Minimum Standards of Occupational Therapy Education in India

Bachelor of Occupational Therapy

AIOTA
Estd. 1952

AIOTA's Handbook of Minimum Standards of Occupational Therapy Education in India (MSOTE: 2023-24)

Bachelor of Occupational Therapy

Volume 1

AIOTA DRAFT

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

© All India Occupational Therapists Association (AIOTA) 2024

www.aiota.org

All rights reserved. No part of this document may be reproduced in any form or by any means, including photocopying or utilized by any information storage and retrieval system recording, or otherwise, without written permission from the president of AIOTA.

Disclaimer

While the All India Occupational Therapists' Association (AIOTA) makes every effort to present accurate and reliable information on the document, neither AIOTA nor any person associated with the preparation of this document assumes any responsibility for consequences resulting from the use of the information herein, [or from the use of the information obtained at linked Internet addresses,] or in any respect for the content of such information, including (but not limited to) errors or omissions, the accuracy or reasonableness of factual or scientific assumptions, ownership of copyright or other intellectual property rights, and the violation of property, privacy, or personal rights of others. AIOTA is not responsible for, and expressly disclaims all liability for, damages of any kind arising out of the use, reference to, or reliance on such information

AIOTA DRAFT

CONTENTS

Development of Handbook & Acknowledgement…………………………… 5-6

Chapter 1: Introduction to the Handbook…………………………………………………… 7- 20

1.1 Scope and need for Occupational Therapy professionals in the Indian healthcare system
1.2 Learning goals and objectives for Occupational Therapy professionals
1.3 Purpose, scope & Development
1.4 Introduction of new elements in Occupational Therapy education

Chapter 2: Background of the Occupational Therapy profession……….......................... 21 – 33

2.1 Statement of Philosophy
2.2 Definition of Occupational Therapy and Occupational Therapist
2.3 Responsibilities / Activities
2.4 Scope of Practice
2.5 Practice settings
2.6 Professional code of ethics
2.7 Recognition of Title & qualification on basis of carrier progression
2.8 Education of the Occupational Therapist
2.9 Entry requirements
2.10 Course duration
2.11 Job availabilities

Chapter 3: Professional Competency Standards for Entry-Level Occupational Therapists…… 34- 38

Chapter 4: Minimum required educational facilities and resources to conduct an occupational therapy entry-level education………………………………………………………………………………. 39- 57

Chapter 5: Curriculum of Bachelor in Occupational Therapy…………………….........……… 58- 98

5.1 Introduction
5.2 Practical /Demonstrations/ Laboratory work, Supervised Clinical training/Fieldwork & Internship
5.3 Outline of semester credits, syllabus & list of books
5.4 A proposed guideline for 'Clinical Field work and Evaluation

References: ………….........................……………………………………………………… 99- 100

AIOTA DRAFT

Development of Handbook & Acknowledgement

The formulation of handbook of Occupational Therapy curriculum 2023-24 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 2023-24 is formulated primarily based on WFOT -"Entry level Competencies for Occupational Therapists - 2021" and through 'expert opinion methodology'.

A model curriculum handbook for Occupational Therapists was developed and published by AIOTA with a view to standardizing the curriculum of undergraduate and postgraduate education in Occupational Therapy. This handbook serves as a baseline for upgradation and revision considering technological advancements, and global updates, to match the global standards in the field of Occupational Therapy education and practice. This will facilitate the exchange of professional expertise to and fro and will enhance the availability of occupational therapy management as per the international standards and guidelines.

This project was directed by the president of AIOTA and the Dean of the Academic Council of Occupational Therapy (ACOT), in collaboration with the members of the (ACOT) & the members of the executive committee of AIOTA. The AIOTA sought the opinion of professional experts in the field of academics, practice, and research from leading government and private institutions, all over India to constitute a task force committee for Occupational Therapy. These people served as subject experts and redesigned the curricula based on a standardized framework.

The Dean , Academic Council of occupational Therapy, sought curricula from various universities and institutions across the country and abroad and did a comprehensive literature review resulting in a detailed curriculum of the undergraduate and postgraduate Occupational Therapy program, which included competency and skills-based models followed nationally as well as international, methodologies of curriculum development, assessment protocols, and many such aspects of curriculum development. A consensus was built up amongst the task force committee members to include or discard various suggestions by the members and literature review. The final curriculum will be considered as AIOTA's minimum standard of OT education & practice.

A series of meetings (both online and offline) involving subject experts and some officials of the Academic Council of AIOTA was organized at BYL Nair Hospital & LTMM College & Hospital to accomplish the task. The refinement of the content of this document was done with feedback from various independent practitioners and academicians from Occupational Therapy colleges in India. The expert opinion methodology was used to establish additional standards for various elements of student education, including practice education, as may be deemed necessary in the Indian context.

AIOTA DRAFT

Committee: Designing and Concept of the Syllabus

Chairpersons:	Dr Anil Srivastava	
	Dr Pankaj Bajpai	President of AIOTA & Executive Chairman, Academic Council of Occupational Therapy, India
Convener:	Dr. Jyothika Bijlani	Dean, Academic Council of Occupational Therapy of AIOTA, India
Co-conveners:	Dr. Shailaja Jaywant	EC member, Academic Council of Occupational Therapy, India & Sr Faculty, OT School & centre, LTMM College & General Hospital, Mumbai
	Dr Pratibha Vaidya	Vice president AIOTA, Associate professor & Incharge, Occupational Therapy School & Centre, TN Medical College, BYL Nair Ch Hospital, Mumbai, Maharashtra
Members:	Dr Rashmi Yeradkar	Associate professor & Incharge, Occupational Therapy School & Centre, LT M Medical College, LTM Hospital, Mumbai, Maharashtra
	Dr Anurupa Senapati	Asst. Prof and Head Department of Occupational Therapy SVNIRTA, Cuttack, Odisha
	Dr Sujata Missal	Professor & Head of the department Occupational Therapy School & Centre, KHCH, Coimbatore, Tamilnadu
	Dr Vivek Vajaratkar,	Associate Professor, AHSC, Goa Medical College, Goa
	Dr Ruchi Bukshi	Professor & Head of the department Occupational Therapy college, Jamia Hamdard University, New Delhi
	Dr Anna Daniel	Principal, National Institute of Physical Medicine and Rehabilitation Thrissur,Kerala
	Dr Vinith Dani Jose J P	Professor & Head / Vice Principal, College of Occupational Therapy, National Institute of Speech & Hearing (NISH) Trivandrum, Kerala, India.
	Dr Punita V. Solanki	Professor D Y Patil Deemed to be University School of Occupational Therapy, Navi Mumbai, Maharashtra
	Dr Sushant Sarang	Associate professor, Occupational Therapy School & Centre, Seth G S Medical College, KEM Hospital, Mumbai, Maharashtra

Special Thanks to Dr. Lakshmanan S, Executive Editor, IJOT, Dr Mansi Mulye, Assistant Prof. OT School & centre, LTMM College & General Hospital, Mumbai & Dr Rakesh Shitole, Assistant Prof. OT School & centre, LTMM College & General Hospital, Mumbai

AIOTA DRAFT

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 the Academic Council of Occupational Therapy to revise the guidelines for education and career pathways of the Occupational Therapy profession with an 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 who can competently handle sophisticated machinery and advanced protocols are now in high demand. 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. Working autonomously, in multi-professional teams in various settings.

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 enhances their rehabilitation and long-term return to normal life. AHPs also play a significant role in caring for patients who struggle mentally and emotionally in the current challenging environment and require mental health support; and help them return to well-being.

AIOTA DRAFT

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.

AIOTA DRAFT

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-centered approach and the 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-based practice
- 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.

AIOTA DRAFT

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:

- Recognize, clearly articulate, understand and support shared goals in the team that reflect patient and family priorities

AIOTA DRAFT

- 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
- Develop mutual trust within the team to create strong norms of reciprocity and greater opportunities for shared achievement
- Communicate effectively so that the team prioritizes and continuously refines its communication channels creating an environment of general and specific understanding
- 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:

- Describe and apply the basic concepts of clinical ethics to actual cases and situations
- Recognize the need to make healthcare resources available to patients fairly, equitably, and without bias, discrimination or undue influence
- Demonstrate an understanding and application of basic legal concepts to the practice of Occupational Therapy
- Employ professional accountability for the initiation, maintenance and termination of patient-provider relationships
- 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:

- 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
- Demonstrate the quality of being answerable for all actions and omissions to all, including

AIOTA DRAFT

service users, peers, employers, standard-setting/regulatory bodies or oneself

- Demonstrate humanity in the course of everyday practice by virtue of having respect (and dignity), compassion, empathy, honour and integrity
- 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 to ensure clinical productivity and patient satisfaction. They must be able to respond autonomously and confidently 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:

- Act as agents of change and be leaders in quality improvement and service development, so that they contribute to and enhance people's well-being and their healthcare experience
- 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
- Identify priorities and effectively manage time and resources to ensure the maintenance or enhancement of the quality of care
- 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)
- Facilitate themselves and others in the development of their competence, by using a range of professional and personal development skills
- 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

AIOTA DRAFT

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.

AIOTA DRAFT

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

AIOTA DRAFT

- 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 Policymakers

- 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

AIOTA DRAFT

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

AIO DRAFT

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

AIOTA DRAFT

dominant.[11] However it may differ from course to course depending on the professional group.

e) 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

AIOTA DRAFT

	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	Pre recorded 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.

f) 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
- 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

AIOTA DRAFT

courses. It tests the performance and competence in communication, clinical examination, and medical procedures/prescriptions. In occupational therapy, it tests exercise prescription, joint mobilization; 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. Family centre approach & client centre approach

AIOTA DRAFT

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. The occupational Therapist diagnoses the impairments/ dysfunctions based on skillful examination and evaluation regardless of the cause or etiology 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.

DRAFT

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.

AIOTA DRAFT

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

1. Comprehensive Assessment
2. Diagnosis
3. 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 the 'direct delivery' of occupational therapy services, an occupational therapist may also manage other roles like,
- Researcher
- Academician

AIOTA DRAFT

- 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/Centres
    - 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

AIOTA DRAFT

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, and Beneficence among others. Occupational Therapists duly registered with the 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 the 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:

AIOTA DRAFT

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.

AIOTA DRAFT

- 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.

AIOTA DRAFT

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.

AIOTA DRAFT

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.

AIOTA DRAFT

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 the 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
Tutor	BOT with 55 % with minimum 2 yrs experience (for tutorials/ demonstration/ clinical teaching) considered as nonteaching post (Designation as per UGC Norms)	• 2 Conference presentation • Enrolment for MOT

AIOTA DRAFT

Assistant Professor	Fresh MOT-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

AIOTA DRAFT

Table 4 Nomenclature based on career progression in Research

Research (Designation)	Eligibility & Experience	Annual performance based appraisal
Professional Field Worker	Fresh BOT degree	• Investigator's Appraisal/year
Junior Research Fellow	MOT or 5 years of experience as Occupational therapist with BOT degree	• HOD/Investigator's Appraisal/year • 2 Conference presentation • 1 publication during tenure period
Research Fellow	MOT degree -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.

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.

2.8 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

AIOTA DRAFT

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

2.9 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 pathways 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 approaches 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 some hours should be devoted to clinical practice starting from first year and this should be on a continuum of rotation from theory to practice over the program. The aim of 5 years 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.

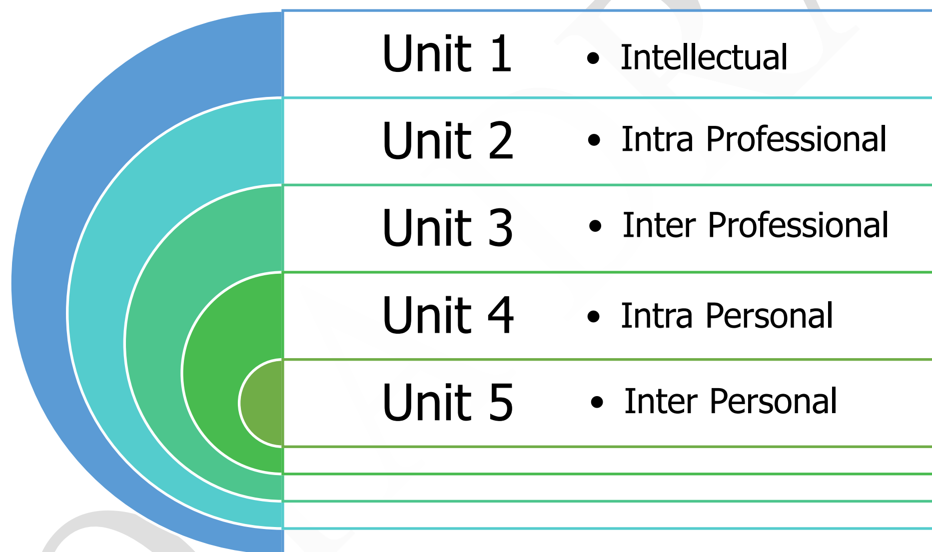
AIOTA DRAFT

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:

AIOTA DRAFT

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

AIOTA DRAFT

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.

Table 3.5 shows the various aspects of interpersonal 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	Theory - Soft

		• 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	skill training and Clinical field work

Th

AIOTA DRAFT

Chapter 4
Educational process, methods, facilities, and resources to conduct an occupational therapy entry-level education

Requirements of Infrastructural, Functional & Equipment and human resource

4.1 The establishment of an Occupational Therapy college–

No person shall establish a college/institute except after obtaining prior permission from the commission.

The following organizations shall be eligible to apply for permission to set up an Occupational Therapy college, namely: -

1) A State Government/Union territory
2) A University and Deemed to be University,
3) An autonomous body promoted by Central and State Government by or under a Statute for the purpose of medical education;
4) A society registered under the Societies Registration Act, 1860 (21 of 1860) or corresponding Acts in States
5) A public religious or charitable trust registered under the Trust Act, 1882 (2 of 1882) or the WAKFS Act, 1954 (29 of 1954).
6) Companies registered under the Company Act may also be allowed to open occupational Therapy colleges.

Occupational Therapy education prepares a person for independent practice and involves extensive clinical training in almost every speciality & super speciality of modern medicine and all other aspects of health care. Henceforth, new occupational Therapy College/institutes can only be established in National Medical Commission (NMC) recognized medical colleges. These colleges/ institutes will need to fulfill the entire essential requirement as following. However, the institute may share common facilities, faculties and infrastructure with the medical college.

4.2 LAND AND BUILDING –

a) If the college is in the premises of NMC permitted/ recognized medical college, no separate land is required. Existing norms of land for medical college will suffice. Besides that the constructed area/Building norms for Occupational Therapy College must be fulfilled as per the requirements mentioned below. In all other cases, the applicant must provide the land details on which the institution will be established for providing Occupational Therapy education. In such cases, the Occupational Therapy College should have an attachment with the medical college & hospital (through signed MOU) in near by vicinity. It should be in the name of the society/ trust/company applying for the same (sale deed/lease/gift deed etc.).

AIOTA DRAFT

b. The applicant Institution / Trust should have a separate independent building for Occupational Therapy College and facilities for clinical training as per the curriculum as prescribed by the commission from time to time.

c. Such a building should be constructed in such a way that there is adequate parking space and recreational area or open space for students as prescribed by the commission.

d. Such a building should have adequate space and should have outpatient Occupational Therapy department, various laboratories as needed, office space, class rooms, a hostel and other ancillary facilities.

e. Minimum exclusive built-up area for such a college should be 35,000 sq.ft.

f. Building should be barrier free accessible to persons with disability and as per NBCI guidelines (National Building Code of India).

g. Building must be recorded on the appellate institute name or if the land is under lease agreement, it must be for at least 10 years

h. Building must have requisite clearances from the respective civic and administrative authorities like Fire NOC, structural stability certificate, land use certificates, etc.

i. Building must have CCTV cameras for CCTV surveillance in every area of common use as can be prescribed.

j. Biometric facility for students and staff, faculty attendance record/documentation buildings with disability friendly and accessible facility

4.3 Occupational Therapy Department/ O.P.D:

A well-equipped OPD facility in the Occupational Therapy department with instruments of all specialties like Musculoskeletal & Hand, Neurology, Paediatric, Cardiorespiratory, sports medicine, Geriatrics, Mental Health and Community should be available at the college premises. A student/ patient ratio of 1:5 should be maintained. In addition to the own Occupational Therapy OPD in the college building (in case of the existing institutions) if required, the College can get attachment (through signed MOUs) to a maximum of 5 Occupational Therapy depts./ OPDs in various hospitals with a minimum 50 patients OPD workload per day. An outpatient department at the tie-up facility cannot be considered as an independent Occupational Therapy OPD/ unit of the college. Besides the Occupational Therapy OPD at the campus, the institute should also start a community/extension centre in nearby rural /semi urban area.

AIOTA DRAFT

4.4 HOSPITAL / HOSPITAL ATTACHMENT –

a. If the college is in the premises of MCI/NMC permitted/recognized Medical College as constituent college, then, there is no requirement for attachment of any other hospital.

b. In all other cases proof of availability of 300 beds own/attached hospital (Government/Private) for clinical training of 60 students shall be furnished (student: Bed ratio of 1:5). The hospital must be within a 20 km radius of the College. College must provide mandatory bus service to the students if the hospital is located more than 1 km away from the College. Within 5 years of application of these Rules, the colleges must have their Own Prescribed Hospital on the college premises.

c. College can be affiliated to maximum five (05) hospitals having indoor and outdoor facility in the following specialties to have cumulative/total bed strength of 300.

Sr No.	**Specialties/ Super specialties Occupational Therapy**
1	Neurology & Neurosurgery
2	Medicine including rheumatology, geriatrics and emergency medicine
3	Surgery including plastic surgery and burns
4	Mental Health
5	Orthopaedics , Hand & Sports Science
6	Paediatric, paediatric surgery and neonatal ICUs
7	Respiratory medicine
8	Cardiology, ICU and cardiothoracic surgery
9	Geriatrics
10	Total bed strength = 300

AIOTA DRAFT

d. Tie up hospitals cannot get attached to more than two colleges. If the affiliated hospital is attached with two colleges, the bed strength must be adequately divided amongst the colleges as per the prescribed student: bed ratio.

e. The affiliated hospital shall provide information regarding any MOU with other colleges, if any & MOU should be for at least five years.

f. The MOU should mention the available clinical specialties, patient loads, and availability of required equipment for clinical training with names and designations of the faculties responsible for the training in the hospital.

g. FACULTY: The college/institute must arrange for occupational therapy faculties for supervision and clinical teaching of students inside the hospital. This can be done either by posting its own occupational therapy faculties in the hospital or making remunerative arrangement for recruiting occupational therapy faculties of the hospital.

h. Hospitals may recruit its faculties of occupational therapy for supervision and clinical training of Occupational Therapy students and supervision of occupational therapy interns with similar eligibility, pay scales, and promotional avenues of occupational therapy institutes.

Occupational Therapy College Building: **Total area: 31,000 sq.ft**

AIOTA DRAFT

4.5 Space requirements for an annual intake of 60 students of B.O.T.

1. Occupational Therapy course can be started by any Medical Teaching College.
2. Along with the course, the college will be expected to start an Occupational Therapy Department to provide Occupational Therapy services to patients and provide clinical experience to students. For this Separate building is recommended
3. The Head of this department will have to be a certified Occupational Therapy practitioner with a minimum of master's degree in Occupational Therapy (Preferably PhD)
4. The faculty of the department of Occupational Therapy will have a dual responsibility of running the clinical work along with conducting lectures and practical for the students.

***ATTACHMENT TO NMC RECOGNIZED MEDICAL COLLEGE IS RECOMMENDED.**

Note: - Facilities like auditorium, canteen and playground could be shared with other the programme conducted in the campus by the same trust / society /educational board under the same university.

	Sr.No.	**Description of clinical/service units/labs**	**Area in sq.ft**
Hospital and other infrastructure facilities	1	Land & building Plot size 0.5acre	Land should be owned by trust or institute and should be earmarked for the institution, The Institution should submit the land papers
	2	Covered area (Including area for lifts, stairs, corridors etc.)	31,000 sq.ft
	3	ADMINISTARTIVE BLOCK	
	4	Reception and waiting hall	500 sq. ft
	5	Principal office with attached toilet	200 sq.ft
	6	Secretariat/ Account office / record room	500 sq. ft
	7	Toilets separate gents & ladies	200 sq. ft
	8	ACADEMIC BLOCK	
	9	Library with reading room, photocopier, internet, computer, Journal room, video cassette.	2000sq. ft
	10	LECTURE THEATER (minimum four in numbers)	2400sq. ft

AIOTA DRAFT

		each lecture theatre 600sq ft @12sq. ft per student, economically designed.	
	11	Labs with demonstration room and HOD	
	12	Anatomy	1000sq. ft
	13	Physiology	1000sq. ft
	14	Hand therapy lab	1500 sq. ft
	15	Functional restoration & Assistive technology lab	1000sq. ft
	16	Work assessment, simulation, and hardening lab	500 sq. ft
	17	Cognitive-perceptual lab & Sensory motor therapy: Neuro OT	1000 sq. ft
	18	Psycho-social remedial lab: OT for Mental Health	1500 sq. ft
	19	Developmental Therapy: Paediatric OT	1000 sq. ft
	20	Sensory Integration Lab	1000 sq ft
	21	Cardio-Pulmonary lab	500 sq ft
	22	Clinical training. OPD Occupational therapy clinic in campus and attached with 200 bedded multi-speciality hospital.	OPD (Occupational therapy) in campus (essential) attached with 200 bedded multi-speciality hospital.
	23	Playground both indoor and outdoor sports facilities should be provided for staff and students.	3000 sq. ft
	24	Auditorium with latest audio	3000 sq. ft
	25	Visual equipment and facilities for LCD display	
	26	Common room separate common room for boys and girls 500 each.	1000 sq. ft
	27	College canteen	1000 sq. ft
	28	Toilet for staff/ students separate for gents & ladies	300 sq. ft
	29	Electricity	Continuous electricity supply stand by- UPS/ generator
	30	Water supply	Safe drinking water
	31	Communication facilities	Telephone and Fax/ email etc.

AIOTA DRAFT

	Sr.No.	Description of clinical/service units/labs	Area in sq.ft
Area Description of Clinical/Service Units/Labs in OT Dept.	1	Musculoskeletal and Hand Rehabilitation Lab	400
	2	Neurological Rehabilitation Lab	400
	3	Sensory motor Therapy unit	500
	4	Splinting/Assistive Technology Clinic/Lab	250
	5	Psychosocial Remedial Lab	500
	6	Activities of Daily Living Unit	500
	7	Work & functional Restoration Lab	400
	8	Standard Evaluation Lab	200
	9	Cognitive-perceptual therapy unit	400
	10	Sensory Integration Therapy unit	700
	11	Skill Lab	1500

4.6 Machinery & Equipment Requirements :-Occupational Therapy Department

	Sr.No.	Equipments	Required Quantity
Hand therapy lab:	1	Jebson Taylor Hand Function Test	01
	2	Purdue Pegboard Test	01
	3	Pinchometer	01
	4	Dynamometer	01
	5	Isolated finger exerciser	01
	6	Grip exercisers	01
	7	Craw ford small part dexterity test	01
	8	Minnesota test of hand functions	01

	Sr.No.	Equipments	Required Quantity
Functional restoration & Assistive technology lab	1.	Functional assessment kit for ADL	01
	2.	Ergonomically devised adapted equipment for home, work place and leisure	01
	3.	Self-help adapted equipment	01
	4.	Wheelchair modifications	01
	5.	Mobility aids	04
	5.	Electrical Drill machine	01
	6.	Sewing Machine	01
	7.	Heat Bath	01

AIOTA DRAFT

Work assessment, simulation, and hardening lab: (Community-based and Industrial rehab)	Sr.No.	Equipments	Required Quantity
	1.	Tailoring equipment	01
	2.	splint Tools & material	01
	3.	Computer	02
	4.	Driving rehab equipment	01
	5.	Work sample tests	01
	6.	Staircase	01

Cognitive-perceptual lab & Sensory motor lab: (Neuro OT	Sr.No.	Equipments	Required Quantity
	1.	Cognition & Perception Testing Batteries	01
	2.	Sensory Assessment Kits	01
	3.	Balance Assessment Tools	01
	4.	Neuro-therapeutic modalities	01
	5.	Stability Trainers	01

Psycho-social remedial lab: (OT for Mental Health)	Sr.No.	Equipments	Required Quantity
	1.	Reaction time machine	01
	2.	Tests for fine motor skills and motor accuracy	01
	3.	Psychomotor activities	01
	4.	Indoor and Outdoor Games	01
	5.	Cognitive Retraining activities	01

Developmental Therapy lab: (Pediatric OT)	Sr.No.	Equipments	Required Quantity
	1.	Cerebral Palsy Chairs	05
	2.	Floor Mats	04
	3.	Play types of equipment	Lots
	4.	Vestibular-Proprioceptive equipment	01
	5.	Puzzles/Books	Lots
	6.	Fine-motor Games	Lots
	7.	Art activities	Lots
	8.	Perception assessment tools	01

Cardiovascular Lab	Sr.No.	Equipments	Required Quantity
	1.	Basic tools of assessment for Cardio-pulmonary parameters	01
	2.	Bicycle Ergometer	01
	3.	Treadmill	01

AIOTA DRAFT

	4.	Fat pad measurement tools	01
	5.	Spiro meter	01

General Equipments:	**Sr.No.**	**Equipments**	**Required Quantity**
	1.	Gonio meters	05
	2.	Wobble Board	02
	3.	Exercise mattress (Large)	02
	4.	Exercise Mattress (Small)	02
	5.	Wall Bar	01
	6.	Slings and ropes (suspension apparatus)	01
	7.	Parallel Bars	01
	8.	Medicine Balls	02
	9.	Tilt Table	01
	10.	Axillary crutches (Adult & Pediatrics)	02 each
	11.	Wheel chair (Big and Small)	02
	12.	Walker (Adult and Baby walker)	02 each
	13.	K-Walker (Adult and baby)	02 each
	14.	Shoulder ladder	02
	15.	Wrist roller	01
	16.	Static cycle (Bicycle fretsaw)	02
	17.	X-ray viewer	01
	18.	Rowing machine	02
	19.	Elbow crutches	02
	20.	Mattress for mat exercise	02
	21.	Posture examining device	01
	22.	Pelvic level device	01
	23.	Pelvic traction kit	01
	24.	Cervical traction kit	01
	25.	Weighing machine	01
	26.	De-Lorme's Metal Weight Shoe	01
	27.	Shoulder pulley, ladder, wheel	01
	28.	Joggers (Manual Treadmill machine)	01
	29.	Quadriceps springs	01
	30.	BP apparatus	01
	31.	Skinfold calipers	01
	32.	Walking stick adjustable	02
	33.	Tripod stick adjustable	02
	34.	Vestibular ball (cotton)	02
	35.	Torch	02
	36.	Tendon hammer	02
	37.	Handgrip dynamometer	01
	38.	Multi exerciser	01
	39.	Physio roll 34 inches	01
	40.	Examination Table	05
	41.	Dumbbells	10
	42.	Weights	09 pairs

AIOTA DRAFT

	43.	Weight bars with weight pans	2+2+2
	44.	Sand bags	10
	45.	Peak flow meter	01
	46.	Therabands	04
	47.	Full length mirror	01
	48.	Inclined & horizontal sand boards	05
	49.	Sand blocks, weights, and pulleys	05
	50	Peak flow meter	01
	51	Full length mirror	01
	52	Inclined & horizontal sand boards	05
	53	Sand blocks, weights, and pulleys	05

- List of Tools & Equipment for OT Assessment & intervention

S. No.	List of Equipment (Paediatric Section includes Sensory integration equipments)
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
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 & Platform swing
32.	Texture Fruits Tree
33.	Tower Ladder - Four Section
34.	Sensory mats

AIOTA DRAFT

35.	Vibrator
36.	Baby swing
37.	Hammock swing
38.	Tunnel
39.	Weighted cuffs
40.	Trapeze Rod
41.	Tremble Ramp
42.	Posterior walker – small and medium
43.	Trampoline
44.	Sensory Garden (In the institute campus in the natural Environment)
45.	Auditory & visual sensory room
	List of Equipements (MSK/Neuro. /Hand /Cardio & Psychiatry section)
46.	Jamar Hand Dynamometer
47.	J-Tech (Tracker)
48.	Micro Fret
49.	Temperature Probe
50.	Monofilaments
51.	Goniometer
52.	Purdue Pegboard
53.	Crawford small part dexterity test
54.	Jebson taylor hand function test
55.	Bennet hand tool
56.	O'Connor dexterity test
57.	Box & Block test
58.	Minnesota dexterity test
59.	Volumeter
60.	Finger circumferentiometer
61.	Deluxe pedal exerciser
62.	TENS
63.	2 Speed Massager
64.	Hitachi magic band
65.	Thumb scissor
66.	Magnetic peg board
67.	Infra-red temperature scanner
68.	Wrist evaluation kit
69.	Splint dynamometer
70.	Colorimeter
71.	Wall mounted goniometer
72.	Arthrodial protractor
73.	Vernier caliper
74.	Pneumatic squeeze dynamometer
75.	Weight discriminator
76.	Reaction time apparatus
77.	Steadiness tester
78.	Tremor quantifier
79.	Moberg Pickup test
80.	Tuning fork set
81.	CPM set
82.	Paraffin wax bath
83.	Moist heat therapy
84.	Ultrasound therapy unit

AIOTA DRAFT

85.	Work hardening set
86.	Stop watch
87.	Common splints, orthosis, and prosthesis & adaptive devices for UE, LE & Spine
88.	Tools & equipment for splinting
89.	electrical hot water tub
90.	electrical oven
91.	Materials for splinting like Aluminum sheets, High & low temperature plastics, padding & harnessing material etc.
92.	Hand exerciser
93.	Pronation supination board
94.	Quads chair
95.	Medicine balls
96.	Sanding units
97.	Ankle exerciser
98.	Spring balance
99.	Pedi cycle
100.	Bicycle Ergometer
101.	Peg boards – different types
102.	Rowing machine
103.	Finger ladder
104.	Shoulder wheel
105.	Depth perception board
106.	Clay / putty – different resistance
107.	Dumbbells – different weights
108.	Weigh cuffs – different weights
109.	TheraBand – different resistance
110.	Wobble board
111.	Postural mirror
112.	BP instrument
113.	Stethoscope
114.	Treadmill
115.	Coarse blocks
116.	Jig saw puzzles (two piece to multiple pieces)
117.	Simulating activities for psychiatric patients
	List of Equipments (Mobility)
118.	Wheelchair – different types
119.	Walkers – different types
120.	Walking sticks
121.	Quadri pod, tripods
122.	Crutches – different types
123.	Dressing board
124.	Adapted kitchen wares
125.	Reacher
	Transfer boards
126.	Mattress

Community Occupational Therapy Laboratory:

Sr.No.	Items	No.
1	Weighing machine	Two
2	Baby weighing machine	Two

AIOTA DRAFT

3	Skin fold calliper	4 sets
4	Goniometer	4 sets
5	Height measuring stand	Two
6	Vehicle for transport of students / interns and staff to community visits	One
7	Adaptive devise & some common splints	1 each

Equipment for Skill Laboratory:

Sr.No.	Items	No.
1	Work Simulator	One set
2	Driving Simulator	One set
3	Mannequins	2
4	Virtual Reality station	1 set
5	Robotics	1 set
6	Adapted kitchen, washrooms, Home appliances & devices	One set of each
7	Aqua pool	one
8	Equipment for additive & adductive Therapies	0ne each
9	Proping Bed, Couch, Bandages, Tapes, Thera bands, spine boards, Bolsters, Mats	1 set each

***Skill Laboratory is mandatory for simulated training: The requirements of high-tech equipment for the skill laboratory may be filled in phases.**

List of other items required:

Furniture & Fixtures: Tables, Chairs (classroom/office), Cupboards, Pin- up Board, Notice Board, Treatment Plinth Low/ High, Revolving Stools, Lockers, Storage cabinet, Examination Table or couch, Screens, Foot Step, Stools, Biomedical Waste storage area

Teaching Aids: Skeleton and stand, X-ray lobby viewing box, Hand Splinting set, Orthosis set, Prosthesis Set, Adaptive Device Set

Splinting material/tools: 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, Aluminium

AIOTA DRAFT

sheets, Thermoplastic sheets, Adhesive & padding materials.

Assessment tools: 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.

Library:

Item	Requirement
Text Books As per syllabus one copy of Book per 10 students per subject.	600-700
Reference books	300 Advanced Books As per requirement
Journals	At least four international and four national journal
Subscription to electronic data base/e-journals	Required
Mandatory Internet facility Access to e-library Equipment	Minimum 15 computer terminals for 60 students

DEPARTMENT LIBRARY

<table>
<tr><td rowspan="2">Text Books
For issuing &
Reference</td><td>Latest editions of all the books of all subjects
(List of Recommended books given in syllabus)</td></tr>
<tr><td>Adequate as per the number of student's intake capacity</td></tr>
<tr><td>Journals</td><td>• 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</td></tr>
</table>

AIOTA DRAFT

	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

AIOTA DRAFT

4.7 Human Resource Requirements

1. **Occupational Therapy FACULTY [core}:**
   Minimum basic qualification and teaching experience required for teachers

Designation	Qualifications	Research Experience
Director/Dean/Principal/ Professor	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 (The senior most professor will be appointed as HOD)	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 of OT	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)	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	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	Masters in OT with minimum 55% marks & BOT from AIOTA accredited OT College	--
Tutors	BOT with minimum 55% marks, BOT from AIOTA-accredited OT College & 2 yrs experience	-----

AIOTA DRAFT

2. Teachers of Pre, Para and Clinical/Medical Subjects*:

Visiting Faculty

1. Anatomy
2. Physiology
3. Biochemistry
4. Psychology
5. Sociology
6. Pharmacology
7. Medicine
8. Pediatrics
9. General surgery
10. Neurology
11. Psychiatry
12. Orthopedics
13. Obstretics & Gynec
14. PSM
15. Cardiology
16. ENT
17. Plastic surgery
18. Ophthalmology
19 Biostatistics

Teachers of Specialty Medical Subjects:

These Teachers should be necessarily Post Graduates in specialty Subjects preferably attached to NMC Recognized Medical College. These teachers can be part-time or external teachers. A photo declaration should be given by part-time teachers indicating their willingness/to work at the said Institution and declaration of working with other colleges.

*** It is recommended to have Biometric Attendance of all staff.

The qualifications of

a) Anatomy, Physiology, Biochemistry, Pathology, Microbiology, Pharmacology Orthopaedics, General Medicine, General Surgery, Neurology, Neurosurgery, , Pediatrics, Obstetrics and gynecology, Cardiology, Cardiac surgery, Plastic surgery, Physical Medicine and Rehabilitation - MD/MS/ MSc,/PhD./DM/M.Ch. in respective specialty

AIOTA DRAFT

b) Prosthetics and orthotics , Psychology &Sociology, Biostatistics – post graduate with 55% marks in respective subject or

c) English, Computer Applications: post graduate with 55% marks in the respective subject

*Staff for pre-clinical/paraclinical, clinical/Medical Subjects can be appointed on fulltime or part time basis as guest/part time faculty

3. Staffing Pattern – Teaching & Non-Teaching Staff

It is recommended that a core faculty and student ratio of 1:3 for PG and for UG 1:10 to be followed.

***The size of student intake should be in proportion to the number of OT faculties (10:1)**

Note :- Each faculty should not take more than (02) lectures per day

Qualification & Experience of Staff in the Occupational Therapy Course: -
As per UGC Regulation on Minimum Qualification for appointment of teachers and other Academic Staff in Universities and Colleges.

<u>Core Teaching Staff for institutions</u>

	Upto30 Seats	**31-40 seats**	**41-50 seats**	**51-60 seats**	**60-100 Seats**
Before the start of 1st year of BOT course	Professor –	Professor – 1	Professor –1	Professor – 1	Professor – 1
	Assoc. Prof.-1	Assoc. Prof.-2	Assoc. Prof.-2	Assoc. Prof. –2	Assoc. Prof. –2
	Asst. Prof. –3	Asst. Prof. –4	Asst. Prof. –5	Asst. Prof. – 6	Asst. Prof. – 8
Before the start of 2nd year of BOT course	Professor – 1	Professor – 2	Professor –2	Professor – 2	Professor – 3
	Assoc. Prof.-1	Assoc. Prof.-3	Assoc.Prof-3	Assoc. Prof. –4	Assoc. Prof. –6
	Asst. Prof. –4	Asst. Prof. –7	Asst. Prof.- 10	Asst. Prof. – 12	Asst. Prof. – 14
Before the start of 3rd year of BOT course	Professor – 1 Assoc. Prof. – 3 Asst. Prof. – 7	Professor -2 Assoc. Prof. – 3 Asst. Prof. – 9	Professor – 3 Assoc. Prof. – 6 Asst. Prof. – 10	Professor – 3 Assoc. Prof. – 6 Asst. Prof. – 12	Professor – 4 Assoc. Prof. – 8 Asst. Prof. – 14
Before start of 4th year of BOT course	Prof– 1	Prof- 2	Prof- 3	Prof- 3	Prof- 4

AIOTA DRAFT

	Assoc.Prof. –3 Asst Prof- 8	Assoc Prof. –4	Assoc Prof. – 6	Assoc. Prof. –6	Assoc. Prof. – 8
		Asst Prof- 10	Asst. Prof.-11	Asst.Prof- 14	Asst.Prof- 16

Adjunct and Visiting Faculty: Institutions may appoint additional Faculty Members from abroad with equivalent qualifications as Adjunct or Visiting Faculty on part time basis

Non-teaching staff:

Sr. No	Posts	Number
1	Clinical Occupational Therapist	6
2	Librarian	1
3	Asst. Librarian	1
4	Office Superintendent	1
5	Accountant	1
6	Office Assistant Clerk	1
7	Lab Attendants	4
8	Peon/Sweepers/Cleaners	as per the requirement

AIOTA DRAFT

CHAPTER 5

Curriculum
Bachelor of Occupational Therapy
(5 years program)

AIOTA DRAFT

Chapter 5: Curriculum of Occupational Therapy courses

Bachelor of Occupational Therapy

5.1 Introduction:

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

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

1. Able to examine, evaluate, diagnose, plan, execute and document occupational therapy treatment independently or along with a 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 the 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

AIOTA DRAFT

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.

AIOTA DRAFT

Eligibility for admission:

Selection procedure:

1. He/she has passed the Higher Secondary (10+2) or equivalent examination by recognised any Indian board or a duly constituted Board with pass marks and (50%)in aggregate of physics, chemistry and biology(botany & zoology),
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 4 subjects with any of the following group subjects with pass marks (min.50% marks).
   a. English, Physics, Chemistry, Botany, Zoology
   b. English, Physics, Chemistry,and Biology
4. He/she has attained the age of 17 years as on - current year
   1. He/she has to furnish at the time of submission of application form, a certificate of Physical fitness from a registered medical practitioner to the effect, that the candidate is physically fit to undergo bachelor of Occupational Therapy program
   2. For pursuing BOT a candidate with locomotor disability should have disability less than 50% and for visual and speech and hearing disability a candidate should have disability percentage less than 40 %.
   3. The following with locomotor disability shall not be eligible for the BOT program - involvement of both upper limb, involvement of dominant upper limb more than 50 % involvement of spine , more than 50 % involvement of lower limb
5. Admission to Bachelor of Occupational Therapy 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 University Entrance admission test or can be admitted through NEET
   a. Entrance test, to be conducted by the university/Government/any Competent Authority 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.

AIOTA DRAFT

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: 5 yrs (4+ 1yr internship)

Annual Pattern: 4 years [40 weeks per year) (39 hr /week x 40 weeks)

Academic training, excluding internal and university examination, extracurricular activities,, Public Holidays and Vacations

or

Semester Pattern: 8 semesters + 2 semesters of Internship (8 semesters x 20 weeks per semester) (39 hr /week x 20 weeks)

Academic training, excluding internal and University examination, extracurricular activities, Public Holidays, and Vacation

Teaching Hours: 780 hrs per semester. Total of 6240 hours for 8 semesters/ 4yrs annual pattern)

Internship: 01-year (52 WEEKS) full-time rotatory internship program.
A minimum of 1944 hours of internship (to be completed in 52 weeks).

Total hours – 8184 includes classroom teaching (didactic lecture, case study discussion, seminars, small
group presentation in the presence of teacher), Practical, Tutorials Laboratory work & Clinical learning)

Medium of instruction:

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

EDUCATIONAL METHODS

AIOTA DRAFT

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.

The teaching methods will adopt competency-based learning for the students. Apart from classroom teaching (contact hours), self-learning will be facilitated to make a graduate a lifelong learner. Harnessing the technological advancements, hybrid or Virtual learning by using mannequins, simulators, videos, online classes and other methods will be adopted.

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 :

The Continuous Internal Assessment (CIA) forms the Formative Assessment component of the evaluation system while the end year examination as explained along with the formative assessment will become the summative 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 shall be 50% marks in theory and 50% in practical. Candidate has to pass both theory and practical separately. If a candi- date fails in practical or theory exam only s/he must have to appear in both theory and practical exam again.

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 (in semester pattern)

or

Annually (In Annual Pattern)

AIOTA DRAFT

Marks qualifying for pass -

50% marks in aggregate in theory and Practical is required.

Promotion criteria -

Promotion criteria for 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. Students 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 in all the subjects in all semesters / all years, he/she will be allowed to undergo an 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 forreadmission
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 ofstudy
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 in the 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 ten 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

AIOTA DRAFT

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.

AIOTA DRAFT

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 the 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 an 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
B (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			

AIOTA DRAFT

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

Credit and grading And Transcript

Credit: A unit by which the course work is measured. It determines the number of hours of instructions required per week. One credit is equivalent to one hour of teaching (lecture or tutorial) or two hours of practical work/field work per week.

Credits will be assigned on the basis of the lectures (L) / tutorials (T) / Clinical Training (CR) / laboratory work (P) / Research Project (RP) and other forms of learning in a 15-20 week schedule

L - One credit for one hour lecture per week (1 credit course = 15 hours)

P/T - One credit for every two hours of laboratory or practical (1 credit course = 30· hours)

CR - One credit for every three hours of Clinical training/Clinical rotation/posting (1· credit course = 45 hours)

RP - One credit for every two hours of Research Project per week –

Max Credit 20-· 25 (1 credit course = 30 hours) Credit Point: It is

the product of grade point and number of credits for a course.

Grade Point: It is a numerical weight allotted to each letter grade on a 10-point scale.

Letter Grade: It is an index of the performance of students in a said course. Grades are denoted by letters O, A+, A, B+, B, C, P and F.

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):

The following procedure should be used to compute the Annual Grade Point Average (AGPA) and Cumulative Grade Point Average (CGPA):

i. The AGPA is the ratio of sum of the product of the number of credits with the

AIOTA DRAFT

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 by a student

ii. The CGPA is also calculated in the same manner taking into account all the courses undergone by a student over all the years of a pro- gram, i.e.

$$CGPA = \sum(C_i \times S_i) / \sum C_i$$

where S_i is the SGPA of the ith years and C_i is the total number of credits in that year.

iii. The AGPA and CGPA shall be rounded off to 2 decimal points and reported in the transcripts.

A student getting 'C' or lower grade in any course in this discipline will be treated as having failed in that course and The weights of 'C' and lower Grades will not be counted in AGPA or CGPA

Annual Grade Point Average (AGPA): It is a measure of performance of work done in a year. It is ratio of total credit points secured by a student in various courses registered in a year and the total course credits taken during that year. It shall be expressed up to two decimal places.

Cumulative Grade Point Average (CGPA): It is a measure of overall cumulative performance of a student overall years. The CGPA is the ratio of total credit points secured by a student in various courses in all year and the sum of the total credits of all courses in all the year. It is expressed up to two decimal places.

5.2 Practical / 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.
- Fieldwork placement should be of sufficient duration to allow integration of theory with practice. The number of students placed at the fieldwork site should be in proportion to the number of available.

patients.

AIOTA DRAFT

ELECTIVE SUBLJECTS: It is proposed to allow students during 4th year of BOT to elect their choice of area of speciality which they would wish to practice after graduation or do post graduation in that speciality area.

Guidelines for Electives Module for Competency Based Undergraduate Curriculum for Occupational Therapy

INTRODUCTION

Elective can be defined as a brief course made available to the learner during his/her occupational therapy undergraduate study period, where the student can choose from the available options depending upon their interest and career preferences. It is an integral part of Competency Based Education Curriculum. Electives are learning experiences, which are student centric and created in the curriculum itself to provide opportunities for the learner to explore, discover and experience areas or streams of interest in their profession.

It provides diverse opportunities to the students apart from the traditional learning process and creates a pathway for exploring and developing new fields of study

PURPOSE OF ELECTIVES

1. **Customization**: Elective courses allow students to tailor their educational experience to their interests, strengths, and career goals.
2. **Diversification**: Elective courses help students develop a well-rounded education by exposing them to a variety of subjects beyond their major or core requirements.
3. **Specialization**: Elective courses can also allow students to delve deeper into specific topics within their field of study.
4. **Flexibility**: Elective courses provide students to choose courses that fit their interests, learning style.
5. **Personal growth**: Elective courses can help students develop new skills, discover new passions, and grow both academically and personally.

OBJECTIVES

1. To provide an opportunity, where an undergraduate occupational therapy student can explore their deeper interest areas, by working in a specialty in hospital/ community setting or undertake a project under an identified expert.

2. To help the student in identifying his/her/their future career path by direct experiences in diverse areas. A direct individual experience will help in developing self-directed learning skills.

3. To allow flexible learning options in the curriculum and may offer a variety of options including clinical electives, laboratory postings or community exposure in areas that students are not normally exposed as a part of regular curriculum.

4. This will also provide opportunity for students to do a project, enhance self-directed learning, critical thinking and research abilities.

AIOTA DRAFT

GUIDELINES FOR THE FORMATION OF ELECTIVES

1. STRUCTURE

1.1 One month is designated for elective rotations after completion of the examination at end of semester VII and before commencement of semester VIII for semester pattern and during mid term break of Final BOT in the annual pattern

1.2 It is mandatory for learners to do an elective. The elective time should not be used to make up for missed clinical postings, shortage of attendance or other purposes.

1.3 The learner shall rotate through two electives each of 02 weeks duration.

1.4 Elective 1 shall be done in any one of the areas relating to OT in musculoskeletal, Neurology or paediatrics area.

1.5 Elective 2 shall be done in any one of the areas relating to mental health or community based rehabilitation.

1.6 Both will be from a list of electives developed and available in the institution.

1.7 During the electives, there will be no regular clinical postings.

1.8 Institutions will pre-determine the number and nature of electives, names of the supervisors, and the number of learners in each elective based on the local conditions, available resources and faculty.

2. Each institution will develop its own mechanism for allocation of electives.

3. It is preferable that the list of elective choices are made available to the learners in the beginning of the academic year.(Final BOT / semester VII).

4. The learner must submit a learning log book based on both the electives.

5. Attendance in the electives should be minimum 75% and submission of log book maintained during elective postings is required for eligibility to appear in the final BOT / Semester VIII university examination.

6. Both electives 1 & 2 should preferably run concurrently during (after completion of 3rd year BOT/Mid Term Break in Final BOT).

7. The salient features of each Elective and their differences are summarised in Table 1.

AIOTA DRAFT

Table 1: Salient features of Elective 1 and Elective 2

	Elective 1	Elective 2
When	After completion of 3rd year BOT/Mid Term Break in Final BOT	Before commencement of Final year BOT/ Mid Term Break in Final BOT
Duration	2 weeks	2 weeks
Focus of electives	OT in Musculoskeletal, Neurology and Paediatrics field	OT in Mental health/Oncology, Community Based Occupational Therapy

Nature of learning	Supervised Experiential Immersive Self-directed	Supervised Experiential Immersive Self-directed
Regular clinical postings	Will not be offered	Will not be offered
Attendance	Mandatorily 75% attendance is required as prerequisite to be allowed to take part in Final BOT summative examination	Mandatorily 75% attendance is required as prerequisite to be allowed to take part in Final BOT summative examination
Assessment	Formative Record of activities in log Book to be submitted as prerequisite to be allowed to take Final BOT summative examination	Formative Record of activities in log Book to be submitted as prerequisite to be allowed to take Final BOT summative examination
Out of institution experience	To be decided by Institute	To be decided by Institute
Out of city or state experience	To be decided by Institute	To be decided by Institute

PLANNING THE LEARNING EXPERIENCE

The first step in the process is to plan the learning experience. Given the diversity of electives, there will be some variation in the content, style and degree of learning.
Each elective should have the following

1. defined learning objectives,
2. an identified preceptor responsible for guiding the student,
3. a pre-published timetable of activities identified for the learner during the elective,
4. list of learning resources for the learner to be used during the elective,
5. provision to be part of the team to obtain an immersive learning experience
6. prerequisites, if any, to be completed before joining the elective,
7. defined formative assessments with appropriate requirements for log book entry
8. program evaluation by the stakeholders.

A template for planning learning experiences is provided in Table 2.
Example of learning experiences for each of elective 1 and elective 2 in the template are found in Annexure 1.

Table 2: Template for planning learning experiences in electives

Elective 1 / 2	
Name of Elective	
Location of facility	
Name of internal preceptor(s)	
Name of external preceptor (if any)	
Learning objectives of the elective	
Number of students that can be accommodated in this elective	
Prerequisites for elective (if any)	
Learning resources for students	

AIOTA DRAFT

List of activities in which the student will participate	
Log book entry required	
Assessment	
Other comments	

IDENTIFYING LEARNING EXPERIENCES

To ensure that there is an immersive learning experience and greater attention to the learner, each preceptor identified must be tagged with only a minimum number of students. Therefore, it is important to identify a sufficient number of preceptors and resources in the institute. Input from both faculty and students can be sourced to identify electives that are feasible and desired.

Student-initiated external rotations may be permitted as long as they do not violate institutional rules and confirm with the broad principles outlined. Rotations outside the city will require prior permission from the respective Council / University.

Examples of elective 1 and elective 2 are provided in Table 3.

Table 3 Examples of Elective 1 and Elective 2 learning experiences

Elective 1	Elective 2
Haemophillia Management	Access
Sports Rehabilitation	Community-Based Rehabilitation
Cognitive Perceptual Rehabilitation	Ergonomics in Hospital Set-Up
PreSchool and School OT	Gericare
Diabetic Foot care	Virtual Reality
Advanced Pre prosthetic and Prosthetic Management	Aqua Therapy
Early Intervention	Robotics
Sensory Integration Therapy	Driving Rehabilitation
Neurodevelopmental Therapy	Assistive Technology
Back School	Deaddiction
Hand therapy	Obesity Management
OT in Neonatology	Stress Management
Trauma care	Oncology Rehabilitation

STUDENT COUNSELING AND ALLOCATION OF ELECTIVES

The list of available learning experiences for each elective and the names of preceptors for each should be available to students on the institutional notice board at least three months before the commencement of the electives. A process for submitting applications for both electives with choices should be made available to the students. Written information on each learning experience must be available for students to examine and make an informed choice.
A counselling session with faculty mentors to help students choose electives is desirable.

The faculty mentors must ascertain a student's expectation from the electives he/she has chosen. Students must also be made aware of the rules regarding attendance, work schedule, documentation and assessment requirements for each elective. The allocation of electives may be done based on student choice and availability of rotation by faculty who have been identified to be in-charge of the electives program, for

AIOTA DRAFT

each elective.

EXTERNAL INSTITUTIONS

1. The need to provide a broad diverse experience for students, colleges can enter into agreements with external institutions within the country to accommodate students for undertaking an elective experience in both elective 1 and elective 2.
2. There should not be any conflict with the rules and policies of the council/ University, the college of the student and the institution identified and the conditions outlined above.
3. A local preceptor or faculty who can liaise with the external preceptor will help to solve problems and ensure smooth conduct of the elective.

STUDENT SAFETY

In each of these electives especially in those involving external rotations, safety of the student should be paramount. Rotations in which the student may be exposed to potentially hazardous situations must be avoided. It must be made clear to the preceptors by the college authorities that students need to be supervised and must not be involved in patient care as the responsible health provider. When required, students must complete the prerequisite training such as good laboratory practice, universal precautions, good clinical practice etc. before being allowed to participate in electives. The student must be oriented to the program through a formal orientation process that spells out the expectations/outcomes and the precautions
to be observed.

ASSESSMENT
Assessment will be formative. Attendance of not less than 75% and successful completion and the submission of logbook is a requirement for the student to become eligible to appear for the final examination
Assessment elements could include participation in clinic/OPD, case records, submission of assignments, reflection on learning, preparation of presentations, design and participation in patient education programs, fabrication of splints etc.

PROGRAM EVALUATION

Provision for evaluation of the program based on information from all stakeholders should be made in order to evaluate the effectiveness of the program and need for modifications and improvement.

PROGRAM GOVERNANCE

The departmental heads and preceptors are responsible for the day-to-day conduct of the program, guiding and supervising and assessing students.

Annexure 1

1. Example of a learning experience in Elective 1

Elective 1 / 2	1
Name of Elective	Haemophilia Management
Location of hospital Lab or research facilities	Haemophilia clinic & Occupational Therapy OPD

AIOTA DRAFT

Name of internal preceptor(s)	XYZ
Name of external preceptor if applicable	NA
Learning objectives of elective	1. Observation of evaluation of haemophilic patients in acute phase 2. Planning of Occupational Therapy Intervention 3. Design and Fabrication of protective devices and orthoses according to patients needs 4. Counselling patients regarding joint protection and precautions for prevention of injuries.
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Basic knowledge of the type and progression of the disease process
List of activities of student participation	1. Attend Haemophillia clinic and observe clinical evaluation 2. Select patients for O T Intervention 3. Educate patient for home care management 4. Implement exercise program in O T OPD 5. Decide material and fabricate orthoses and devices according to patients needs 6. Present at least 2 of the worked up cases
Learning Resources	1. Davidson's Principles and Practice of Medicine 2. Occupational Therapy for Physical Dysfunction by Radomski M, Trombly Latham C
Log book entry required	1. Documentation of worked up cases 2. Documentation of presentation done 3. Completion of posting signed by preceptor with a "meets expectation '(M)' grade"
Assessment	**Formative:** attendance; day-to-day participation in departmental activity; performance of assigned tasks and presentation of worked up case in department
Other comment	

2. Example of a learning experience in Elective 2

Elective 1 / 2	2
Name of Elective	Gericare
Location of hospital Lab or research facilities	Geriartric clinic and Occupational Therapy OPD
Name of internal preceptor(s)	ABC
Name of external preceptor if applicable	NA
Learning objectives of elective	1. Observation of evaluation of Geriartric patients in the clinic 2. Identifying patients for Occupational Therapy Services 3. Planning Restorative Therapy for specific physical condition 4. Plan O T Management for cognitive deficits

AIOTA DRAFT

	5. Identify required environmental modifications using Preventive and Accommodative approach 6. Counselling patients regarding fall prevention and energy conservation
Number of students that can be accommodated in this elective	4
Prerequisites for elective	Handling skills and Communication with the Elderly
List of activities of student participation	1. Attend the geriartric clinic, observe and identify the case for O T management 2. Implement exercise protocol for physical conditions 3. Teach cognitive management techniques 4. Administer standardised tests to identify psychological problems 5. Evaluate environmental barriers and provide support 6. Teach patient safety methods and fall prevention techniques 7. Counsel the caregiver regarding management of medication, exercise protocol, fall prevention and engage in activity. 8. Present at least 2 of the worked up cases
Learning Resources	Willard and Spackman 's Occupational Therapy
Log book entry require	1. Documentation of worked up cases 2. Documentation of presentation done 3. Completion of posting signed by preceptor with a "meets expectation '(M)' grade"
Assessment	**Formative:** attendance; day-to-day participation in departmental activity; performance of assigned tasks and presentation of worked up case in department
Other comment	

AIOTA DRAFT

Internship

- The clinical work after completing the 4 years course, minimum 52 weeks (1year) full-time internship in preventive and applied therapy is also mandatory. 1 year 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 proof of the clinical caseload in each assignment during the internship.
- Internship will be considered to be completed only on the successful presentation of the group project/group seminars/presentation of pilot research studies which includes the appropriate title of the study, literature review, selection of assessment instruments, data collection, and data analysis, concluding 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 the internship on their project work, clinical work etc.
- It is mandatory to complete a minimum 52 weeks of internship in the same institute & a maximum 26 weeks may be allowed for the externship if opted by the student
- **It is suggested to assign the last two internship placement in the elective subjects opted by the candidate in 4 th year which will help the students in specialisation areas for higher education**

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.

AIOTA DRAFT

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 contextually relevant solutions

x) Learn to implement evidence-based practice

xi) 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.

EVALUATION OF STUDENTS UNDER PRACTICAL/INTERNSHIP

S. No.	Description	Satisfactory/ Unsatisfactory
1	Attendance	
2	Discipline and general behavior in the Department	
3	Approach to patients	
4	Inquisitiveness regarding the subject	
5	Knowledge about evaluation of conditions	
6	Knowledge about various therapeutic modalities	
7	Knowledge about actual application of therapeutic skills	

1. **Goals**

The goal of the internship programme is to train the occupational therapy graduate in such a manner that they will be able to assess, diagnose and treat the patients independently.

2. **Objectives**- At the end of internship programme the Occupational Therapy graduate should have following competencies.

AIOTA DRAFT

1. Can assess, diagnose, prevent and treat the patients of Occupational Therapy independently
2. Opportunity to develop confidence and increase skill in simulation and treatment delivery
3. Effective communicator with patient, families, colleagues and the community.

Ability to upgrade themselves with recent advances, treatment procedure and research in the field of Occupational Therapy

3. ***Duration***

a. **Total duration-** One year or twelve months (52 weeks) amounting to min 2016 hours.

During the period of internship the student shall be posted in rotation in the OPD & IPD facilities of the clinical departments of the hospitals of the institution/university.

The hospitals must have separate Occupational Therapy department with qualified and registered Occupational Therapy professionals (with the respective council/ Occupational Therapy commission)

b. **Time distribution:**

The title during placement of internship would be Occupational Therapy intern/ B.OT. Intern. The internship time period provides the students the opportunity to continue to develop confidence and increased skill in simulation and treatment delivery. Students will demonstrate competence in beginning, intermediate, and advanced procedures in both areas. Students will participate in advanced and specialized treatment procedures. The student will complete the clinical training by practicing all the skills learned in classroom and clinical instruction. The students are expected to work for a minimum of 39 hours in a week (7 hours per day Monday to Friday & Saturday (4 hours) or as per the working schedule of respective institution).

3. **Eligibility of starting internship**; BOT students declared to have passed all the examinations (University & internals) both Theory and Practical for all subjects of all 4 years.
4. **The title during placement of the internship would be Occupational Therapy Intern/ B.O.T. Intern.** The internship time period provides the students the opportunity to continue to develop confidence and increased skills in simulation and treatment delivery.

   Students will demonstrate competence in beginning, intermediate, and advanced procedures in both areas.
5. Students will participate in advanced and specialized treatment procedures. The student will complete the clinical training by practicing all the skills learned in the classroom and clinical instructions

AIOTA DRAFT

The students are expected to work for a minimum 39 hours/per week x 52weeks=2028 hrs minus12 days of public holidays = 2016 hrs

* **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

AIOTA DRAFT

S. No.	Departments / areas	Duration
1	Musculoskeletal Occupational Therapy & sports clinic	8 weeks
2	Psychiatry Occupational Therapy	8 weeks
3	Neurology & Neurosurgery Occupational Therapy	8 weeks
4	Cardiopulmonary Occupational Therapy	2 weeks
5	Community Occupational Therapy	8 weeks
6	Surgery	2 weeks
7	Medicine	2 weeks
8	Pediatrics & NICU	8 weeks
9	Oncology	2 weeks
10	Hand/Burns and Plastic Surgery	4 weeks

	INTERNSHIP	
		HOURS
1	*Clinical /Field work	1826
2	**Reflective Writing (log book)	52
3	***Project Work	90
4	****Transition Seminars/workshop	48
	Total	2016

AIOTA DRAFT

RESEARCH PROJECT- The candidate shall submit a project under the supervision of Occupational Therapy faculty during the internship. The project may be a case study or of recent techniques or literature reviews and etc. to make the student to have research mind and to facilitate for higher studies

The interns shall maintain a record of work which is to be verified and certified by the Occupational Therapy faculty under whom he/she works. Based on the record of work and project, The Internship completion shall be reported in the form of grades by the HOD/principal while issuing a "Certificate of Satisfactory Completion" of internship following which University shall award the BOT degree

All internees will be assessed based on their satisfactory attendance, performance in the postings/ and the presentation of the logbook and project. The credits and hours of internship will be mentioned in the transcript.

The internship assessment weightage will be based on (Attendance 10%, log book 60% & Project work 30%)

SKILLS BASED OUTCOMES AND MONITOR ABLE INDICATORS FOR BACHELOR OF OCCUPATIONAL THERAPY

1. Consults with the client to obtain information about his/her health, associated history, previous health interventions, and associated outcomes.
2. Collects assessment data relevant to the client's needs and physiotherapy practice.
3. Be able to conduct the patient evaluation and assessment as per condition.
4. Analyzing Assessment findings & Establish a physiotherapy diagnosis and prognosis.
5. Develops and Recommends an intervention strategy.
6. Be able to prepare the patient (physically and emotionally) and as well as the equipment to be used as per the treatment plan
7. Implements intervention.
8. Be able to accurately explain the treatment plans and able to demonstrate and teach the home program
9. Advise patient/ caregiver on appropriate nutrition, joint protection techniques, work simplification methods on Ergonomics guidelines
10. Evaluate the effectiveness of interventions.
11. Be able to complete accurate treatment documentation.
12. Develops, builds, and maintains rapport, trust, and ethical professional relationships through effective communication.
13. Establishes and maintains inter-professional relationships, which foster effective client-centered collaboration.
14. Understand the principles of continuous quality improvement.

AIOTA DRAFT

15. Be able to carry out the daily/weekly Quality Control (QC) checks.
16. Be able to review the literature & present it in the journal club.
17. Be able to suggest implementation of research findings.
18. Be able to suggest/ initiate topics for Occupational Therapy research
19. Be able to interpret, apply, and disseminate information as a member of the Occupational Therapy team.

AIOTA DRAFT

REFERENCES:

1. AIOTA's minimum standards of education Bachelor in Occupational Therapy-2014-15
2. AIOTA> Academic Council of Occupational Therapy (A.C.O.T.) Accessed on http://www.aiota.org/acot.asp (Accessed on August 2022)
3. AIOTA Bylaws and Constitution Accessed on http://www.aiota.org/pdf/byelaws.pdf (Accessed on August 2022)
4. Credit-Based-Grading-System for Assessment of Students. Available from: http://www.presiuniv.ac.in/web/exam_assessment.php. (Accessed on August 2022)
5. Definition of Occupational Therapy Accessed on http://www.wfot.org/aboutus/aboutoccupationaltherapy/definitionofoccupationaltherapy.aspx (Accessed on August 2019)
6. INTER PERSONAL COMPETENCIES http://www.aacn.nche.edu/education-resources/ipecreport.pdf http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf (Accessed on August 2022)
7. Manual on semester based, credit and grading system Mumbai: University of Mumbai 2011. Available from: http://www.mu.ac.in/1 Manual_SCGS_Arts_09-06-2011.pdf
8. Model curriculum handbook Physiotherapy, Ministry of health & family welfare, allied health section 2015-16
9. Objectives of clinical field work http://www.muhsnashik.com/ (Accessed on August 2022)
10. Syllabus for Bachelor of Occupational Therapy (BOT), University of Delhi, Delhi
11. Syllabus for Bachelor of Occupational Therapy (BOT), Manipal Academy of Higher Education, Manipal, Karnataka. Available from (Course outline) https://manipal.edu/soahs-manipal/program-list/bachelor-of-occupational-therapy.html (Accessed on August 2022)
12. Syllabus for Bachelor of Occupational Therapy (BOT), Jamia Hamdard, New Delhi. Available from www.jamiahamdard.edu (Accessed on March 2023)
13. Syllabus for Bachelor of Occupational Therapy (BOT), Saveetha, Institute of Medical and Technical Sciences, Chennai, Tamil Nadu. Available from https://www.scot.saveetha.com/academics (Accessed on August 2022)
14. Syllabus for Bachelor of Occupational Therapy (BOTh), MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES (MUHS), NASHIK. Available from: https://www.muhs.ac.in/showfile.aspx?src1=https%3a%2f%2fintranet.muhs.ac.in%2fsyllabus.aspx (Accessed on August 2022)
15. Syllabus for Bachelor of Occupational Therapy (BOT), Atal Bihari Vajpayee Medical University, Uttar Pradesh. Available from https://abvmuup.edu.in/ (Accessed on March 2023)
16. UGC minimum course curriculum for UG courses under CBCS, https://www.ugc.gov.in/pdfnews/8023719_Guidelines-for-CBCS.pdf (Accessed on September 2022)
17. WFOT Entry Level Competencies for Occupational Therapists https://www.google.co.in/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&cad=rja&ved=0CEMQFjAD&url=http%3A%2F%2Fwww.wfot.org%2FResourceCentre%2Ftabid%2F132%2Fdid%2F271%2FDefault.aspx&ei=tZ6sUsCgO4f5rQee6YH4Cw&usg=AFQjCNE3SR25TYgCLjXrDHwgFmwSc3tbLA&sig2=h9G2J7-m16-RRfM9FSZFAw&bvm=bv.57967247,d.bmk (Accessed on August 2022)
18. WFOT "Definitions of Occupational Therapy from Member Organizations revised 2010" Accessed on http://www.wfot.org/ResourceCentre.aspx. (This can be found in the 'General' category)
19. WFOT Statement on Occupational Therapy Accessed on http://www.wfot.org/Portals/0/PDF/STATEMENT%20ON%20OCCUPATIONAL%20THERAPY%20300811.pdf (Accessed on August 2022)
20. WFOT Code of Ethics: Accessed on http://www.wfot.org > General Category of the Resource Centre
21. World Federation of Occupational Therapists Minimum Standards for the Education of Occupational Therapists (revised 2016) https://wfot.link/mseot1 (Accessed on August 2021)

AIOTA DRAFT

Annexures

A sample of the clinical assignment card & clinical fieldwork 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 the 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_________________.

(Name and Signature) Date:

Head of the Department/ Principal, O.T College

AIOTA DRAFT

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:					

AIOTA DRAFT

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	

AIOTA DRAFT

AIOTA DRAFT