresponding level of qualification with experience required by the professional to fulfil the requirements of each level. Considering the extent of patient dealing in case of occupational therapist Govt. promotes bachelor and master degree courses. In the academic front, as per UGC guidelines, to work at the position of a Lecturer/Assistant Professor the candidate must attain master degree. The table also indicates that career progression of Occupational Therapist is up to the level 10, however it needs to be stated that therapy prescription of patients, department management and final Clinical decision will be with the treating occupational therapist, unit head and Head of occupational therapy department.

Table 2 Nomenclature based on career progression in clinical services

Clinical (Designation)	Eligibility & Experience	Annual performance based appraisal
Occupational Therapist	BOT/BOTh	• Proficiency test CR, self-appraisal & HOD Appraisal/ year
Senior Occupational Therapist	5 years of experience as Occupational therapist with BOT/BOTh degree or Fresh MOT/MOTh	• Proficiency test CR, self-appraisal & HOD Appraisal/year • 2 Conference presentation • 1 publication during tenure period
Chief Occupational Therapist	Five years' experience in the post of senior occupational therapist for BOT and for MOT: 5 years' experience	• Proficiency test CR, self-appraisal & HOD/Principal's Appraisal/year • 2 Conference presentation • 2 publications during tenure period
Superintendent Occupational Therapist	5years' experience as Chief Occupational Therapist/Senior OT	• Proficiency test CR & Self-appraisal/year • 2 Conference presentation • 3 publications (as first /corresponding author) during tenure period
Head of Department	5years' experience as Chief OT/Superintendent Occupational Therapist	• Judgment on all aspects of Occupational Therapy work and protocol development on treatment delivery and quality assurance

Table 3 Nomenclature based on career progression in teaching services

Academic (Designation)	Eligibility & Experience	Annual performance based appraisal
Assistant Professor	Fresh MOT/MOTh-Exclusively (55 % required for taking Academic (Designation as per UGC Norms)	• Principal's Appraisal/year • 2 Conference presentation • 2 publications during tenure period • Enrolment for PhD
Associate Professor	Minimum 8 years of experience as Assistant Professor after post graduation/ 6 years experience post PhD	• 2 Conference presentation • 3 publications (as first author) during tenure period
Professor	Minimum of 4 years of experience as Associate Professor	• 2 Conference presentation • 2 publications during tenure period

Table 4 Nomenclature based on career progression in Research

Research (Designation)	Eligibility & Experience	Annual performance based appraisal
Professional Field Worker	Fresh BOT/BOTh	• Investigator's Appraisal/year
Junior Research Fellow	MOT/MOTh or 5 years of experience as Occupational therapist with BOT/BOTh degree	• HOD/Investigator's Appraisal/year • 2 Conference presentation • 1 publication during tenure period
Research Fellow	MOT/MOTh-Exclusively (55 % required for taking Academic (Designation as per UGC Norms)	• HOD/ Investigator's Appraisal/year • 2 Conference presentation • 2 publications during tenure period
Senior research Fellow	2 years of experience as Research Fellow	• HOD/ Investigator's Appraisal/year • 2 Conference presentation • 3 publications (as first author) during tenure period

A relaxation of 5% may be provided at the graduate and master's level for the Scheduled Caste/Scheduled Tribe/Differently-abled (Physically and visually differently-abled) categories for the purpose of eligibility and for assessing good academic record during direct recruitment to teaching positions. The eligibility marks of 55% marks (or an equivalent grade in a point scale wherever grading system is followed) and the relaxation of 5% to the categories mentioned above are permissible, based on only the qualifying marks without including any grace mark procedures.

**Persons entering the teaching profession in universities and colleges shall be designated as Assistant Professors and shall be placed in the Pay Band of Rs.15600-39100 with AGP of Rs.6000. Lecturers already in service in the pre-revised scale of Rs8000-13500, shall be re-designated as Assistant Professors with the said AGP of Rs.6000. (Ref: HRD regulation No.1-32/2006-U. II/U. I (1) dated 31st December,2008).*

2.8 Education of the Occupational Therapist

When developing any education program, it is necessary that program planning should be outcome-based, meeting local and national manpower requirements, personal satisfaction and career potential for the professionals with supporting pathway in the development of the profession. One of the major changes is the shift from a focus based on traditional theoretical knowledge and skills to competency-based education and training. Optimal education/training requires that the student is able to integrate knowledge, skills and attitude in order to perform a professional act adequately in a given situation.

Thus, the curriculum in chapter 3 aims to focus on skills and competencies-based approach for learning and are designed accordingly. The curriculum is prescriptive and is designed with an aim to standardize the content across the nation.

The emphasis initially should be on the academic content establishing a strong scientific basis and in the later year on the application of theory to clinical/reflective practice. In Bachelor degree program minimum one year (starting from 2nd year onwards) should be devoted to clinical practice and this should be on a continuum of rotation from theory to practice over the program. The aim of the 4 and 1/2year degree program is to enable the development of the OT as a key member of the multidisciplinary team and to enable him/her to execute advanced preparation/ planning/delivery of Occupational Therapy treatment as well as quality assurance.

With the change in the disease dynamics and multifold increase in the cases needing specialized Occupational Therapy treatment, it is imperative that a well-structured program of postgraduate education is also encouraged so as to enhance research capacity within the country to widen the scope of clinical practice for the profession. Thus, a master's degree program is recommended with minimum of two years of education in specialized field of Occupational Therapy. The post graduate students can contribute significantly in research and academics.

PhD also plays a significant role in the academic system of occupational therapy; however, the curriculum has not indicated any prescriptive guidelines for that level apart from mapping it on the career and qualification map.

2.9 Job availability

As per ILO documentation, employers worldwide are looking for job applicants who not only have technical skills that can be applied in the workplace, but who also can communicate effectively, including with customers; can work in teams, with good interpersonal skills; can solve problems; have good ICT skills; are willing and able to learn; and are flexible in their approach to work.[23] Graduates can expect to be employed in hospitals and private practices as Occupational Therapist. A career in research, following the completion of a higher degree such as a PhD, is an option chosen by some graduates. Graduates are eligible for employment overseas where their qualifications, training and experience are highly regarded.

Graduates have good employment prospects, and will enter a field in which the demand for professionals has increased in recent years and will keep on increasing due to chronic conditions, lifestyle change. An ageing population requiring increased medical rehabilitation services, together with the continuing introduction of hi-tech equipment, ensures strong demand for future graduate

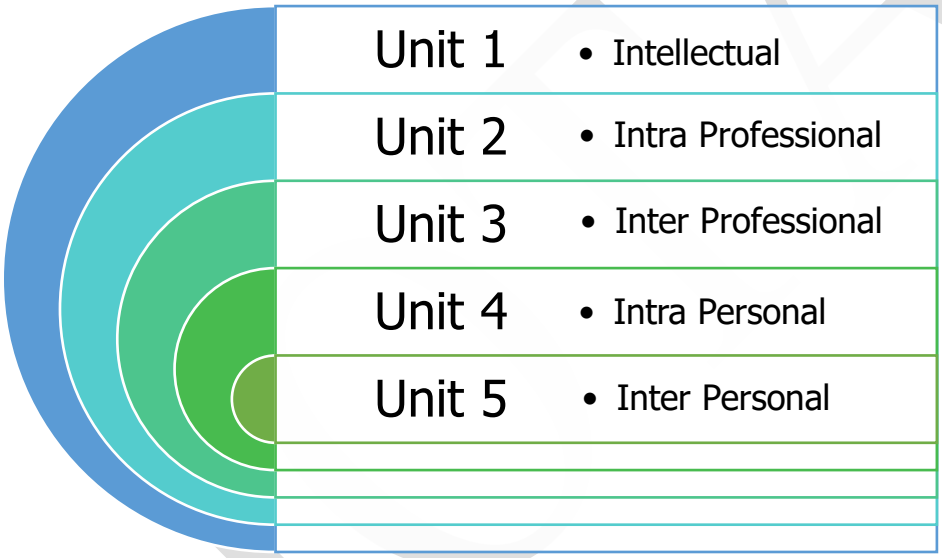
Chapter 3: Professional Competency Standards for Entry-Level Occupational Therapists

"Literary education is of no value, if it is not able to build up a sound character."

- *Mahatma Gandhi*

Building on the prior definition, the term 'professional competency' can be defined as an efficient, habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, and values in daily practice for the benefit of the individual or community or any other beneficiaries being served. As mentioned in section 1.1 of this document, a set of professional competency standards can play a crucial role in outlining various dimensions of occupational therapy professional practice.

The set of essential competencies for the entry-level occupational therapists are described below



(List of Professional Competency standards for entry-level Occupational therapists)

Unit 1: Intellectual Competencies

Intellectual competencies composed of the acquisition of core knowledge related to the profession Occupational therapy. It includes the art and science aspect of this profession. The table 3.1 shows the various domains of intellectual competencies:

Table 3.1: Intellectual Competencies

Unit Code	Domains	Brief Description*	To be addressed in

U.1.1	Core Knowledge	• Knowledge about Normal human development, anatomy, physiology, psychology medical sociology, developmental paediatrics, occupational science etc.
		• Knowledge about 'abnormalities' of human structure and function like Applied anatomy. applied physiology, abnormalities of
		  • nervous system
		  • musculoskeletal system
		  • Human development
		  • behaviour etc.
			Theory Classes and Demonstrations

U.1.2	Occupational therapy process-oriented data collection of occupational performance	• Knowledge about occupational practice framework: Domains and Process • Proficiency in Somatosensory, cognitive-perceptual, psycho-social, behavioural, emotional, developmental, vocational, prevocational, ergonomic, activities of daily living, environmental, home, driving etc. evaluation through the lens of Occupational Therapy Process	Theory and clinical field work
U.1.3	Client centred and collaborative goal setting by means of clinical reasoning	• Knowledge about the importance of client centred assessment. • Knowledge about collaborative (with patient /care giver / family / third party payer / other professionals) goal setting • Proficiency in clinical reasoning skills (Scientific, narrative, pragmatic and ethical reasoning skills)	eory and clinical field work
U.1.4	Client centred and research informed clinical practice and service implementation	• Knowledge about the importance of client centred practice. • Proficiency in research informed (Evidence based) practice • Proficiency in setting working hypothesis for treatment, plan and implement best possible treatment / therapy methods, re-evaluation of working hypothesis and modifying or discontinuing treatment plan based on the treatment outcome • Ability to use scientific recourses (e.g., published evidence) and expert opinion in the treatment implementation	Theory and clinical field work
U.1.5	Application of theory in to practice	• Applying knowledge to real world situations • Recognizing gaps in knowledge • Self-directed acquisition of new knowledge • Learning from experience • Using tactic knowledge and personal experience	Theory and clinical field work

*****_The description given here is NOT an exclusive list but a rough framework. Each institute / university can further incorporate relevant content to this framework._

Unit 2: Intra professional competencies

Intra professional competencies outline those responsibilities, skills and qualities one occupational therapist should abide during his professional service / practice. Both the national and international professional organization of occupational therapy describe these qualities under the domain of "Professional code of Ethics". By abiding these ethics in practice, one occupational therapist is making sure that, he/she is meeting the standards of intra professional competencies. At this background, it is evident that the entry-level occupational therapy student should be familiar with the application of these ethics in their practice right from the clinical filed work and other earlier clinical works. The table 3.2 shows the various aspects of intra professional competencies

Table 3.2: Intra Professional Competencies

Unit Code	Domains	Brief Description*	To be addressed in
U.2.1	AIOTA professional code of Ethics[7]	• Responsibility to the patient • Responsibility to the professional colleague • Responsibility to the employer • Responsibility to the profession occupational therapy • Responsibility to the community • Responsibility to the professional association	Theory and Clinical field work
U.2.2	WFOT code of Ethics[8]	• Personal Attributes • responsibility towards the recipient of Occupational Therapy services • Professional conduct in collaborative practice • Developing professional Knowledge • Promotion and development	Theory and Clinical field work

Unit 3: Inter professional competencies

Inter professional competencies emphasis the inter professional communication, team work collaborative leadership, role division etc.… skills and qualities one occupational therapist should abide during his / her professional service / practice in association with other health care professionals.

The table 3.3 shows the various aspects of inter professional competencies

Table 3.3: Inter Professional Competencies

Unit Code	Domains	Brief Description*	To be addressed in
U.3.1	Inter professional Competencies [9,10]	• Inter professional communication • Patient/client/family /community-centred care • Role clarification • Team functioning • Collaborative leadership • Inter professional conflict resolution	Theory and Clinical field work

Unit 4: Intra personal Competencies

Intra personal competencies draw a benchmark of personal attributes one occupational therapist should uphold during his / her professional service / practice. These set of qualities uplift an occupational therapist from an active problem solver to compassionate vibrant professional.

The table 3.4 shows the various aspects of intra professional competencies

Table 3.4: Intra Personal Competencies

Unit Code	Domains	Brief Description*	To be addressed in
U.4.1	Affective / Moral	• Emotional intelligence • Tolerance of ambiguity and anxiety • Respect for patient • Responsiveness to patients and society • Empathy and caring	Clinical field work
U.4.2	Habits of Mind	• Recognition of and response to cognitive and emotional biases • Willingness to acknowledge and correct errors • Critical thinking • Observation on one's own thinking, emotions etc.	Clinical field work

Unit 5: Inter personal competencies

Inter personal competencies sketch out certain inter personal attributes one occupational therapist should exhibit when he/she is communicating (including verbal and non-verbal communication) with another person /professional / patient etc.… These skills enable an occupational therapist to efficiently interact and influence others.

The table 3.5 shows the various aspects of inter personal competencies

Table3.5: Inter Personal Competencies

Unit Code	Domains	Brief Description*	To be addressed in
U.5.1	Behaviour Competencies (soft skills)	• Ability to accept and learn from criticism • Conflict resolution • Effective written and verbal communication skills • Flexibility / Adaptability • Influencing • Negotiating • Positive attitude • Problem solving skills • Self confidence • Strategic thinking • Teaching others (e.g., Patients, students, colleagues) • Teamwork and team building • Time management skills • Working well under pressure	Theory - Soft skill training and Clinical field work

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Chapter 4: Minimum required educational methods, facilities, resources to conduct an occupational therapy entry-level education

EDUCATIONAL METHODS

The range of educational methods may include case studies, learning with and from recipients of occupational therapy, discussions, skills training, assignments, reflective exercises, projects, literature review, experimental learning, problem-based learning, inter-professional learning, lectures, problem-based learning, online classes for didactic lectures & clinical training etc.

Modalities to improve the quality of educational methods include peer review of teaching, student feedback, discussion among staff, review meetings, moderation and monitoring processes, advisory and examination boards, external examiners, educational experts etc.

GENERAL FACILITIES AND RESOURCES

- A program is designed to produce graduates skilled in providing Occupational therapy to people with physical as well as mental health problems & will generally require examples of laboratories.
- The size of student intake is in proportion with number of educators **(10:1).**
- There should be sufficient resources including library resources, internet access, teaching material, specialist equipment, funding to support effective and efficient teaching and learning process. [Recommended library resources can be found out from the link www.nbcot.org/pdf/OTR_JournalReport_2013.pdf]
- There is adequate and accessible teaching space, offices for educators, and support staff, venues for specialized learning activities and storage space.

Recommended Laboratories / Therapy Units:

1. Hand therapy lab
2. Functional restoration lab
3. Work assessment, simulation, and hardening lab
4. Assistive technology lab
5. Cognitive-perceptual lab
6. Psycho-social remedial lab
7. Ergo therapy lab
8. Sensory motor therapy
9. Developmental Therapy

SPACE REQUIREMENTS

Separate building is recommended with 10,000 sq. ft. area. Area wise distribution is given as follows:

Name	Per Unit Area in Sq. ft.	Total area in sq. ft.
Department Office	600	600
Professor/ Director & HOD's Office	300	300
Professor's Office	100 x 4	400
Associate Prof. Office	100 x 4	400
Lecturer's Office	50 x 6	300
Common room for asst. Lecturer	600	600
Seminar room / Mini auditorium	1000	1000

Class rooms	400x3	1200
Student Common Room (girls)	500	500
Student Common Room (boys)	100	100
Department Library	700	700
Hostel for girls		Mandatory
Hostel for boys		Mandatory
Core laboratories	300 X 9	2700
Indoor and Outdoor OT departments		3000

DEPARTMENT LIBRARY

Text Books For issuing & Reference	Latest editions of all the books of all subjects (List of Recommended books given in syllabus)
	Adequate as per the number of student's intake capacity
Journals	• Indian Journal of O.T • American Journal of O.T • Archives of Physical Medicine and Rehab. • W.F.O.T Bulletin • International Journal for O.T • British Journal of O.T **LIST OF ONLINE JOURNALS** • Wiley, Lippincott online Journals • BMJ JI. Collection (online) 29 Journals • BMJ Case Report • Acland Anatomy Database, Video • Pediatric Care Online (PCO)
Audio Visual Facilities	LCD projector

TEACHING STAFF FOR OCCUPATIONAL THERAPY DEPARTMENT

(Intake capacity of minimum 10 to 30 students)

The number of teaching staff will increase subsequently with increase no of intake capacity

Designation	Minimum requirement	Qualifications	Research Experience
Director/Dean/Principal/ Professor	1	Master's degree in OT or PhD desirable with minimum 3 years' experience as Professor Or Senior most Professor with minimum 12 years of experience as teacher after post-graduation	4 research articles in indexed national /international journals
H.O.D. & Professor of OT	1	Master's degree in OT or PhD desirable with minimum 4 years' experience as Associate Prof. Or Minimum 9/10 years of experience as teacher after post-graduation	4 research articles in indexed national /international journals Out of 4 at least 2 publications as Associate Professor
Professor (In lieu of vacancy of Dean/director)	1	Master's degree in OT or PhD desirable with minimum 4 years' experience as Associate Prof. Or Minimum 9/10 years of experience as teacher after post-graduation	4 research articles in indexed national /international journals Out of 4 at least 2 publications as Associate Professor
Associate Prof. in OT/incase of only one post of professor	4	Master's degree in OT with minimum 5/8 years' experience as Asst. Prof./Lecturer Or Minimum 8 years of experience as teacher after post-graduation	4 research articles in indexed national /international journals Out of 4 at least 2 publications as assistant professor
Asst. Professor	6	Masters in OT with minimum 55% marks & BOT from AIOTA accredited OT College	--

Chapter 5: Curriculum of Occupational Therapy courses

Bachelor of Occupational Therapy

5.1 Introduction:

Learning Objectives: At the completion of this course, the student should be -

1. The purpose of this curriculum is to delineate the cognitive, affective and psychomotor skills deemed essential for completion of this program and to perform as a competent Occupational Therapist who will be able to examine, evaluate, diagnose, plan, execute and document occupational therapy treatment independently or along with the multidisciplinary team.
2. Evaluate patients for impairments and functional limitations and able to execute all routine occupational therapy procedures as per the evaluation.
3. Able to operate and maintain physiotherapy equipment used in treatment of patient, physiotherapy treatment planning (both electrotherapy and exercise therapy) & procedures independently.
4. Able to provide patient education about various occupational therapy interventions to the patient and care givers.

Expectations from the future Occupational Therapy graduates

1. Coursework entitles independent Occupational Therapy assessment and treatment in any healthcare delivery centres in India by the graduates.
2. The coursework is designed to train students to work as independent occupational therapist or in conjunction with a multidisciplinary team to diagnose and treat as per red and yellow flags.
3. Course works will develop skill in the graduates for physical/ functional diagnosis, treatment planning, management, administration of Occupational Therapy treatment.
4. Graduates can find employment opportunities in hospitals/nursing homes/sports teams/fitness centres/Community Rehabilitation /Health planning boards/health promotions services in both private and public sectors as well as in independent physiotherapy clinics.
5. Occupational Therapist graduate is encouraged to pursue further qualification to attain senior position in the professional field and also to keep abreast with the recent advances, new technology and research. The professional should opt for continuous professional education credits offered by national and international institutes.
   Terminal Objectives (Expected Outcomes):
6. The graduate will be a competent and reflective occupational therapy practitioner who can function safely and effectively while adhering to legal, ethical and professional standards of practice in a multitude of physiotherapy settings for patients and clients across the lifespan and along the continuum of care from wellness and prevention to rehabilitation of dysfunction.
7. The graduate will utilize critical inquiry and evidence-based practice to make clinical decisions essential for autonomous practice.
8. The graduate will function as an active member of professional and community organizations. The graduate will be a service-oriented advocate dedicated to the promotion and improvement of community health.
9. The graduate will demonstrate lifelong commitment to learning and professional development.

Eligibility for admission:

Selection procedure:

1. He/she has passed the Higher Secondary (10+2) or equivalent examination recognized by any Indian University or a duly constituted Board with pass marks (50%) in physics, chemistry and biology (botany & zoology), mathematics. (i.e. –Physics, chemistry and biology as mandates requirements).
2. Candidates who have studied abroad and have passed the equivalent qualification as determined by the Association of Indian Universities will form the guideline to determine the eligibility and must have passed in the subjects: Physics, Chemistry, Biology and English up to 12th Standard level.
3. Candidates who have passed the Senior Secondary school Examination of National Open School with a minimum of 5 subjects with any of the following group subjects.
    a. English, Physics, Chemistry, Botany, Zoology
    b. English, Physics, Chemistry, Biology and any other language
4. He/she has attained the age of 17 years as on - current year
5. He/she has to furnish at the time of submission of application form, a certificate of Physical fitness from a registered medical practitioner and two references from persons other than relatives testifying to satisfactory general character.
6. Admission to Bachelor of Occupational course shall be made on the basis of eligibility and an entrance test to be conducted for the purpose. No candidate will be admitted on any ground unless he/she has appeared in the admission test and interview.
    a. Entrance test, to be conducted by the university as per the syllabus under 10 +2 scheme
    b. Successful candidates on the basis of written test will be called for counselling(s) nominated by the University or the board.
    c. During subsequent counselling (s) the seat will be allotted as per the merit of the candidate depending on the availability of seats on that particular day.
    d. Candidate who fails to attend the Medical Examination on the notified date(s) will forfeit the claim for admission and placement in the waiting list except permitted by the competent authority under special circumstances.
    e. The name of the student(s) who remain(s) absent from classes for more than 15 days at a stretch after joining the said course without giving any notice will be governed as per the respective University rules.

Duration of the course

Duration of the course: 4 years or 8 semesters. (600 hrs per semester. Total of 4800 hours for 8 semesters) and minimum 1000 hours of internship (to be completed in six months duration).

Total hours – 5800 (For Theory, Practical, Laboratory work & Clinical)

Medium of instruction:

English shall be the medium of instruction for all the subjects of study and for examination of the course.

Attendance:

A candidate has to secure minimum-

1. 75% attendance in theoretical
2. 85% in Skills training (practical) for qualifying to appear for the final examination.

No relaxation, whatsoever, will be permissible to this rule under any ground including indisposition etc.

Assessment:

Assessments should be completed by the academic staff, based on the compilation of the student's theoretical &clinical performance throughout the training program. To achieve this, all assessment forms and

feedback should be included and evaluated. The passing marks for every subject in the semester should be 50% marks in aggregate in theory/ practical.

Commencement of the course -
The course shall commence not later than 1st September of an academic year
Commencement of examination -
University examination will be conducted at the end of each semester.

Working days during the semester -
Each semester shall consist not less than 100 working days excluding examination days.
Marks qualifying for pass -
50% marks in aggregate in theory and Practical is required.

Promotion criteria -
Promotion criteria to the next year shall be as prescribed by the University affiliated by the UGC. However, it is recommended that students may be permitted to next year only if the number of failed subjects is two or less than two and Student must clear these subjects before appearing for the final examination of next year. For example, failed subjects of I year must be cleared before appearing for 4th Semester examination and before the 6th Semester examination in case of failed subjects of II year and so on.
Only after passing all the subjects in all semesters, he/she will be allowed to undergo internship.
Review of answer papers of failed candidates -
As per the regulations prescribed for review of answer papers by the University.

Re-admission after break of study -

1. Candidates having a break of study of five years and above from the date of admission and more than two spells of break will not be considered for readmission
2. The five years period of break of study shall be calculated from the date of first admission of the candidate to the course for the subsequent spells of break of study
3. Candidates having break of study shall be considered for re admission provided that they are not subjected to any disciplinary action and no charges are pending or contemplated against them.
4. All re-admissions of candidates are subjected to the approval of the Vice Chancellor.
5. The candidates having a break of study up to five years shall apply for readmission to the Registrar of this University. The candidates shall be granted exemption in the subjects they have already passed.

Maximum duration of the program -

Candidates should complete the Bachelor of Occupational Therapy degree course within a period of eight years from the date of joining in the course.

Discharge from the program –

1. "If a student admitted to a course of study in an University and for any reason not able to complete the course or qualify for the degree by passing the examinations prescribed within a period comprising twice the duration prescribed in the regulations for the concerned course, he/she will be discharged from the said course, his/her name will be taken off the rolls of the University and he/she will not be permitted to attend classes or appear for any examination conducted by the University thereafter."

2. “In respect of courses where internship is prescribed and if a student is for any reason not able to complete the internship within a period comprising twice the duration prescribed in the Regulations for the concerned course, such cases will be placed before a committee to be constituted by the Vice-Chancellor for making appropriate decision on a case-to-case basis, based on individual merits.

3. “The course of study shall mean and include all the undergraduate, post graduate diploma/degree broad and super specialty courses in medical and all the other Faculties of the University”.

4. The above Regulations shall be applicable to all students already admitted and to be admitted to a course of study in a University.”

5. “Notwithstanding anything contained in the foregoing, the students who fall in the category clause I above and who are in the final year of the respective courses be given one more last and final chance to appear for the University Examination with a condition that if they do not pass the examination even in their last chance, they shall be discharged from the course. The Controller of Examinations will admit such candidate to the University examinations only after their producing an undertaking (as per format given in students manual) to this effect.”

Migration/transfer of candidates -

The Vice Chancellor shall have the powers to place any migration/transfer he deems fit in the Board of Management and get approval for grant of permission for migration/transfer to candidates undergoing course of study in another University as prescribed by university

Vacation -

The period(s) of vacation can be decided by the Head of the Institution or University.

Classification of successful candidates -

A successful candidate

1. Who secures 75% and above in the aggregate marks shall be declared to have secured 'FIRST CLASS WITH DISTINCTION' provided he/she passes the whole examination in the FIRST ATTEMPT;

2. Who secures above 60% and less than 75% in the aggregate marks and completes the course within the stipulated course period shall be declared to have passed the examinations in the 'FIRST CLASS, provided he/she passes the whole examination in the FIRST ATTEMPT';

3. Who secures above 50% and less than 60% in the aggregate marks and completes the course within the stipulated course period shall be declared to have passed the examinations in the 'SECOND CLASS';

4. and all other successful candidates shall be declared to have PASSED the examinations.

5. The eligibility for promotion to the next academic year is subject to securing the minimum academic performance specified below:

- First year to second year: a minimum of 70% of the credits at the end of the first year (first and second semester).

- Second year to third year: a cumulative minimum of 80% of the credits at the end of the second year (first, second, third and fourth semester).

- Third year to fourth year: a cumulative minimum of 90% at the end of third year (first, second, third, fourth, fifth and sixth semester).

- The student must complete all the course work requirements and credits to be eligible for internship

  Letter Grades and Grade Points: The UGC has recommended system of awarding grades and CGPA under Choice Based Credit Semester System (CBCS) for all the UG/PG courses. The UGC has recommended10-point grading system with the following letter grades:

Letter Grade	O	A+	A	B	C	F/RA	AB	I / RC
Grade points	10	9	8	7	6	0	0	0

RC - Detained/Attendance shortage, I – Incomplete

Consolidated Grade Card - BOT Program			
Letter Grade	**%Mark range**	**Grade point**	**CGPA Range**
O (Outstanding)	80 & above	10	9.01-10
A+ (Excellent)	75-79	9	8.01-9
A (Very Good)	60-74	8	7.01-8
B (Above average)	55-59	7	6.01-7
C (Average)	50-54	6	5.01-6
F/RA (Fails/Reappear)	Less than 50	0	4.51-5.0
AB (Absent)		0	
In complete(I)		0	
Repeat course (RC=<50% in attendance or Internal Assessment			

A successful candidate will be:

i. Who secures not less than O grade with a CGPA of 9.01-10.00 shall be declared to have secured 'OUTSTANDING' provided he/she passes the whole examination in the FIRST ATTEMPT;
ii. Who secures not less than A+ grade with a CGPA of 8.01-9.00 shall be declared to have secured 'EXCELLENT' provided he/she passes the whole examination in the FIRST ATTEMPT;
iii. Who secures not less than A grade with a CGPA of 7.01 -8.00 and completes the course within the stipulated course period shall be declared to have passed the examination with**" VERY GOOD"**
iv. All other candidates with grade B & above shall be declared to have passed the examination

Computation of SGPA and CGPA

The UGC recommends the following procedure to compute the Semester Grade Point Average (SGPA) and Cumulative Grade Point Average (CGPA):

i. The SGPA is the ratio of sum of the product of the number of credits with the grade points scored by a student in all the courses taken by a student and the sum of the number of credits of all the courses undergone & earned by a student, i.e.,
ii. The CGPA is also calculated in the same manner taking into account all the courses undergone & earned by a student over all the semesters of a program
iii. The SGPA and CGPA shall be rounded off to 2 decimal points and reported in the transcripts.

5.2 Practical's / Demonstrations/ Laboratory work, Supervised Clinical training/Fieldwork & Internship

- It is mandatory to include demonstrations & practical sessions, supervised clinical work, seminars, hands on therapeutic workshops, throughout the course period to train the students for proficiency in Occupational Therapy applications to contribute towards the well-being of clients.
- Actual clinical work in clinical settings, all hands-on procedures related to patient care involves patient evaluation, assessment, goal planning, writing, and execution of goals, intervention procedures, patient and family education & documentation of individual patients/clients. Each student is expected to maintain the register for documentation/record of each patient in every clinical assignment throughout the course period & which the respective clinical supervisor should sign regularly.
- Field work placement should of sufficient duration to allow integration of theory with practice
- The number of students placed at fieldwork site should be in proportion to the number of available patients.

Internship

- The clinical work after completing the 4 years course, minimum 6-month full time internship in preventive and applied therapy is also mandatory. 6 months of continuous clinical practice will enhance skills of the students in clinical reasoning, judgment, programme planning, intervention, evaluation of intervention, follow up, referral, and documentation pertaining to all the dysfunctions and impairments learnt throughout the curriculum of four years.

- Those candidates declared to have passed the final year examination in all subjects will be eligible for internship/field work/externship which should be done in any of the medical colleges/district hospitals/rehabilitation centres recognized by the affiliated university, shall be presumed to be training centres for the purpose of Internship.
- Internship is a phase of training where in a graduate is expected to conduct actual practice of occupational therapy and acquired skills under supervision so that he/she may become capable of functioning independently. Students will use a variety of learning activities to fully explore areas of practices in clinical fieldwork. Emphasis will be laid on practical applications of theoretical concepts in the form of clinical reasoning, and its application to the treatment situations to guide clinical decision making from evaluation. The Internship should be on rotation basis and should cover clinical branches concerned with Occupational therapy both inpatient and outpatient services OR Field work is distributed throughout every year of the curriculum. The student will work under the supervision of the clinical supervisors, and is expected to be involved in all aspects of the occupational therapy process: referral, assessment, intervention, reimbursement, billing and documentation.
- Responsibilities during internship: During the internship period candidates should show at least 6 calendar months attendance. They must engage in practice/ skill-based learning of professional conduct. Their learning outcomes must be maintained and presented in the form of logbooks, case studies, research project report.
- Each student is expected to maintain a log book as a proof of the clinical case load in each assignment of internship.
- Internship will be considered to be completed only on successful presentation of the group project / group seminars / presentation of pilot research studies which includes appropriate title of the study, literature review, selection of assessment instruments, data collection and data analysis, drawing conclusions from data which encourages students' insight into ethics of research & research findings.
- Interns should be paid a stipend during the internship on par with medical/dental graduates.
- Evaluation of interns: All interns will be assessed based on their satisfactory attendance, performance in the postings/ research labs and the presentation of the logbook.
- *Assessment may be done by conducting exams at the end of internship on their project work, clinical work etc.
  *Not mandatory

The internship program aims to enable students to learn salient issues of occupational therapy clinical practice. The student will:

i) Understand safety regulations regarding self and others throughout the occupational therapy process; identify safety hazards and implement safety procedures.
ii) Effectively interact with members involved in the occupational therapy practice like client, family & also make liaison with other professionals (Rehab Team)
iii) Learn to improve their presentation and communication skills
iv) Learn research-related skills through research related activities
v) Demonstrate knowledge of various services covered under the various private health insurance plans, Employee's state insurance corporation schemes, and community-based health insurance schemes for below poverty line clients and hospital-based health discount cards.
vi) Document occupational therapy services to ensure accountability of services provided and record

treatment outcomes objectively.

vii) Attend ward rounds and interact with the interdisciplinary team.

viii) Understand the application of the occupational therapy consultative process with individual clients, groups, organizations or communities

ix) Independently conduct the occupational therapy evaluation, use reasoning in deciding specialized assessments, interpret evaluation findings and identify meaningful outcomes with a client-centred perspective

x) Plan and provide contextually relevant solutions

xi) Learn to implement evidence-based practice

xii) Discharging the client from occupational therapy services when outcomes have been met which may involve summarizing outcomes, making appropriate referrals or recommendations & plan others discharge needs after discussing with the clinical OT supervisor.

5.3 Outline of semester credits, syllabus & list of books

1. SEMESTER & CREDIT SYSTEM REGULATIONS

*** Recommended by AIOTA. Credits may be allotted as per the rules & regulations of the affiliated universities.**

1.1 Each semester would get a complete 15 weeks for conduct of academics, excluding sessional exams, study leave, university exams, semester break, declared holidays & non-academic events.

1.2 Credit distribution

Lectures (L)	: 15 hours = 1 credits
Practical/Lab work (P/L)	: 30 hours = 1 credits
Supervised Clinical work/ field work (CL)	: 60 hours = 1 credits

SCHEME OF CURRICULUM

1.3 Subject wise distribution of hours/week
Semester I & II

Semester	S No.	Subject course code	Subject Title	Training Hours		
Week wise schedule				Lectures (L)	Practical/ Demo Lab work/ (P/ LB)	Supervised Clinical Training/ field work (CL)
I	1	ANAT 001	Anatomy –I	3	3	---
	2	PHYS001	Physiology-II1	3	3	---
	3	BOT 001	Fundaments of Occupational Therapy-I	6	7	---
	4	BCHEM001	Biochemistry	4	--	--
	5	CMS001	Communication Skills	2	1	
	6	BOT 002	Supervised Clinical training /Field work			8
	Total	40 hours		**18**	**14**	**8**
II	1	ANAT002	Anatomy-II	3	2	
	2	PHYS002	Physiology-II	3	2	
	3	BOT003	Fundaments of Occupational Therapy-II	6	3	
	4	BOT004	Occupational Therapy Diagnostics-I	6	4	
	5	CSI001	Computer Skills & informatics	2	1	
	6	BOT005	Supervised Clinical training /Fieldwork			8
	Total	40 hours		**20**	**12**	**08**

Semester III, IV

Semester	S No	Subject course code	Subject Title	Training Hours / week		
Week wise schedule				Lectures (L)	Practical/ Demo/Lab work(P/LB)	Supervised Clinical Training/field work (CL)
III	1	PTH/MCR 001	Pathology & Microbiology	6	---	---
	2	PHRM 002	Pharmacology	4	---	---
	3	BOT 006	Biomechanics & Kinesiology	8	7	---
	4	BOT 007	Supervised Clinical training /Field			15

			work			
	Total	**40 hours**		**18**	**07**	**15**
IV	1	PSY 001	Psychology	5	1	---
	2	BOT 008	OT Practice	8	06	---
	3	BOT 009	OTD 2	03	02	---
	4	BOT 010	Supervised Clinical training/Field work			15
	Total	**40 hours**		**16**	**09**	**15**

Semester V and VI

Semester	S. No	Subject Course Code	Subject Title	Lectures (L)	Training Hours / week	
					Practical/Demo/Lab work(P/LB)	Supervised Clinical Training/field work (CL)
V	1	GM001	General Medicine and Cardio Vascular Medicine	02	02	---
	2	NP 002	Neurology and Paediatrics	02	02	---
	3	BOT 011	Work physiology & Ergonomics	03	01	---
	4	BOT 012	OT in Medical condition	6	02	---
	5	BOT 013	Supervised clinical training/Field work		07	20
	Total	**40 hours**		**13**	**07**	**20**
VI	1	GSO 001	General Surgery & Orthopaedics	05	03	---
	2	PSYCH 001	Psychiatry	03	01	---
	3	BOT 014	OT in Surgical conditions	6	02	---
	4	BOT 015	Supervised clinical training /Field work			20
	Total	**40 hours**		**14**	**06**	**20**

Semester VII & VIII

Semester	S No	Subject course code	Subject Title	Training Hours/ week		
Week wise schedule				Lectures (L)	Practical/ Demo lab work (P/LB)	Supervised Clinical Training/ field work (CL)
VII	1	BOT 016	Occupational Therapy in musculoskeletal & hand conditions	05	02	---
	2	BOT 017	Advances in Occupational Therapy & rehabilitation	04	02	---
	3	BOT 018	Occupational Therapy in Neurological conditions	05	02	---
	5	--	Supervised Clinical Training			20
		Total		**14**	**06**	**20**
VIII	1	CMS 01	Community Medicine & Sociology	2	--	
	2	BOT 019	Occupational Therapy in Community Rehabilitation & Public health	2	01	---
	3	BOT 020	Occupational Therapy in Mental health	05	01	---
	4	BOT O21	Occupational Therapy in PAEDIATRIC CONDITIONS	04	02	--
	4	RMB 001	Research Methodology & Biostatistics	02	01	---
	5	--	Supervised Clinical Training	--	--	20
		Total		**15**	**05**	**20**

1.4 Total teaching hours & Credits per Semester

Semester I (1 to 6 months)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	Theory	Practical/ Lab work/ Demo	Clinical
1	ANAT 001	Anatomy - I	**45**	**45**	-	**3**	**1.5**	
2	PHYS 001	Physiology - 1	**45**	**45**	-	**3**	**1.5**	
3	BCHE 001	Biochemistry	**60**	-	-	**4**	-	
4	BOT 001	Fundaments of Occupational Therapy-I	**90**	**120**	-	**6**	**4**	
5	CS001	Communication Skills	**30**	-	-	**2**	-	
6	BOT 002	Supervised Clinical Training	-	-	**120**	-	-	**2**
Total No of hours= 600			**270**	**210**	**120**			
Total No of Credits= 27						**18**	**7**	**2**

Semester II (7 to 12 months)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	Theory	Practical	Clinical
1	ANAT 002	Anatomy – II	**45**	**30**	--	**3**	**1**	--
2	PHY 002	Physiology - I1	**45**	**30**	--	**3**	**1**	--
3	BOT 003	Fundaments of Occupational Therapy-II	**90**	**60**	--	**6**	**2**	--
4	BOT 004	Occupational Therapy Diagnostics-I	**90**	**60**	--	**6**	**2**	--
5	CSI 001	Computer Science & Informatics	**30**	--	--	**2**	--	--
6	BOT 005	Supervised Clinical Training	--	--	--	--	--	**2**
Total no. of hours = 600			**300**	**180**	**120**			
Total no of credits= 28						**20**	**6**	**2**

Semester III (13- 18 weeks)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	Theory	practical	Clinical
1	PTH/ MCR 001	Pathology &Microbiology	**90**	--	---	**6**	--	--
2	PHRM 002	Pharmacology	**60**	---	---	**4**	--	--
3	BOT 006	Biomechanics & Kinesiology	**120**	**105**	---	**8**	**3.5**	--
4	BOT 007	Supervised Clinical training /Field work	---	---	**225**	--	--	**3.75**
Total no. of hours = 600			**270**	**105**	**225**			
Total Credits = 25						**18**	**3.5**	**3.75**

Semester IV (19- 24 weeks)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	theory	Practical/ lab work	clinical
1	PSY 001	Psychology	**75**	**15**	---	**5**	**0.5**	--
2	BOT 008	Occupational Therapy. Practice	**120**	**90**	---	**8**	**3**	--
3	BOT 009	Occupational Therapy Diagnostics II	**45**	**30**	---	**3**	**1**	--
4	BOT 010	Supervised Clinical training /Field work	---	---	**225**	-	-	**3.75**
Total no of teaching hours- 600			**240**	**135**	**225**			
Total Credits- 24						**16**	**4.5**	**3.75**

Semester V (25- 30 weeks)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	theory	Practical/ lab work	clinical
1	GM 001	General Medicine and Cardio Vascular Medicine	**30**	**30**	---	**2**	**1**	--
2	NP 001	Neurology and Paediatrics	**30**	**30**	---	**2**	**1**	--
3	BOT 011	Work physiology & Ergonomics	**45**	**15**	---	**3**	**0.5**	--
4	BOT 012	OT in Medical condition	**90**	**30**	---	**6**	**1**	--
5	BOT 013	Supervised clinical Training	--	--	**300**	--	--	**5**
Total no. of hours = 600			**195**	**105**	**300**			
Total no of Credits= 22						**13.5**	**3.5**	**5**

Semester VI (31- 36 months)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ Lab work	clinical	Theory	Practical/ Lab work	clinical
1	GMO 001	General Surgery & Orthopaedics	**75**	**45**	---	**5**	**1.5**	--
2	PSYCH 001	Psychiatry	**45**	**15**	---	**3**	**0.5**	--
3	BOT 014	OT in surgical condition	**90**	**30**	---	**6**	**1**	--
4	BOT 015	Supervised clinical Training	---	---	**300**	--	-	**5**
Total no. of hours = 600			**210**	**90**	**300**			
Total no of Credits= 22						**14**	**3**	**5**

Semester VII (37- 42 months)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical/ demo/ lab work	Clinical	Theory	Practical Lab work/demo	Clinical
1	BOT 016	Occupational Therapy in musculoskeletal & hand conditions	**75**	**30**	-	**5**	**1**	--
2	BOT 017	Advances in Occupational Therapy & rehabilitation	**60**	**30**	-	**4**	**1**	--
3	BOT 018	Occupational Therapy in Neurological conditions	**75**	**30**	-	**5**	**1**	--
4	BOT 019	Supervised Clinical Training	-	-	**300**	--	--	**5**

Semester VIII (42- 48 months)

S. No	Course Code	Subjects	Total teaching hours /semester			Credits		
			Theory	Practical	Clinical	Theory	Practical	Clinical
1	BOT 020	Occupational Therapy in Community Rehabilitation &Public health	**30**	**15**	-	**2**	**0.5**	--
2	CMS 001	Community Medicine & Sociology	**30**	**0**	-	**2**	**0**	--
3	BOT 021	Occupational Therapy in Paediatric conditions	**60**	**30**	--	**4**	**1**	--
4	BOT 022	Occupational Therapy in Mental health	**75**	**15**	-	**5**	**0.5**	--
5	RMB 001	Research Methodology & Biostatistics	**30**	**15**	--	**2**	**0.5**	--
6	BOT 023	Supervised Clinical Training	-	-	**300**	--	--	**5**
Total no. of hours = 600			**225**	**75**	**300**			
Total No of Credits= 22						**15**	**2.5**	**5**

1.5 End Semester Examination Marks Distribution:

Total 50 marks = 10 marks for Internal Assessment (IA) + 40 marks for final university examination

Total 100 marks = 20 marks for IA + 80 marks for final university examination

** **Internal Assessment** may comprise of overall attendance, term examination or end of semester exam, topic presentation, class assignment etc

*** **In semester III, IV, V & VI**, it is recommended to carry out the internal practical examination **(IA ONLY)** also for **"clinical training"** at the end of respective semesters as given below in "Tables of marks distribution at the end of semester examination"

Tables of marks distribution at the end of semester examination

Semester I (1-6 months)

S. No	Course code	Subjects	Marks Distribution Total (Including the internal assessment) **	
1	ANAT 001	Anatomy - I	**Theory 50**	**Practical 50**
2	PHYS 001	Physiology - 1	**Theory 50**	**Practical 50**
3	BCHEM001	Biochemistry	**Theory 50**	
4	BOT 001	Fundaments of Occupational Therapy-I	**Theory 50**	**Practical 50**
5	CMS 001	Communication Skills	**Theory 50 (IA only)**	
6	BOT 002	Supervised Clinical Training	-----	
Total no of marks for Examination/semester			**400**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester II (7-12 months)

S. No	Course Code	Subjects	Marks Distribution Total (including the internal assessment) **	
1	ANAT 002	Anatomy – II	**Theory-50**	**Practical-50**
2	PHYS 002	Physiology - I1	**Theory-50**	**Practical-50**
3	BOT 003	Fundaments of Occupational Therapy-II	**Theory -50**	**Practical-50**
4	BOT004	Occupational Therapy Diagnostics-I	**Theory-50**	**Practical-50**
5	CSI 001	Computer Science & informatics	**Theory 50 (IA only)**	
6	BOT 005	Supervised Clinical Training	----	
Total no of marks at the end of semester examination			**450**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc

Semester III (13- 18 months)

S. No	Course Code	Subjects	Marks Distribution	
			Total (including the internal assessment) **	
1	PTH/ MCR 001	Pathology & Microbiology	**Theory 100 (50 each)**	
2	PHRM 002	Pharmacology	**Theory 50**	
3	BOT 006	Biomechanics & Kinesiology	**Theory 100**	**Practical 100**
4	BOT 007	Supervised Clinical training /Field work		***Practical 50 (IA Only)
Total no of marks at the end of semester examination			**400**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester IV (19- 24 months)

S. No	Course code	Subject	Marks Distribution	
			Total (including the internal assessment) **	
1	PSY 001	Psychology	**Theory 100**	
2	BOT 008	Occupational Therapy Practice	**Theory 100**	**Practical 100**
3	BOT 009	Occupational Therapy Diagnostics II	**Theory 50**	**Practical 50**
4	BOT 010	Supervised Clinical training /Field work		***Practical 50 (IA Only)
Total no of marks at the end of semester examination			**450**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester V (25- 30 weeks)

S. No	Course Code	Subjects	Marks Distribution	
			Total (including the internal assessment) **	
1	GM001	General Medicine and Cardio Vascular Medicine	**Theory 50**	
2	NP 001	Neurology and Paediatrics	**Theory 50**	
3	BOT 011	Work physiology & Ergonomics	**Theory 50**	
4	BOT 012	OT in Medical condition	**Theory 100**	**Practical 100**
	BOT 013	Supervised clinical Training		***Practical 100 (IA only)
Total no of marks at the end of semester examination			**450**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester VI (31- 36 months)

S. No	Course Code	Subjects	Marks Distribution	
			Total (including the internal assessment IA) **	
1	GSO 001	General Surgery & Orthopaedics	**Theory 100 (50 each)**	
2	PSYCH 001	Psychiatry	**Theory 50**	
3	BOT 014	OT in surgical condition	**Theory 100**	**Practical 100**
4	BOT 015	Supervised clinical Training		***Practical 100 (IA only)**
Total no of marks at the end of semester examination			**450**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester VII (37- 42 months)

S. No	Course Code	Subjects	Marks Distribution	
			Total (including the internal assessment) **	
1	BOT 016	Occupational Therapy in musculoskeletal & hand conditions	**Theory 100**	**Practical 100**
2	BOT 017	Advances in Occupational Therapy & rehabilitation	**Theory 100**	
3	BOT 018	Occupational Therapy in Neurological conditions	**Theory 100**	**Practical 100**
5	BOT 019	Supervised Clinical Training	----	
Total no of marks at the end of semester examination			**500**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Semester VIII (43- 48 months)

S. No	Course Code	Subjects	Marks Distribution	
			Total (including the internal assessment) **	
1		Community Medicine & Sociology	**Theory 50**	
1	BOT 020	Occupational Therapy in Community Rehabilitation & Public health	**Theory 50**	
2	BOT 021	Occupational Therapy in Mental health	**Theory 100**	**Practical 100**
3	BOT 022	Occupational Therapy in Paediatric conditions	**Theory 100**	**Practical 100**
4	RMB 001	Research Methodology & Biostatistics	**Theory 50**	
5	BOT 023	Supervised Clinical Training	----	
Total no of marks at the end of semester examination			**550**	

**Final Internal Assessment may comprise of overall attendance term examination, topic presentation, class assignment etc.

Recommended Topics, Books & references for each Semester

Sr No	Semester	Subject title	Recommended Topics
1	**Semester I**	Anatomy I	• General Anatomy & Histology • Musculoskeletal system I. Superior Extremity II. Inferior Extremity III. Back & Thoracic cage IV. Head, Neck & Face V. Living Anatomy • Systemic anatomy I. Alimentary system II. Urinary System III. Genital System
2		Physiology I	• General Physiology I. Cell II. Blood III. Nerve IV. Muscle • Respiratory System • Cardiovascular System • Gastrointestinal System • Reproductive System • Excretory System
3		Biochemistry	• Proteins, vitamins, carbohydrates, Enzymes, Lipids, Nutrition, Hormones, minerals, muscle contraction, clinical Biochemistry • Laboratory & diagnostic Tests
4		Fundaments of Occupational Therapy –I	• Definition, purpose, scope of practice, History & Development of OT, • Philosophical basis of OT • Current trends and future perspective of OT • Introduction to Medical Terms & Bioethics • Introduction to AYUSH system of medicine I. Introduction to Ayurveda, II. Yoga and Naturopathy, III. Unani, IV. Siddha, V. Homeopathy, VI. Need for integration of various system of medicine • Role of OT in Rehabilitation team • Occupational Science • Therapeutic modalities in Occupational Therapy • Introduction to Hand Functions • Orientation to OT Labs
5		Communication Skills	• Inter & intra personal communication • Nonverbal behaviours • Soft skill training

Sr No	Semester	Subject title	Recommended Topics
1	**Semester II**	Anatomy II	• Neuro-anatomy I. General Organisation of Nervous System II. Central Nervous System III. Peripheral Nervous System IV. Autonomic Nervous System • Cardiovascular & Respiratory System • Sensory organs, Abdomen • Endocrine & exocrine system • Radiological Anatomy
2		Physiology II	• Nervous System • Endocrine System • Integumentary System & Temperature Regulation • Special senses – Eye, Ear • Exercise Physiology • Physiology of Ageing
3		Fundaments of Occupational Therapy –II	• Basics of Human Development & maturation • Introduction to orthoses • Therapeutic exercises • Activities of Daily Living • Activity Analysis • OT (Including an introductory knowledge about Uniform terminology (performance components, areas and context), Occupational Therapy process) & OTPF • Introduction to assistive Technology--Self Help Aids
4		Occupational Therapy Diagnostics – I	• Introduction to Prognostic & Diagnostic procedures – non-standardized and standardized methods of OT evaluation • SOAP & Medical Record Keeping • Principles and methods of assessment/Performance components— assessment of I. Joint ROM II. Muscle Strength, III. Sensations IV. Oedema & Contracture & Deformities
5		Computer Science & Informatics	• Introduction to Computers, Input & Output Devices, Processor & Memory, Storage devices. • Introduction to Operating Systems & Windows. • Introduction to MS-Word, Excel, PowerPoint. • Medical Record keeping and Health Informatics • Application of Computers in clinical settings, Digital Equipment, Medical Electronics • Introduction to Robotics and Artificial Intelligence (AI) in Occupational Therapy, AI enabled devices in Occupational Therapy, AI enabled robotics, Deep Learning frameworks

RECOMMEMDED TEXT BOOKS & REFERENCE

(updated lists should be provided to students in each semester)

Anatomy I & II

1. Human Anatomy – Snell
2. Anatomy- Chaurasia, Volume- I, II & III
3. Neuro anatomy – Inderbir Singh
4. Human Anatomy – Kadasne, Volume- I, II & III
5. Neuroanatomy – Vishram Singh
6. Human Anatomy – Datta
7. Gray's Anatomy
8. Extremities -- QuiningWasb
9. Atlas of Histology -- Mariano De Fiore
10. Anatomy & Physiology -- Smout and McDowell
11. Kinesiology -- Katherine Wells
12. Neuroanatomy -- Snell
13.Neuroanatomy -- Vishram Singh
14. Cunningham's- Practical Anatomy

Physiology I & II

1. Text book on Medical Physiology – Guyton
2. Textbook of Physiology – A K Jain.
3. Review of Medical Physiology – Ganong
4. Samson & Wright"s Applied Physiology
5. Textbook of Medical Physiology – Bern and Levy.

Biochemistry

1. Biochemistry – Dr. Satyanarayan
2. Text book of Biochemistry for Medical students – Dr. Vasudevan / Shri Kumar
3. Biochemistry – Dr. Pankaja Naik
4. Review of Biochemistry (24th edition) – Harpar

Fundaments of Occupational Therapy I & II

1.Willard and Spackman's Occupational Therapy by Elizabeth Blesedel Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell.
2. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby
3. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone
5. Therapeutic Exercise by John V. Basmajian& Steven L. Wolf. Published by Williams & Wilkins
6. Therapeutic Exercise, Foundation & Techniques by Carolyn Kisner& Lynn Allen Colby. Published by F. A. Davis Company
7. Principle of Exercise Therapy by Dena Gardine

Occupational Therapy Diagnostics – I

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedel Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell.
2. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby
3. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone
5. Therapeutic Exercise by John V. Basmajian& Steven L. Wolf. Published by Williams & Wilkins
6. Therapeutic Exercise, Foundation & Techniques by Carolyn Kisner & Lynn Allen Colby. Published by F. A. Davis Company
7. Muscle Testing & Function by F.P. Kendall
8. Daniel's &Worthingham's Muscle Testing.
9. Measurement of Joint Motion: A guide to goniometry by C.C. Norkin & D. J. White
10. Principle of Exercise Therapy by Dena Gardiner

Communication skills:

1. Cole K. Crystal clear communication. 2nd ed. Chennai: East West Books; 2001.
2. Taylor G. English conversation practice. New Delhi: Tata Mc Graw Hill Publishing Company; 2001.
3. Thomas EB. The most common mistakes in English. New Delhi: Tata Mc Graw Hill Publishing Company; 2001.
4. Yadurajan KS. Current English. New Delhi: Oxford University Press; 2001.

Computer science & informatics:

1. Information to computer science by Gilbert Brands
2. Computer Fundamentals by Sinha P.K.

Sr No	Semester	Subject Title	Recommended Topics
1	**Semester III**	Pathology/ Microbiology	**Pathology** ● General Pathology, ● Immuno-pathology, Inflammation, ● Medical Genetics, ● circulatory & Growth disturbances, ● pathological changes in Vitamin deficiency, ● Hepatic diseases, ● Endocrine and GI systems, ● Specific pathology (muscular disorders, Neuro-muscular junction, Bone and joints diseases) ● Clinical Pathology **Microbiology** ● General Microbiology ● laboratory diagnosis of ● infections ● systemic bacteriology ● Mycology ● immunology ● Virology ● Parasitology ● Applied microbiology ● Laboratory & Diagnostic Tests
2		Pharmacology	● General Pharmacology ● Drugs acting on C.V.S. ● Drugs acting on C.N.S., Drugs on psychiatry disorders ● Drugs acting on autonomic nervous system ● Drugs acting on respiratory system ● Dermatology Drugs, ● Gastrointestinal drugs ● Anti-microbial drugs, Chemotherapy and miscellaneous drugs ● Hormones & related drugs
3		Biomechanics & Kinesiology	● General Biomechanics ● Kinetics & Kinematics ● Applied kinesiology of joints of Upper extremity, Lower extremity, vertebral column & Tempera-mandible ● Patho-mechanics of various deformities ● Gait, ● Body posture, ● balance, ● mobility skills, ● Transfers ● Vicarious Movements

1	**Semester IV**	Psychology	● General psychology ● Developmental psychology ● Abnormal psychology ● Health psychology/Industrial & sports psychology ● Experimental Psychology/ Specific Diagnostic Tests
2		Occupational Therapy Practice	● Human development—Reflexes & reaction maturation, ● Spatiotemporal Adaptations, ● Theoretical Foundation of Human Development ● Play ● Introduction to Clinical Reasoning ● Professional attitude, behaviour, communication & ethics ● Patient centred practice ● Introduction to OT interventions (difference between, treatment models, approaches & techniques) ● Occupational Therapy Frames of references, Approaches & Telerehabilitation ● Prescription, Principles, Designing of orthoses & fabrication of specialized customized splints ● Introduction to Adjunctive Therapies in Occupational Therapy interventions ● Physical agent modalities
3		Occupational Therapy Diagnostics 2	● Work & work assessment ● Assessment of Tone, Coordination, perception, cognition ● Introduction to Clinical Reasoning& Goals ● Collaborative history / information collection ● Documentation of reports / assessments ● Hand Function Assessment (Standardized Tests) ● Introduction and application of ADL scales ● Theoretical understanding of standardized ADL scales

RECOMMENDED TEXT BOOKS/REFERENCE BOOKS:

SEMESTER III

PATHOLOGY

1. Text book of Pathology –Harsh Mohan
2. Basic Pathology-Robbins
3. Pathologic Basis of Disease – Robbins and Cotran
4.. General Pathology – Bhende

MICROBIOLOGY

1. Concise Textbook of Microbiology –Ananthnarayan
2. Concise Textbook of Microbiology –C.P. Baweja
3. Textbook of Microbiology –Nagoba
4.Text books of Microbiology – R. Ananthnarayan& C.K. Jayrampanikar

PHARMACOLOGY

1. Pharmacology for Physiotherapy –Padmaja Udaykumar
2. Pharmacology for Physiotherapist –H. L. Sharma, K. K. Sharma
3. Essentials of Medical Pharmacology – K. D. Tripathi
4. Pharmacology and Pharmacotherapeutics – Dr. R S Satoskar, Dr. Nirmala N. Rege, Dr. S. D. Bhandarka

BIOMECHANICS & KINESIOLOGY

1.Joint Structure and Function –1. A Comprehensive Analysis by C.C. Norkin, P.K. Levangie,
2.Physiology of Joint & Joint motion by Kapandji
3.A. Therapeutic exercise by J. Basmajian
4.Biomechanics of human motion by Williams Lissner
5.Measurement of joint motion: a guide to goniometry by C.C. Norkin & D.J. White
6. Occupational Therapy & Physical Dysfunction by A. Turner

SEMESTER IV

PSYCHOLOGY

1.Introduction to Psychology by C.T. Morgan, R.A. King
2.Developmental Psychology by Hurlock C.
3. Abnormal psychology & modern life by R.C. Carson, J.N. Butcher
4. Experimental Psychology A Laboratory Manual by E.G. Parameshwaran & K Ravichandra

OCCUPATIONAL THERAPY PRACTICE

1.Occupational Therapy Willard & Spackman's
2.An Introduction to Occupational Therapy by A. Turner
3.Occupational Therapy: Practice skills for Physical Dysfunction by L.V. Pedretti
4.Occupational Therapy for Physical Dysfunction by C.A. Trombly.
5.Hand & upper extremity splinting: Principles & methods by E.E. Fess, C. A. Phillips, Gettle K.S., & Jansonj.

OCCUPATIONAL THERAPY DIAGNOSTICS II

1.Occupational Therapy Willard & Spackman's
2. An Introduction to Occupational Therapy by A. Turner
3.Turner Occupational Therapy: Practice skills for Physical Dysfunction by L.V. Pedretti
4.Occupational Therapy for Physical Dysfunction by C.A. Trombly.

Sr No	Semester	Course title	Recommended Topics
1	**Semester V**	General Medicine and Cardiovascular Medicine	• First AID and Emergency Care • Evaluation of CVS & Respiratory system • Diseases of cardiovascular system (basics of CVS diagnostic procedure) • endocrine system, respiratory system, digestive system • Deficiency diseases • Obesity, • Geriatrics & Gerontology, Dermatology, Nephrology, Haematology, Rheumatology • Intensive medical care • common infectious diseases • Laboratory/practical—Diagnostic procedures & interpretation
2		Neurology and Paediatrics	• Neurologic Evaluation • Cerebra-Vascular Accidents • Extra Pyramidal Lesions • Diseases of Muscles • Diseases of peripheral nerves • Cerebellar Disorders • Disorders of cranial nerves • Degenerative and infective Diseases of nervous system • Cerebral lobe dysfunctions • Epilepsy • Headache • Tumours of Brain & Spinal cord & Other malformations • Neuroplasticity and neural repair • Introduction to Radio diagnostics & other investigations pertaining to Neurology • Diagnostic procedures & interpretation **PAEDIATRICS** • Growth and development of Child • Normal development & growth • Sepsis, Prematurity, Asphyxia. Hyperbilirubinemia and birth injuries. • Cerebral Palsy- Medical Management including early intervention. • Epilepsy. • Mental Retardation. • Development al disorders associated with spinal cord

			• Common infection a) C.N.S.& Peripheral Nervous System. • Typhoid, Rubella, Mumps, Measles, Diphtheria, Chikungunya, Malaria, Leptospirosis. • Common diseases of the Respiratory system • Rheumatology, Juvenile R. A. • Nutritional disorders Malnutrition and Vitamin deficiency conditions. • Genetic & congenital disorders
3		Work physiology & Ergonomics	• Concepts and evaluation of physical performance • Physiological consideration of physical performance capacity & • the factors affecting the physical performance • Applied work physiology • Introduction to Ergonomics • Skill psychology, Man and Machine system and Time and Motion studies in Ergonomics • Environment design • Role of OT / Philosophical basis of OT in ergonomics • Detailed Ergonomic Evaluation for employments under organized and un-organized sector
4		OT in Medical condition	**Occupational Therapy management in** • Autoimmune Disorders • Geriatrics • Immune Disorders • Pulmonary Conditions • Cardio Vascular Conditions • Dermatology • HIV • Haematology • Obesity • Infectious Diseases (Bacterial & Viral such as Malaria, leptospirosis, Diphtheria, • Chikungunya, COVID 19, SARS, Dengue, Rabies etc.

1	Semester VI	General Surgery & Orthopaedics	• General Surgery • General Surgery • Plastic Surgery & Reconstructive Surgery • Neurosurgery • Cardiovascular Thoracic Surgery • Common problems of E.N.T & their management • Common Ophthalmological conditions and their management – surgeries for 3rd, 4th, and6th cranial nerve palsies • Common obstetrical and gynaecological conditions and management • Diagnostic procedures & interpretation
2		Psychiatry	• Psychiatric illness • Diagnostic procedures of psychiatric disorders • Personality disorder • Disorders of infancy –Behaviour disorders • childhood & adolescence Disorders –Sensory processing disorders (SPD), Attention deficit hyper active disorders (ADHD), behaviour disorders, Specific Learning Disorders (SLD) • General psychiatry • Geriatric psychiatry
3		OT in Surgical conditions	**Occupational therapy management in** • Burns • Amputation • Tendon Injuries of the hand • Crush Injuries of the hand • Brachial Plexus & Peripheral nerve injuries • Cancer Rehabilitation • Vascular Conditions • Visually impaired • Hearing impaired &Dumb • Plastic Surgery & Reconstructive Surgery • Cardiovascular Thoracic Surgery • Common problems of E.N.T • Common Ophthalmological conditions and their management • Obstetrics & Gynaecology - Antenatal prenatal, postnatal exercises, Aerobic exercises • Mother & child care program • Back care & ergonomics

RECOMMENDED TEXT BOOKS/REFERENCE BOOKS:

SEMESTER V

GENERAL MEDICINE AND CARDIOVASCULAR MEDICINE

1. API- Text book of Medicine, 5th edition
2. Medicine-- P.J. Mehta
3. Principles & Practice of Medicine – Davidson
4. Textbook of dermatology – Dr. Khopkar
5. Medicine for Students Golwalla'
6. First AID and Emergency Care- Harris N.
7. Manual of First Aid- Gupta L.C.

NEUROLOGY AND PAEDIATRICS

1. Essentials of Paediatrics – O.P. Ghai-Inter Print publications
2. Clinical Paediatrics - Meherban Singh
3. Clinical neurology – Roger Bannister
4. Diseases of Nervous system – Walton
5. Clinical Examination in Neurology – Bickerstaff

WORK PHYSIOLOGY & ERGONOMICS

1)Astrand PA, Rodahe K: Textbook of Work Physiology
2) Fitts PM & Posner MI: Human Performance
3) Karen Jacobs: Ergonomics for Therapists
4) Mural KF: Ergonomics – Man in his working environment
5) Mundel: Time and motion study
6) McArdle: Exercise Physiology

OCCUPATIONAL THERAPY IN MEDICAL CONDITIONS

1)Occupational Therapy – Willard & Spackman's
2) O.T. Practice Skills for Physical Dysfunction – Pedretti
3) O.T. in physical Dysfunction – Trombly& Scott
4) Therapeutic Exercise – Kisner
5) Therapeutic Exercise Basmajian
6) Rehab Medicine – Goodgold
7) Hand splitting – Fess, Gettle& Strickland.
8) Pulmonary rehabilitation, guidelines to success – Hodgkin T.E.
9) Physical rehabilitation, assessment, treatment – O'Sullivan

SEMSTER VI

GENERAL SURGERY

1. Short practice of surgery-- Bailey and Love.
2. Textbook of Surgery – Das.
3. Undergraduate surgery - AK Nan.

ORTHOPAEDICS

1.Outline of Fractures –Adams.
2. Outline of Orthopaedics. --Adams.
3. Apley's systems of orthopaedics and fractures by Louis Solomon, 9th edition.
4. Orthopaedics by Dr. Maheshwari.

PSYCHIATRY

1)Ahuja N. – A Short Textbook of Psychiatry (latest edn.) Jaypee Brothers, Medical Publishers.
2) Shah L.P.: Handbook of Psychiatry.
3) Gandhi & Gandhi – Short Text book of Psychiatry.
4) Synopsis of psychiatry- Kaplan.
5) Diagnostic criterion - DSM V.

OCCUPATIONAL THERAPY IN SURGICAL CONDITIONS

1) Occupational Therapy – Willard &Spackman
2) O.T. Practice Skills for Physical Dysfunction – Pedretti.
3) O.T. in Physical Dysfunction – Trombley
4) Therapeutic Exercise – Basmajian.
5) Rehab Medicine – Good gold.
6) Rehabilitation of Hand – Wynn & Parry.
7) Hand – Hunter.
8) Hand splinting – Fess
9) Therapeutic exercise – Kisner.
10) Physical rehabilitation, assessment & treatment – Suzan O' Sullivan

Sr No	Semester	Subject Title	Recommended Topics
1	**Semester VII**	Occupational Therapy in musculoskeletal & hand conditions	Occupational Therapy in • Fractures of upper and lower extremities • Injuries at and around upper and lower extremities joints • Pathological and arthritic conditions of upper limbs lower limbs, vertebral column and spinal cord • Metabolic bone disorders, cumulative work disorders • Sports medicine • Metabolic bone disorders • Congenital musculoskeletal deformities • Neuromuscular deformities in C.P., Post Polio paralysis etc. • Hand injuries & surgeries • Rehabilitation technologies and bioengineering pertained to hand and orthopaedic rehabilitation • Recent advances in upper extremity splinting
2		Advances in Occupational Therapy & rehabilitation	• Introduction to quality and patient safety • Research informed Occupational Therapy practice & clinical reasoning in OT • Translation of research in to practice • OT intervention based on conventional / recent approaches / research evidences • Translation of clinical observation in to research • Professional Ethics & Development • Recent advances in OT ▪ Biofeedback ▪ Virtual Reality ▪ Assistive & adaptive Technology ▪ Telerehabilitation ▪ Robotics ▪ Industrial Rehabilitation ▪ Computer / IT application in rehabilitation/Artificial intelligence ▪ Adjunctive Therapy to O.T Kinesio-taping, Aquatic therapy, Myofascial pain Syndrome management and other pain management, Yoga Therapy, Physical agent modalities in adjunct to Occupational Therapy (PAMOT)
3		Occupational Therapy in Neurological conditions	**Occupational Therapy Assessment & intervention in** • Cerebra-Vascular Accidents • Extra Pyramidal Lesions • Diseases of Muscles, motor neurons,

			neuromuscular junction & peripheral nerves • Cerebellar Disorders • Disorders of cranial nerves • Degenerative and infective diseases of nervous system • Traumatic brain injuries • Spinal Cord Injuries • Tumours of Brain & Spinal cord & other malformations • Seizure disorders • Vestibular dysfunctions • Dysphagia • Cognitive Perceptual Rehabilitation for adults with Neurological disabilities pertaining to them performance area (Functions of ADL, Work, Leisure) • Vision rehabilitation • Neuro-rehabilitation technologies

1	**SEMESTER VIII**	Community Medicine & Sociology	**Community Medicine** • Epidemiology • Health programs in India • Preventive medicine • Nutrition & health • Medicine and social sciences • Environment & health • Environmental Science • Sanitation & Bio waste management • Disaster management • Occupational health • Genetics and health • International health • Introduction to Ayush • BLS, Biomedical waste management, Infection prevention and control, etc **Sociology:** • Social Factors in Health & disease situations • Socialization • Social Groups • Family & Community • Culture & Health • Social change • Social Problems of disabled • Social Security Role of a Medical Social Worker

2		Occupational Therapy in Community Rehabilitation & Public health	**Community based rehabilitation (CBR)** • Concept of Health, Disease & Disability • Environmental Vs. Architectural Barriers Assessment & management • Indian & international guidelines for barrier free environment (Toilet, Kitchen, bed room, Ramp/stairs, public transport facility etc.) • Disability evaluation, management & certification • Psycho-social OT • Driving Rehabilitation for persons with Disabilities • Mobility & seating assessment, prescription of mobility & seating aids & appliances, Wheelchair & seating training & adaptations • Research methodology for community-based studies • Wellness program & Preventive Occupational Therapy • OT in occupational hazards • Disaster management • Organization & Administration
3		Occupational Therapy in Mental health	• Objectives, Theoretic basis & methods of evaluation in Psychiatric OT • Activity analysis & work fitness evaluation • Use of therapeutic media • Current practices in psychiatric OT • Legal psychiatry and disable benefits for persons with mental illness in India • OT in various adult psychiatric conditions • OT in child and Adolescent Mental Health: Sensory processing disorder, ADHD & Specific Learning Disabilities • OT in Geriatric Mental health • Role of OT as a team member in Community Psychiatry • OT in special settings like Jail, Juvenile home etc • Stress Management
4		Occupational Therapy in Paediatric conditions	• Developmental disabilities • Oral motor skills • OT in Neonatal Intensive care unit • Early intervention • Cognitive Perceptual Rehabilitation for children with Neurological disabilities pertaining to them performance area (Functions of ADL, school, Leisure & Play) • Sensory integrative Therapy • NDT in developmental disorders

			• OT in degenerative & genetic disorders • OT in Paediatric oncology
5		Research Methodology & Biostatistics	• Introduction to Research Methodology • Review of Literature & Research Question • Types of research designs • Introduction to Bio-statistics • Basic statistical methods • Descriptive & Inferential statistics • Critical appraisal of scientific paper • Preparation of research proposal • Research methodology for 'case study' in clinical practice • Use of computer & software

RECOMMENDED TEXT BOOKS/REFERENCE BOOKS:

SEMESTER VII

Occupational Therapy in musculoskeletal & hand conditions

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A.
2. Boyt Schell. Published by Lippincott Williams & Wilkins. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins.
3. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby.
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone.
5. Physical Rehabilitation by Susan B. O'Sullivan, Thomas J. Schmitz. Published by F. A. Davis Company. Indian Reprint by Jaypee Brothers.
6. Orthopaedic Physical Assessment by David J. Maggee Published by W. B. Saunders.
7. Therapeutic Exercise by John V. Basmajian& Steven L. Wolf. Published by Williams & Wilkins.
8. Therapeutic Exercise, Foundation & Techniques by Carolyn Kisner& Lynn Allen Colby. Published by F. A. Davis Company. Treatment and Rehabilitation of Fractures by Stanley Hoppen field and Vasantha L. Murthy. Published by Lippincott Williams & Wilkins.
9. Clinical Orthopaedic Rehabilitation by S. Brent Brotzman Published by Mosby.
10. Rehabilitation of the Hand by C. B. Wynn Parry. Published by Butterworths.
11. Ergonomics for therapists by Karen Jacobs. Published by Butterworth Heinemann.
12. Clinical Sports Medicine by Peter Brukner & Karim Khan. Published by The McGraw-Hill Companies.

Advances in Occupational Therapy & rehabilitation

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell. Published by Lippincott Williams & Wilkins.

2. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins.
3. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby.
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone.
5. Physical Rehabilitation by Susan B. O'Sullivan, Thomas J. Schmitz. Published by F. A. Davis Company. Indian Reprint by Jaypee Brothers.
6. Biofeedback: Principles & Practice for Clinicians by John V. Basmajian. Published by Williams & Wilkins.
7. Hunter, Mackin, Callahan's Rehabilitation of the Hand and Upper Extremity by Evelyn Mackin, Anne D. Callahan. Published by Mosby
8. Yogic Exercises, physiologic and psychic processes by S. Dutta Ray. Published by Jaypee Brothers.
9. Physical Agent Modalities: Theory and Application for the Occupational Therapist by Alfred G. Bracciano. Published by Thorofare NJ SLACK Inc.

Occupational Therapy in Neurological conditions

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell. Published by Lippincott Williams & Wilkins.
2. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins.
3. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby.
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone.
5. Physical Rehabilitation by Susan B. O'Sullivan, Thomas J. Schmitz. Published by F. A. Davis Company. Indian Reprint by Jaypee Brothers.
6. Neurological Rehabilitation by Darcy A. Umphred. Published by Mosby
7. Krusen's Handbook of Physical Medicine& Rehabilitation by Frederick J. Kottke, Justus F. Lehmann. Published by W. B. Saunders

SEMESTER VIII

Community Medicine & Sociology

1 Park's text book of Preventive and Social medicine by K. Park. Published by Banarsidas Bhanot.
2 Disabled village children, A guide for Community Health, Workers, Rehabilitation Workers & Families by David Werner. Published by The Hesperian Foundation
3 Handbook Of Medical Sociology for Nursing, physiotherapy and Paramedical Students by Malhotra Varun, Jaypee Brothers Medical Publishers
4 Sociology of Health and Medicine New Perspectives By V. Sujatha. Published by Oxford University Press
5 Sociology and Occupational Therapy: An integrated approach by Derek Jones, Sheena E.E. Blair, Terry Hartery. Published by Churchill Livingstone

Occupational Therapy in Community Rehabilitation & Public health

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell. Published by Lippincott Williams & Wilkins.

2. Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins.
3. Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby.
4. Occupational Therapy and Physical Dysfunction: Principles, Skills and Practice by Annie Turner, Marg Foster, Sybil E. Johnson. Published by Churchill Livingstone.
5. Physical Rehabilitation by Susan B. O'Sullivan, Thomas J. Schmitz. Published by F. A. Davis Company. Indian Reprint by Jaypee Brothers.
6. Atlas of Orthoses and Assistive Devices by Bertram Goldberg, John D. Hsu. Published by F. A. Davis Company.
7. Community Based Rehabilitation by Malcolm Peat. Published by W. B. Saunders
8. WHO International Classification of Functioning manual

Occupational Therapy in Mental health

1. Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell. Published by Lippincott Williams & Wilkins.
2. Occupational Therapy in Short Term Psychiatry by Moya Wilson. Published by Churchill Livingstone.
3. Occupational Therapy in Long Term Psychiatry by Moya Wilson. Published by Churchill Livingstone.
4. Occupational Therapy a Communication Process by G.S. Fiddler and J.W. Fiddler. Quick reference to Occupational Therapy by Kathlyn L Reed. Published by Aspen Publication.
5. Occupational therapy and Mental Health, Principles, Skills and Practice by Jennifer Creek. Published by Churchill Livingstone.
6. Occupational Therapy in Mental Health: Principles and methods, Derek w Scott and Naomi Katz, Published by Taylor & Francis.

Occupational Therapy in Paediatric Conditions

1 Willard and Spackman's Occupational Therapy by Elizabeth Blesedell Crepeau, Ellen S. Cohn, Barbara A. Boyt Schell. Published by Lippincott Williams & Wilkins.
2 Occupational Therapy for Physical Dysfunction by Catherine A. Trombly, Mary Vining Radomski. Published by Lippincott Williams & Wilkins.
3 Occupational Therapy - Practice Skills for Physical Dysfunction by Lorraine Williams Pedretti. Published by Mosby.
4 Occupational Therapy for Children & early intervention by Jane Case-Smith, 2nd,5th & 6th edition, Published by Elsevier – Mosby.
5 Frames of Reference for Pediatric Occupational Therapy by Paula Kramer, Jim Hinojosa Published by Lippincott Williams and Wilkins.
6 Sensory Integration Therapy: Theory & Practice by Anita Bundy, Shelly Lane, Elizabeth M. 2nd edition
7 Occupational therapy for children, P.N Pratt, A.S. Allen 2nd Edition
8 Sensory Integration and the child, Jean Ayres
9 Treatment of Cerebral Palsy and Motor Delay, Sophie Levitt 3rd Edition
10 Physical therapy for children, Campbell 14th Edition
11 A therapist's guide to paediatric assessment, L.K. Thomas, B. J. Hacker 1st Edition
12 Handling the young cerebral palsied child at home, N. R. Finnie 2nd Edition
13 Journey to Empowerment-A Road map for special children, Kavita Shanbag

Research Methodology & Biostatistics

1. Research Methods for Clinical Therapist: Applied project design and analysis by Carolyn Hicks. Published by Churchill Livingstone
2. Methods in Biostatistics: For Medical Students & Research Workers by B. K. Mahajan. Published by Jaypee Brothers
3. Fundamentals of Biostatistics by Veer Bala Rastogi. Published by Ane Books Private Limited
4. Rehabilitation research: principles and applications by Domholdt Published by Elsevier Saunders.

Clinical learning opportunities imparted through the use of advanced techniques (Can also be used for online clinical teaching)

	INTERNSHIP	
		HOURS
1	*Clinical /Field work	922
2	**Reflective Writing (log book)	26
3	***Project Work	45
4	****Transition Seminars/workshop	07
	Total	1000

Total internship hours 1000: 40 hours in a week consisting of 6 days for 26 weeks (6 months) excluding 6 days of public holidays

*** Clinical /Field Work**

Actual clinical work in clinical settings, all hands-on procedures, related to patient care involves chart reviews, patient evaluation, assessments using standardized tools, goal planning, writing and execution of goals, intervention procedures, communication to inter disciplinary teams, patient and family education. Discharge to home, community, assessment for work resumption.

****Reflective Writing**

Documenting the records in the log book which includes evaluation of patients/ clients, goals, intervention plan, the therapeutic procedures of intervention during the clinical field work

*****Project Work**

Presentation of research study conducted on evidence-based practice, attributes to conducting literature review, collecting data during field work, analyzing data & finding results.

******Transition Seminars**

Participation in transition seminars/ workshops and related interaction

A proposed guidelines for 'Clinical Field work and Evaluation

Clinical Fieldwork can be any sort of assessment, intervention to the clientele within the scope of Occupational Therapy practice (like therapy, behavioral intervention, patient and caregiver education/ guidance/ counseling etc), or clinical consultation regardless of the setting (school, hospital, community, home etc) under the guidance of a skilled occupational therapy professional with a minimum of entry level educational qualification.

A sample of clinical assignment card & clinical field work evaluation form is given below. The institution can frame similar comprehensive clinical assignment records of each academic year of the course & evaluation format to evaluate the various professional facets of student as outlined in the minimum professional competencies as well as professional activities (e.g., Seminar evaluation form, evaluation form for journal presentation, evaluation form for case presentation etc…). A minimum of 50% mark / grade can be allotted as an eligible standard to successfully complete the posting in a particular area (like Paediatrics, Orthopaedics, Neurology, mental health etc.)

A) Occupational Therapy Clinical Assignment Card

Name of the student: _____
Semester no: _____

Sr. No.	Place of the assignment	Period of Assignment	Signature Staff	Grade	Remarks

This is to certify that Mr./Ms_____, student of semester……. of Occupational Therapy has successfully completed all the clinical assignments during the academic year _____to_____.

Date: Name and Signature)

Head of the Department/ Principal, O.T College

B) BOT CLINICAL FIELDWORK EVALUATION FORM

A) Demographic Data

Name of the student	
semester	
Placement period	
Placement Area	
Date of Initial Evaluation	
Date of Mid Evaluation	
Date of Final Evaluation	

B) Evaluation

	1) Professional Attitude	**Initial**	**Mid**	**Final**	**Remarks**
i.	Punctuality				
ii.	Uses initiative				
iii.	Personal appearance				
iv.	Relationship with staff (subordinates, peers and seniors)				
v.	Response to criticism				
2) Communication Skills					
i.	Establishes relevant rapport with patient and family				
ii.	Ask Relevant questions				
iii.	Communicates effectively with patients and relatives at appropriate levels				
3) Evaluation and treatment planning					
i.	Obtain relevant data				
ii.	Identifies problems areas to be treated				
iii.	Formulates appropriate treatment procedure - a) Immediate b) Long term				
4) Treatment Implementation:					
i.	Uses treatment techniques appropriately				
ii.	Re-evaluates and upgrades appropriately				
5. Records and Report					

i.	Maintains regular relevant records: (Assessments)				
ii.	Oral communication on: (Evaluation)				
6. Organization & Admin. Ability:					
i.	Accepts responsibility				
ii.	Care of materials				
7. Assignments					
i.	Clinical Practice Files:				
	a) Time of Submission				
	b) Relevant information				
	c) Quality of presentation				
	d) Extra assignments				
ii.	Case presentation				
	a) Time of Submission				
	b) Use of initiative				
Grading: **5** - Excellent **4** - Good **3** - Average **2** - Below average **1** – Poor					

C) Clinical Hours

Max. Clinical Hours	Hours Absent	Hours Made Up	Total Clinical Hours

D) Overall Assessment Rating

Percentage	Recommendation (√ appropriately)
	Passes with 50% & above
	Fails- less than 50%. Posting to be repeated

Date & Signature of Student	
Date & Signature of Staff	
Date & Signature of Principal	

Chapter 6 - List of Tools & Equipment for OT Assessment & intervention

S. No.	List of Equipment (Paediatric Section)
1.	Baby bolster, small bolster, medium bolster
2.	Peanut therapy ball
3.	Small tilt board
4.	Benches– small & medium
5.	Mattresses -medium &Full size
6.	Baby wedge
7.	Large wedge
8.	Standing board – small
9.	Standing board – large
10.	Corner Seater - Tray Combination with Abduction Bar
11.	Walker - small
12.	Corner chair with adaptation of tray & abduction bar
13.	Trolley
14.	Therapy ball small, medium, and big
15.	Toys/rattles/puzzles/educational games/ Table top activities
16.	Exercise mats
17.	Bean Ball/ Bean Shape therapy Ball
18.	Ball Pool (without Balls)
19.	Ball Pool's Plastic Balls *500 no's
20.	Bean Bag
21.	Platform Swing with Adaptation Kit
22.	Flexion Disc
23.	Flying Trapeze
24.	Frog Swing
25.	Junior Nesti Benches
26.	Barrel
27.	Vertical Bolster
28.	Scooter Board
29.	Sling Swing (Lycra with Net)
30.	Trampoline (Round)
31.	T Swing & Tube Swing
32.	Texture Fruits Tree
33.	Tower Ladder - Four Section
34.	Sensory mats
35.	Vibrator
36.	Baby swing
37.	Hammock swing
38.	Tunnel
39.	Weighted cuffs
40.	Trapeze Rod
41.	Tramble Ramp
42.	Posterior walker – small and medium
43.	Trampoline
	List of Equipements (MSK/Neuro. /Hand /Cardio & Psychiatry section)
44.	Jamar Hand Dynamometer
45.	J-Tech (Tracker)

46.	Micro Fret
47.	Temperature Probe
48.	Monofilaments
49.	Goniometer
50.	Purdue Pegboard
51.	Crawford small part dexterity test
52.	Jebson hand function test
53.	Bennet hand tool
54.	O'Connor dexterity test
55.	Box & Block test
56.	Minnesota dexterity test
57.	Volumeter
58.	Finger circumferentiometer
59.	Deluxe pedal exerciser
60.	TENS
61.	2 Speed Massager
62.	Hitachi magic band
63.	Thumbciser
64.	Magnetic peg board
65.	Infra-red temperature scanner
66.	Wrist evaluation kit
67.	Splint dynamometer
68.	Dolorimeter
69.	Wall mounted goniometer
70.	Arthrodial protractor
71.	Vernier calliper
72.	Pneumatic squeeze dynamometer
73.	Weight discriminator
74.	Reaction time apparatus
75.	Steadiness tester
76.	Tremor quantifier
77.	Moberg Pickup test
78.	Tuning fork set
79.	CPM set
80.	Paraffin wax bath
81.	Moist heat therapy
82.	Ultrasound therapy unit
83.	Work hardening set
84.	Stop watch
85.	Common splints, orthosis, and prosthesis
86.	Tools & equipment for splinting
87.	electrical hot water bath tub
88.	electrical oven
89.	Materials for splinting like Aluminium, High & low temperature plastics, padding & harnessing material etc.
90.	Hand exerciser
91.	Pronation supination board
92.	Quads chair
93.	Medicinal balls

94.	Sanding units
95.	Ankle exerciser
96.	Spring balance
97.	Pedo cycle
98.	Bicycle Ergometer
99.	Peg boards – different types
100.	Rowing machine
101.	Finger ladder
102.	Shoulder wheel
103.	Depth perception board
104.	Clay / putty – different resistance
105.	Dumbbells – different weights
106.	Weigh cuffs – different weights
107.	TheraBand – different resistance
108.	Wobble board
109.	Postural mirror
110.	BP instrument
111.	Stethoscope
112.	Treadmill
113.	Coarse blocks
114.	Jig saw puzzles (two piece to multiple pieces)
115.	Simulating activities for psychiatric patients
	List of Equipments (Mobility)
116.	Wheelchair – different types
117.	Walkers – different types
118.	Walking sticks
119.	Quadri pod, tripods
120.	Crutches – different types
121.	Dressing board
122.	Adapted kitchen wares
123.	Reachers
124.	Transfer boards
125.	Mattress

List of items required

Splinting : Brass Handle Scissor, Heat Gun, cutting Pliers, Nose Pliers, Bench Vice,Grinder, Drill Machine and Bit Set, Tin Cutter, Saw, Cast Steel Anvil, Mallet, Adjustable Projector Trolley, Files, Ball Pen Hammer, Water Bath, Wire Cutter, Riveting/Bending Rolling Tool, Small Heating Pan, Merrit Foot Machine, Heavy Duty Shear,All-purpose Snip, Hole Punch, Centre Punch, Metal Scales

Assessment: Sphygmomanometer, LOTCA, Biofeedback, Tuning Fork, Knee Hammer, Replacement Probe Hot/Cold, Visual Choice Reaction Inner, COPM Kit, Dyslexia Adult Screening Test, Movement ABC-2 Complete Set, CSPDT Complete Set, E- MOHO (CD- OPHI-II, CD – Educational Version), Evaluation Tool of Children's Handwriting,TVPS: R Kit, Weight Discrimination, Infant
Toddler Sensory Profile, O'Conner Dexterity Test, DOTCA - CH, Touch Test Sensory Evaluation, BADS C-Kit, Berry Visuo-Motor Integration, TEA CHKIT, Children's Memory Scale Complete Kit.

Chapter 7: Levels of ACOT / AIOTA Accreditation for Occupational Therapy Colleges

Academic council of Occupational Therapy will be accrediting OT colleges / institutions based on the extent and excellence of adherence to the MSOTE guidelines with a grade of 'A', or 'B', or 'C' for accredited institutions; and 'D' for those which are not accredited / disqualified. (Similar to the National Assessment and Accreditation Council [NAAC] of UGC) This accreditation **should be in addition** to the initial recognition by AIOTA to conduct an OT course at an institute.

The aims of such an accreditation are many. Some of them are listed below:

- For the institute, it will be a benchmark for maintaining educational & academic standards
- It will promote healthy competition between OT institutes to improve the education quality
- This system will inform the education standard of OT institutes / colleges to the students & parents

In addition to the MSOTE standards, the following criteria shall be considering for the said accreditation

i. Curriculum details aspects
ii. Teaching-learning and evaluation methods
iii. Research, Consultancy and extension
iv. Infrastructure and learning resources
v. Student support and progression
vi. Governance and leadership
vii. Innovative practices as the basis for its assessment procedure

(Adopted from NAAC)

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