A.I.O.T.A

Minimum Standards of Occupational Therapy Education in India (MSOTE)

BACHELOR OF OCCUPATIONAL THERAPY

Published By

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

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From the Desk of Dean ACOT

FOREWARD……..

The executives of Academic Council of Occupational Therapy (ACOT) and All India Occupational Therapists' Association (AIOTA) are delighted to announce the release of the booklet of revised" Minimum Standards of Occupational Therapy Education" (MSOTE 2014) for Bachelor's Degree programme during OTICON 2015 in New Delhi.

The document was prepared as per the guidelines provided by the World Federation of Occupational Therapists (WFOT) on the minimum standards required for Occupational Therapy practice education in member association countries. Occupational therapy continues to expand rapidly in India and there is a significant increase in the number of students choosing occupational therapy as their professional career. Therefore, the standards of education and training will determine the standards of OT practice. The previous document of AIOTA introduced a set of minimum standards for occupational therapy entry-level education in India, in 2002. This revised "Minimum Standards for Occupational Therapy Education (MSOTE - 2014) includes major revisions and additions based upon the current national and international context of occupational therapy education and practice.

Personally it's matter of pride for me to have worked with the committed and dedicated members of Project Team, for preparation of this document, who had given their inputs and suggestions on the continuous basis. I am sure revised edition would provide a framework for quality occupational therapy education in India, which is aligned with international standards, and is also customized keeping in view of the Indian Context.

The overwhelming appreciation and support received from various heads of OT education institutions have made us work harder to improve the quality of this document. The regular advice and help received from expert OT professionals like AIOTA & ACOT executives, senior clinicians and academicians from all over India, is well recognized to achieve this goal. I make a special note of appreciation of Dr. Phinoj Abhrahm and Dr. Ashwini Vaishampayan who have shown lot of enthusiasm and energy in contributing towards development of this document.

I am grateful to all the people who have kindly obliged to spend their precious time at looking into the provisional draft and providing me with useful suggestions and insights. Once again, I thank them for their excellent, well analyzed, intellectual and thoughtful response.

Dr. Jyothika Bijlani

Dean, ACOT

MESSAGE FROM PRESIDENT AIOTA & EXECUTIVE CHAIRMAN ACOT

'Treat people as if they were what they ought to be and you help them become what they are capable of becoming.'-Goethe.

Keeping in mind the above famous quote AIOTA/ACOT has developed the document 'RevisedMinimum Standards for Education of Occupational Therapy in India (UG Level).' Minimum Standards for Education of Occupational Therapy in India for PG programs is also in process and soon would be available. Standards of Education in any of the health related profession is the foundation for standards of practice and competencies.

I am proud to announce that the current OT Education system in India both at UG and PG level is excellent and definitely at par or even better if compared to education system of developed and/or other countries. The revised standards would further accelerate the standards in country.

The booklet for UG program encircles essential information and the requirements that occupational therapy education programs in India must adopt, for accreditation and affiliation with All India Occupational Therapists Association (AIOTA) and World Federation of Occupational Therapists (WFOT). The document ensures that OT's graduated in India should have knowledge, competency and skill of high standards to attain practice at any part of the world.

WFOT too has come up with 'Revised Entry Level Competencies -2008' and required that all national associations should review their educational programs and make sure that they meet the new standards to continue to be listed on approved list of schools. However WFOT permits national Associations to establish additional standards for any element of student education, including practice education, as may be deemed necessary in the local context which has been taken care of by ACOT.

All India Occupational Therapists Association (AIOTA) introduced a set of standards for occupational therapy entry-level education in India, first in 1992 which was further revised and re-published in 2002. The current "Minimum Standards for Occupational Therapy Education- 2014"includes major revision and addition based upon the WFOT Guidelines-2008 and the national and international context of occupational therapy education and practice as on today. The 2014 guidelines being published by ACOT, would also effectively address the expectations of society for quality health issues. The new standard is less prescriptive than in the past and incorporates local cultural and societal perspectives which were missing in earlier documents.

I am confident that this revised document would promote excellence in OT Education in India. I acknowledge the valuable efforts of the members of the project team and ACOT Executives in bringing out this useful publication for AIOTA.

Dr. Anil K. Srivastava
President- AIOTA & WFOT Delegate
Executive Chairman- Academic Council of OT

Message for the revised Minimum Standards of Education for

Under Graduate Programs

All India Occupational Therapists Association

It gives me great pleasure to learn of the publication of the revised Minimum Standards of Education for Under Graduate Programs and I congratulate the Academic Council of Occupational Therapy (A.C.O.T.) of the All India Occupational Therapists' Association (AIOTA) on this publication which I understand was last reviewed in 2002.

A.C.O.T. was founded in 1983 and is the authorised key academic body of AIOTA. It was constituted to maintain the minimum standards of occupational therapy education in India, as required by the World Federation of Occupational Therapists (WFOT). It has also been pivotal in establishing academic uniformity in education in India.

The viability and portability of a profession is founded on a strong educational foundation based on standards that provide for international consistency and recognition of occupational therapy qualifications internationally. The Federation since its inception has provided Minimum Standards for the Education of Occupational Therapists (revised 2002) (MSEOT).[1] As noted inthe WFOT Minimum Standards, the academic programmes must employ educational methods that support the development of graduate knowledge, cognitive and practice skills, attitudes and lifelong learning. The Standards identify the essential knowledge, skills and attitudes for the competent practice of occupational therapy.

The MSEOT provides an international benchmark against which educational programmes around the world are assessed. Educational programmes that are approved are listed on the WFOT website (http://www.wfot.org/Education/EntrylevelEducationalProgrammesWFOTApproved.aspx)

I send my heartfelt congratulations to my colleagues on this publication in India – one of the founding members of the World Federation of Occupational Therapists.

Marilyn Pattison

President

World Federation of Occupational Therapists

WFOT Minimum Standards for the Education of Occupational Therapists, 2002

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Acknowledgement

The formulation of a revised 'Minimum Standards of Occupational Therapy Education in India (MSOTE) - 2014 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 process of laying it down would not have been possible without the invaluable contribution and commitment of many within the profession.

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

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Preface

Occupational therapy continues to expand worldwide. The scenario in India is also not different in the recent years. There is a significant increase in the number of students choosing occupational therapy as their professional career. Despite this, there is an identifiable shortage of professionals in the country.

The standards of education and training will determine the standards of practice. The World Federation of Occupational Therapists (WFOT) outlines the minimum standards required for Occupational Therapy practice education in member Association countries in the Revised Minimum Standards for the Education of Occupational Therapists (Hocking and Ness, 2002). The WFOT permits national Occupational Therapy Associations to establish additional standards for any element of student education, including practice education, as may be deemed necessary in the local context.

In alignment with this, AIOTA introduced a set of standards for occupational therapy entry-level education in India, in 2002. This revised "Minimum Standards for Occupational Therapy Education (MSOTE) - 2014" includes major revisions and additions based upon the current national and international context of occupational therapy education and practice.

In addition to explaining a set of essential competency standards for entry-level occupational therapy education, this document goes further to explain how the student / educator and or institution can attain the proposed standards. For this the document also gives necessary guidelines for

i) Minimum required educational facilities and resources to conduct an occupational therapy entry-level education

ii) A proposed course outline & syllabus

iii) Proposed guidelines for Clinical Field work and Internship.

iv) Proposed guidelines for Continuous and Comprehensive Internal Assessment

These additional details are enclosed as appendices of this document.

The revised edition also seeks to provide a framework for quality occupational therapy education in India, which while being on par with international standards, is harmonized with the Indian Context

1.0 PURPOSE, SCOPE AND DEVELOPMENT

1.1 Purpose of MSOTE 2014

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. Benefitsof 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 programmes
- Facilitating international mobility of a qualified therapist

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

- Guide the planning and implementation of new educational programmes that would achieve AIOTA and WFOT approval
- Provide the baseline for monitoring the OT programme for meeting the minimum standards
- Review educational programmes 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 programmes in OT Institutes.However this may be further modified in accordance with the needs & requirements of respective universities for OT educational program.

1.2 Scope of MSOTE 2014

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

Regulators can use these standards

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

The Occupational Therapy students can use this document

- To understand the requirements for occupational therapy education and practice
- To understand various dimensions of professional development which includes subject knowledge, interpersonal skills, lifelong professional development and learning, professionalism, and integration of core knowledge into clinical practice

Occupational Therapy support personnel or organizations

- To understand occupational therapists' roles and responsibilities

Government and Policy makers

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

Other Professionals

- To understand occupational therapists' roles and competencies

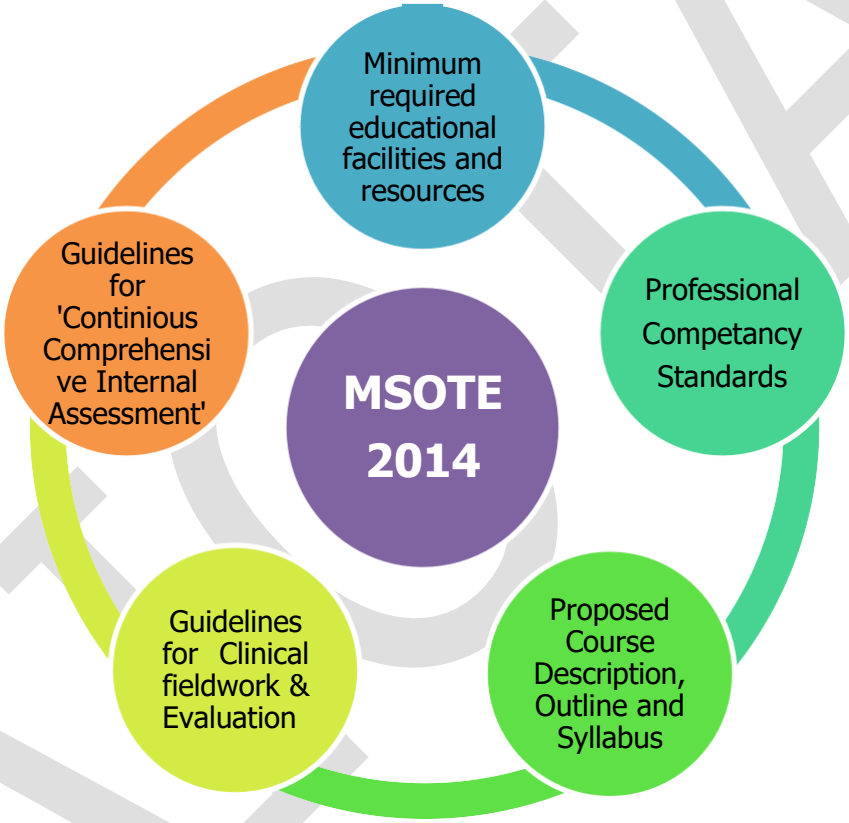
International agencies

- To provide information for credentialing of occupational therapy programmes

1.3 Development: Framework of MSOTE - 2014

The framework of MSEOT - 2014 was formulated primarily based on WFOT -"Entry level Competencies for Occupational Therapists - 2008" and through 'expert opinion methodology'. The expert opinion methodology was used in order to establish additional standards for various elements of student education, including practice education, as may be deemed necessary in the Indian context.

The focus of this framework is directly on profession-specific knowledge, skills and attitudes exhibited by an occupational therapy professional at the successful completion of his/her entry-level education program. This focus has facilitated the development of some regulatory standards and programs such as



(Figure 1: Domains of MSOTE 2014)

- A list of professional competency standards which describe the identifiable components of expected performance
- Minimum required educational facilities and resources to conduct an occupational therapy entry-level education
- A proposed course description, outline and syllabus for the 'Entry-Level Occupational Therapy Education'
- A proposed guidelines for 'Continuous and Comprehensive Internal Assessment (CCIA)'
- A proposed guidelines for 'Clinical Field work and Evaluation'

In addition, a brief outline of the practice context of occupational therapy in India is narrated in this document.

1.4 Definitions

The following definitions have been used to define entry-level competency for the purpose of this document.

Term	Definition
Professional Competence	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
Entry Level Occupational Therapy Education	In this document, "entry-level" refers to graduate entry-level competencies that relate to the successful completion of an occupational therapy undergraduate (Bachelor of Occupational Therapy -BOT/BOTh) course.
Course Description	Course description is a brief statement about the theme and content of a subject in the curriculum, which allows the students or those who want to choose a career in this profession to make a judgment as to whether the content of the course appeals to their interests.
Course Outline	Course outline is an enlisted summary of various subjects in the course of study
Course Syllabus	Course syllabus is a descriptive summary of subjects to be covered in the professional training program set out by an expert team to establish and maintain the course quality as per the standards of professional competency
Clinical Fieldwork	Clinical Fieldwork can be any sort of assessment, intervention administered to the client within the scope of Occupational Therapy practice (like, therapy, behavioral intervention, patient and caregiver education/ guidance/ counseling etc), or clinical consultation regardless of the setting (school, hospital, community, home etc) under the guidance of a skilled occupational therapy professional with a minimum of entry level educational qualification.
Continuous and Comprehensive Internal Assessment (CCIA)	Continuous and Comprehensive Internal Assessment (CCIA) is an evaluation system for occupational therapy entry-level students with the aim of evaluating various dimensions of 'professional competence' exhibit by a student during his/her professional education.

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2.0 PRACTICE CONTEXT OF OCCUPATIONAL THERAPY IN INDIA

2.1 About Occupational Therapy

World Federation of Occupational Therapists (WFOT) defined occupational Therapy asfollows:

"Occupational Therapy is a client-centered health profession concerned with promoting health and well being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of daily life. Occupational Therapists achievethis outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying theoccupation or the environment to better support their occupational engagement"

(WFOT 2012)

All India Occupational Therapists' Association (AIOTA) defined occupational Therapy as follows:

"Occupational Therapy is a holistic, evidence based client centered 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.

2.2 Scope and Purpose of Occupational Therapy

In a "Statement on Occupational Therapy" WFOT describes the scope and purpose of occupational therapy. Occupational therapists have a broad education in the medical, social behavioral, 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.

Occupational therapy is practiced in a wide range of public, private and voluntary sector settings, such as the person's home environment; schools; workplaces; health centers; supported accommodation; housing for seniors; rehabilitation centers; hospitals; and forensic services. Clients are actively involved in the occupational therapy process. The outcomes are client-driven and diverse and measured in terms of participation, satisfaction derived from occupational participation and / or improvement in occupational performance. The majorities of countries regulate occupational therapy as a health profession and require specific university level education. "

(WFOT 2013)

The Occupational Therapist can practice independently or as a part of a multidisciplinar team and has a minimum qualification of a baccalaureate degree

2.3 Responsibilities / Activities

Occupational Therapy is an allied health profession, which 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-makingprocess.

Such a decision making process involves multiple steps such as

- Comprehensive Assessment
- Functional Diagnosis
- Planning an individual / beneficiary specific intervention
- Implementation of the proposed intervention
- Monitoring
- Modifying the intervention based on the input from monitoring
- Re-evaluating the client / beneficiary of occupational therapy services

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

- Clinician
- Counselor

- Occupational related health risk assessor and advisor (eg. worksite ergonomic evaluation, driving evaluation etc.)

- Program director (e.g. a specific program to promote mental health among elderly OR adolescents etc.)
- Rehabilitation director
- In addition to these roles related to 'direct delivery' of occupational therapy services, an occupational therapist may also manage other roles like,
- Researcher
- Academician
- Diplomat

Occupational therapists understand the importance and necessity of inter-professional teamwork for effective and efficient practice. In contemporary work environments, occupational therapists are often members of multiple teams, which may include other occupational therapists, health professionals, and/or non-health professionals. Consequently, individual occupational therapists must be able to co-operate, collaborate and communicate effectively with other members of these team(s) to develop, provide, co-ordinate, and evaluate services which best meet client needs.

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.

2.4 Practice settings

The occupational therapists in India are generally practicing in

- Government organizations / institutions / hospitals / projects
- Non- government organizations
- Private sectors like
  - Acute care hospitals & nursing homes
  - Rehabilitation centers and clinics / centers (like developmental therapy clinics, neuro-rehabilitation facilities, de addiction centers etc.)
  - Special schools
  - Main stream Schools
  - Chronic care facilities
  - Social agencies/Community Based Rehabilitation (CBR) & Disaster Management Projects
  - Hospice care facilities
  - Mental Health Setups /Institutions and Hospitals
  - Industries

    OR

    Self employed

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

2.5 Professional code of ethics by AIOTA

The All India Occupational Therapists' Association describes the appropriate professional conduct for occupational therapist in any practice area . The 'Code of Conduct'[7] described by AIOTA is given below: "Members of the association shall work on the basis of first contact/ referral and shall observe following code of ethics.

i. Responsibility to the Patient

In accepting his/her charge of responsibility for the Physical and Mental wellbeing of the patient, the Occupational Therapists should at all-time strive to provide intervention at the highest level of professional skill. The Occupational Therapists must respect information of a confidential nature regarding the patient and should discuss only pertinent facts with other professionals program.

ii. Responsibility to Professional Colleagues

The Occupational Therapist must work in harmony to those practicing the same or other Professional skills, recognizing that only by achieving and fostering mutual respect and understanding can the greatest service be rendered to the patient. Unity

iii. Responsibility to the Employer

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

iv. Responsibility to the Profession of Occupational Therapy

The Occupational Therapist must be cognizant of his/her responsibilities in contributing to the growth and development of his/her profession through the exchange of information, not only maintaining but uplifting educational and intervention standards or employment by supporting his/her professional organizations at the local, national and international levels.

v. Responsibility to the Community

The Occupational Therapist should promote the dissemination of information and understanding related to the functions and procedures of Occupational Therapy. The Occupational therapist also should recognize the fact that, in a manner he/she portrait the professional attitude and philosophy which the public would dignify the profession

vi. Responsibility to the Association

Members of AIOTA should be responsible to follow the rules and regulations of the AIOTA and maintain discipline by following & implementing the policy decisions of AIOTA in the interest of OT profession in India & abroad.

(AIOTA Constitution and Bylaws, Revised 2013. Bylaw XIV; Article X section II)

3.0 PROFESSIONAL COMPETENCY STANDARDS FOR ENTRY-LEVEL OCCUPATIONAL THERAPISTS

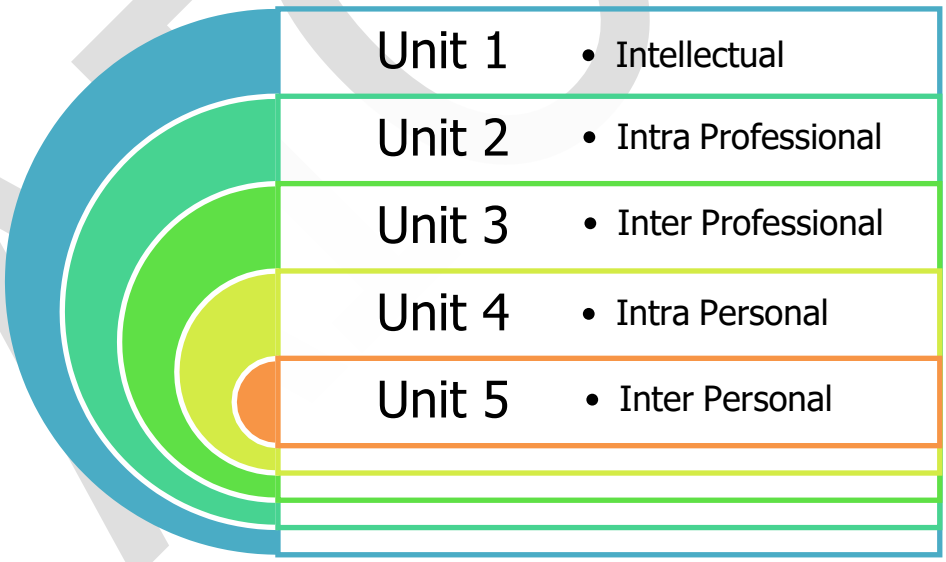
3.1 About Essential Competency Standards

"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 listed below and details of the same are described in **appendix 1**



(Figure 2: List of Professional Competency standards for entry-level Occupational therapists)

4.0 RECOMMENDED EDUCATIONAL STANDARDS FOR A BACHELOR DEGREE IN OCCUPATIONAL THERAPY

By formulating a multifaceted professional competency standards, MSOTE 2014 ensure that, the occupational therapy education should not focus on the acquirement of 'Hard Skills' (i.e., subject knowledge, intellectual competency, professional ethics etc.) alone. In addition, an equal emphasis should be given to the development of 'soft skills' (i.e., inter and intra personal competencies training and development) as well. These skills make the therapist versatile and compatible to the philosophy of this noble profession.

Execution of this aim is almost impossible without an exceptional curriculum design, which covers both these aspects - i.e., soft & hard skills training. With this understanding, MSOTE 2014 goes further to explain how the student / educator and or institution can attain the proposed standards. This is intended to assist the educators, academicians, students and or whosoever concerned with the professional developmental activities.

This following section of the document gives a **brief outline** for

4.1 Minimum required educational facilities, resources & methods to conduct an occupational therapy entry-level education
4.2 A proposed course outline of contents, sequence & examinations
4.3 A proposed guideline for 'Clinical Fieldwork and Internship
4.4 Proposed guidelines for Continuous and Comprehensive Internal Assessment

All programmes for the education of the occupational therapists should take account of these **four components.**

4.1 Minimum Required Educational Facilities, Resources & Methods to Conduct an Occupational Therapy Entry-Level Education

This section deals with the educational facilities, resources , space requirements, educational methods, recommended student staff ratio, staff's academic qualifications, recommended laboratories & clinical facilities, recommended continued professional developmental activities etc.

Minimum required educational facilities and resources to conduct an occupational therapy entry-level education is been described in details in **appendix 2**

Educational Methods

The range of educational methods may include case studies, learning with and fromrecipients of occupational therapy, discussions, skills training, assignments, reflective exercises, projects, literature review, experimental learning, problem based learning, inter- professional learning, lectures, problem based learning 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.

4.2 A Proposed Course Outline, Sequence & Examinations

The course of occupational therapy should be conducted under the faculty of medicine of a statutory university. Facilities for teaching preclinical, para-clinical, clinical & applied clinical subjects should be available in the medical college affiliated to a full-fledged hospital.

Nomenclature of the degree course should be **"Bachelor of Occupational Therapy" (BOT/BOTh)**.

Recommended minimum hours of didactic (theoretical) teaching in four & half years course may be 3000 hours.

➢ Aims of training

- The course content should prepare the student of Occupational Therapy to acquire theoretical and practical skills to effectively meet the client's needs and to competently serve the individual clients and community at large and assist in functional independence following disrupted function.
- Students work in the acute and emergency care, intensive care units, sub-acute care, outpatient rehabilitation and community rehabilitation set ups to gain 'hands on' skills. Basic knowledge of medical sciences is covered in the education system to enhance clinical judgment and abilities of the student in physical, mental, psychological and psycho-social rehabilitation of clients.
- A student, on basis of medical knowledge related to illness, disease, injury, accident, ageing, congenital and acquired disabilities, normal and abnormal human development is trained for proficiency in Occupational Therapy applications to contribute towards the well being of clients.
- The course should prepare students in areas like client education to prevent disease / disabilities and promote health.
- Students should keep abreast with recent developments and professional techniques through participation in seminars, conferences, scientific presentations, journal club presentations, review of research articles, participation and assistance in basic research.

➢ Objectives of Training:

A graduate of occupational therapy at the end of training should be able to

- Assess & identify problems related to functional performance & use clinical reasoning skills in problem-solving & develop need based strategies to address the problems
- Use appropriate advanced therapeutic modalities for effective OT intervention to enhance ability of individuals, groups and communities to participate in purposeful occupational tasks.
- Adhere to the professional code of ethics, contribute to profession, participate in the ongoing learning processes & create and maintain high standards of practice
- Demonstrate the knowledge, attributes and appropriate skills in monitoring thehealth programme and orient to provide preventive and rehabilitative services

- Develop consultative role for health and family welfare services in existing socio-economic, political and cultural environment as part of CBR organization.
- Use job modification techniques based on ergonomic principles effectively in work places to achieve good quality of life for community.
- Use early intervention programme for high risk infants & developmental disabilities to promote typical development and prevent/ address secondary changes, learning disabilities and others.
- Demonstrate competency in OT intervention of patients in intensive care units (NICU,PICU,MICU & SICU)
- Provide unique contribution in Occupational Therapy practice through bio-medical and social sciences concepts
- Use bio-mechanical and patho-physiological principles to design common orthotic devices and to fabricate hand orthotics and self-help adaptation.
- Use functional analysis index and correlate it with disability evaluation (WHO, ICF disability rating) to aid in workman compensation and others legal procedure.
- Recognize intrinsic values of people irrespective of culture, beliefs and economic status.
- Participate in research studies and identify correct evidence based strategies in treatment of patients.
- Take appropriate responsibilities in the role of leader, supervisor and manager in various situations

➢ A Proposed Course Outline

The proposed course outline should

- address all the knowledge, skills and attitudes specified for graduates level of occupational therapist by national and international professional organizations (as proposed by Academic Council of Occupational Therapy (ACOT) of AIOTA and World Federation of Occupational Therapy - WFOT) and also based on contemporarynational and international theories, research findings and occupational therapy practice and expectations of professional practice such as client centeredness.
- be relevant to national and international context

Curriculum should review on an 'on-going' basis and should revise at least once in every 5-7 years. This may include and/or on the basis of peer and self-review of curriculum, student feedback, moderation and monitoring process, advisory and examination board, external examiners etc.

The proposed course outline is been described in detail at **appendix 3**

➢ Proposed Course Sequence

➢ The course should be divided in four phases

- Pre-clinical -1st year - 2 terms
- Para-clinical -2nd year - 2 terms
- Clinical &
- Applied clinical -3rd & 4th year - 4 terms

Subjects included in these phases are given below:

Phases	Contents	
	Sr. No	Subjects
I Pre-Clinical	1	Human Anatomy
	2	Human Physiology
	3	Bio-Chemistry
	4	Fundamentals of Occupational Therapy- I
	5	Communication / Soft Skills
II Para-Clinical	1	Pathology & Microbiology
	2	Pharmacology
	3	Psychology
	4	Fundamentals of Occupational Therapy -II
	5	Biomechanics and Bio-Engineering
III Clinical	1	MEDICINE (Neurology, Paediatrics, Cardiology, Gynecology, Dermatology, General medicine, Community Medicine and Chest medicine)
	2	SURGERY (General surgery, Orthopedics, Plastic surgery, Neurosurgery, Cardiac surgery, and ENT)
	3	Psychiatry
	4	Work Physiology and Ergonomics
IV Applied Clinical	1	Occupational Therapy in Medical & Surgical conditions
	2	Occupational Therapy in Adult & Pediatric Neurologic conditions
	3	Occupational Therapy in Musculoskeletal conditions
	4	Occupational Therapy in Psychiatric conditions
	5	Occupational Therapy in Community Based rehabilitation
	6	Research Methodology and Biostatistics
	7	Recent Advances in Occupational Therapy Theory and practice
	8	Organization and Administration in Occupational Therapy
	9	Project / Dissertation Work

➢ Schedule and Scheme of Examination

At the end of each academic year there should be theory based examination in all the subjects & practical examination in all core subjects of occupational therapy. (as described in appendix 3) should be conducted by the concerned university

The practical examination in Human Anatomy (without dissection) & Human Physiology should also be conducted by the university at the end of first academic year.

1) THEORY EXAMINATION – University Examination **-** 80 Marks
Internal assessment - 20 Marks
Total Maximum Marks - 100 Marks

Internal Assessment – one exam at the end of each term of every academic year (Average of total marks obtained to be considered for Internal Assessment)

2) PRACTICAL EXAMINATION- University Examination - 80 Marks
Internal assessment - 20 Marks
Total Maximum Marks - 100 Marks

Internal Assessment – one exam at the end of each term of every academic year (Average of total marks obtained to be considered for Internal Assessment)

3) MINIMUM PASSING MARKS

50% of maximum marks in theory & practical examination individually in all subjects should be considered as passing marks. Aggregate of 50% marks in the university examinations & internal assessment taken together for each subject of every academic year may be considered. Rule of ATKT may be applied as per the rules & regulations of affiliated university.

4.3 Practicals /Demonstrations/ Laboratory work, Supervised Clinical training/Fieldwork & Internship

- It is mandatory to include demonstrations & practical sessions, supervised clinical work, seminars, hands on therapeutic workshops, throughout the course period to train the students for proficiency in Occupational Therapy applications to contribute towards the well-being of clients.
- Actual clinical work in clinical settings, all hands on procedures related to patient care involves patient evaluation, assessment, goal planning, writing, and execution of goals, intervention procedures, patient and family education & documentation of individual patients/clients. Each student is expected to maintain the register for documentation/record of each patient in every clinical assignment throughout the course period & which the respective clinical supervisor should sign regularly.
- Field work placement should of sufficient duration to allow integration of theory with practice
- The number of students placed at fieldwork site should be in proportion to the number of available patients.
- The clinical work after completing the 4 years course, minimum 6 month full time internship in preventive and applied therapy is also mandatory. 6 months of continuous clinical practice will enhance skills of the students in clinical reasoning, judgment, programme planning, intervention, evaluation of intervention, follow up, referral, and documentation pertaining to all the dysfunctions and impairments learntthroughout 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 centers recognized by the affiliated university, shall be presumed to be training centers 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.
- Each student is expected to maintain a log book as a proof of the clinical case load in each assignment of internship.
- Internship will be considered to be completed only on successful presentation of the group project / group seminars / presentation of pilot research studies which includes appropriate title of the study, literature review, selection of assessment instruments, data collection and data analysis, drawing conclusions from data which encourages students' insight into ethics of research & research findings.
- Interns should be paid a stipend during the internship on par with medical/dental graduates.

The full guideline **for clinical field work** is described in the **appendix 4**

Recommended minimum hours of practical / laboratory work/ seminars, supervised clinical work / field work including internship (during 4 ½ years) may be **3500** hours

4.4 Continuous and Comprehensive Internal Assessment

Continuous and Comprehensive Internal Assessment (CCIA) is an evaluation system for occupational therapy entry-level students with the aim of evaluating various dimensions of 'professional competence' exhibited by a student during his/her professional education.

In order to "evaluate various dimensions of 'professional competence' exhibited by a student" during the entire course duration, an efficient internal assessment system should be developed & implemented in each Occupational Therapy institution which will not merely consider the scholastic skills but also other professional competencies mentioned in the chapter 3.0 and appendix 1 of this document.

The proposed methods for Continuous and Comprehensive Internal Assessment is been described in detail at **appendix 4**

5.0 LEVELS OF ACOT / AIOTA ACCREDITATION FOR OCCUPATIONAL THERAPY COLLEGES

Academic council of Occupational Therapy will be accrediting OT colleges / institutions based on the extent and excellence of adherence to the MSOTE 2014 guidelines with a grade of 'A', or 'B', or 'C' for accredited institutions; and 'D' for those which are not accredited / disqualified. (Similar to the National Assessment and Accreditation Council [NAAC] of UGC) This accreditation **should be in addition** to the initial recognition by AIOTA to conduct an OT course at an institute.

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

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

In addition to the MSOTE 2014 standards, the following criteria shall be considering for the said accreditation

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

(Adopted from NAAC)

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12. INTER PERSONAL COMPETENCIES http://www.aacn.nche.edu/education-resources/ipecreport.pdf http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf
13. Objectives of clinical field work http://www.muhsnashik.com/

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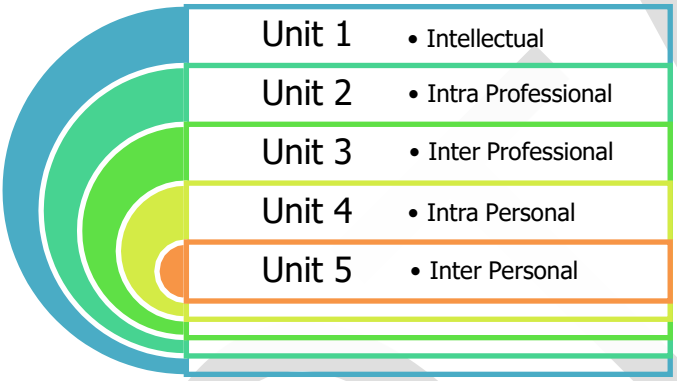
APPENDICES

APPENDIX 1:

PROFESSIONAL COMPETENCY STANDARDS FOR ENTRY-LEVEL OCCUPATIONAL THERAPISTS - Detailed description

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



(Figure :List of Professional Competency standards for entry-level Occupational therapist)

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 1.1 shows the various domains of intellectual competencies

Table 1.1 : 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 pediatrics, occupational science etc.
		• Knowledge about 'abnormalities' of human structure and function like Applied anatomy. applied physiology, abnormalities of
		  • nervous system
		  • musculoskeletal system
		  • Human development
		  • behavior 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 somato-sensory, cognitive-perceptual, psycho-social, behavioral, 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 centered and collaborative goal setting by means of clinical reasoning	• Knowledge about the importance of client centered 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)	Theory and clinical field work
U.1.4	Client centered and research informed clinical practice and service implementation	• Knowledge about the importance of client centered 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 (eg, 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 describes 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 1.2 shows the various aspects of intra professional competencies

Table 1.2: 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 1.3 shows the various aspects of inter professional competencies

Table 1.3 : Inter Professional Competencies

Unit Code	Domains	Brief Description*	To be addressed in
U.3.1	Inter professional Competencies [9,10]	• Inter professional communication • Patient/client/family /community-centered 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 1.4 shows the various aspects of intra professional competencies

Table 1.4: 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 other person /professional / patient etc… These skills enable an occupational therapist to efficiently interact and influence others.

The table 1.4 shows the various aspects of inter personal competencies

Table 1.5: Inter Personal Competencies

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

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APPENDIX 2:

Minimum required educational facilities and resources to conduct an occupational therapy entry-level education

GENERAL FACILITIES AND RESOURCES

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

RECOMMENDED LABORATORIES:

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

SPACE REQUIREMENTS

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

Name	Per Unit Area in Sq.ft.	Total area in sq.ft.
Department Office	600	600
Professor/ Director & HOD's Office	300	300
Professor's Office	100 x 4	400
Associate Prof. Office	100 x 4	400
Lecturer's Office	50 x 6	300
Common room for asst. Lecturer	600	600
Seminar room / Mini auditorium	1000	1000
Class rooms	400x3	1200
Student Common Room (girls)	500	500
Student Common Room (boys)	100	100

Department Library	700	700
Hostel for girls		Mandatory
Hostel for boys		Mandatory
Core laboratories	8 x 15	120
Indoor and Outdoor OT departments		3000

DEPARTMENT LIBRARY

Text Books	Latest editions of all the books of all subjects (Recommended library resources can be find out from the link www.nbcot.org/pdf/OTR_JournalReport_2013.pdf)
Reference Books	Adequate (Recommended library recourses can be find out from the link www.nbcot.org/pdf/OTR_JournalReport_2013.pdf)
Journals	• Indian Journal of O.T • American Journal of O.T • Archives of Physical Medicine and Rehab. • W.F.O.T Bulletin • International Journal for O.T • British Journal of O.T
Audio Visual Facilities	LCD projector

CLINICAL FACILITIES

Students to patient ratio of minimum **1:5 per day per discipline** at indoor as well as outdoor O.T services & facility for community placement

Clinical Facility / Load	Minimum indoor workload of the hospital requirement	Minimum out-door O.T Load requirement
Total strength of Hospital with 2/3 Occupancy	300	50

NON-TEACHING ADMINISTRATIVE & LABOUR STAFF FOR OCCUPATIONAL THERAPY DEPARTMENT

Designation	Requirement	Designation	Requirement
Computer Operator	1	Secretary	1
Registration Assistant	2	Lab Assistants	3
Store keeper	1	Ward Assistant/cleaners	3

Recommended faculty staff with qualifications (full time) for core subjects for intake of maximum 50 students for first year bachelor programme is given below:

Designation	Minimum requirement	Qualifications
Principal or Professor and HOD of O.T or Programme director	1	Master's degree in OT or PhD with minimum 5 years experience as Associate Prof.
Professor in OT	1	Master's degree in OT or PhD with minimum 4 years experience as Associate Prof.
Associate Prof. in OT/incase of only one post of professor	1/2	Master's degree in OT with minimum 5 years experience as Asst. Prof.
Asst. Professor/ tutors	2/2	Masters in OT

Subsequently the number of full time faculty staff should be increased every year till fourth year of bachelor programme maintaining the **ratio of student: teacher as 10: 1**

- The pay scale structure of full time faculty staff should be on par with Medical/Dental teachers as per current UGC norms.
- It is mandatory that all full time faculty OT staff should be registered OT under ACOT & AIOTA
- Visiting Faculty for pre-clinical/para-clinical/clinical subjects may be appointed. However, they should be recognized teachers of the University.

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APPENDIX: 3

Proposed Course Outline

Sr. No.	Phases of Course	Subjects	Subdivided Subjects	Recommended Contents	Covered Under
I	PRE CLINICAL	**1. Human Anatomy**		General Anatomy & Histology • Neuro-anatomy • Musculoskeletal system • Systemic anatomy • Cardiovascular & Respiratory System • Sensory organs, Abdomen • Endocrine & exocrine system	Theory/ Practical / Demonstration
		2 .Human Physiology		• General Physiology, • Nervous, Excretory, Gastrointestinal, Reproductive, Endocrine Systems • Integument & Temperature regulation • Special Senses • Cardiovascular and Respiratory System • Physiology Of Ageing • Exercise Physiology	Theory/ Practical / Demonstration
		3. Bio-chemistry		• Proteins, vitamins, carbohydrates, Enzymes, Lipids, Nutrition, Hormones, minerals, muscle contraction, clinical Biochemistry	Theory

		4. Fundamentals of Occupational Therapy -I		• Definition, purpose, scope of practice, History & Development of OT, • Philosophical basis of OT (Including an introductory knowledge about Uniform terminology (performance components, areas and context), Occupational Therapy process) • Current trends and future perspective of OT • Role of OT in Rehabilitation team • Occupational Science • Principles and methods of assessment • Therapeutic modalities in Occupational Therapy • Therapeutic exercises • Human Development & maturation • Activities of Daily Living • Diagnostic Tools in Occupational Therapy • Tools, Material, Equipment used in OT	Theory/ Practical / Demonstration / Clinical
		5. Communication/ soft skills		• Inter & intra personal communication (Please see the competency standards given above for more details) • Non verbal behaviors • Soft skill training	Theory & Practical
II	**PARA-CLINICAL**	**1. Pathology & microbiology**		• Pathology : General Pathology, Immuno-pathology, Inflammation, Medical Genetics, circulatory & Growth disturbances, Vitamin deficiency, Hepatic diseases, Endocrine and GI systems, Specific pathology (muscular disorders, Neuro-muscular junction, Bone and joints diseases), Pathological changes in Vitamin deficiency. • Microbiology: General Microbiology, laboratory diagnosis of	Theory

				infections, systemic bacteriology, Mycology, immunology, Virology, Parasitology, Applied microbiology	
		2. Pharmacology		• General Pharmacology • Drugs acting on C.V.S., C.N.S., psychiatry, autonomic nervous system and respiratory system • Dermatology Drugs, Gastrointestinal drugs, Anti-microbial drugs, Chemotherapy and miscellaneous drugs	Theory
		3. Psychology		• General psychology • Abnormal / Clinical psychology • Health psychology/Industrial & sports psychology	Theory
		4. Fundamentals of Occupational Therapy -II	**Occupational Therapy Process and practice I**	• Professional attitude , behavior, communication & ethics • Patient centered practice • Collaborative history / information collection • OT evaluation using conventional - (non standardized) and standardized methods • Collaborative Goal setting • Documentation of reports / assessments • Introduction to OT interventions (difference between, treatment models, approaches & techniques) • Introduction to Clinical Reasoning • Basic assessment like ROM, Muscle power, vicarious movements, abnormalities of muscle tone, basic cognitive evaluation (MMSE)	Theory/ Practical / Demonstration / Clinical
		5. Bio-mechanics and Bio-engineering		• Normal Developmental Biomechanics • Kinetics & Kinematics • Applied kinesiology of joints • Patho-mechanics of various deformities, Gait, Body posture, balance, mobility skills • Introduction to Bio-engineering & its application in the	Theory/ Practical / Demonstration / Clinical

				fabrication of assistive & adaptive technology, virtual reality	
III	**CLINICAL**	**1. Medicine**	**GENERAL MEDICINE**	**1. A- GENERAL MEDICINE (Adults & Pediatrics as applicable)** • Evaluation of CVS & Respiratory system • Diseases of cardiovascular system, endocrine system, respiratory system, digestive system • Deficiency diseases • Obesity, Geriatrics & Gerontology, Dermatology, Nephrology, Hematology, Rheumatology • Intensive medical care • common infectious diseases • Growth & Development of the child	Theory/clinical
			Neurology & Neuroscience	**1. B- NEUROLOGY (Adults & Pediatrics as applicable)** • Neurologic Evaluation • Cerebro Vascular Accidents • Extra Pyramidal Lesions • Diseases of Muscles • Diseases of peripheral nerves • Cerebellar Disorders • Disorders of cranial nerves • Degenerative and infective Diseases of nervous system • Cerebral lobe dysfunctions • Epilepsy • Headache • Tumors of Brain & Spinal cord & Other malformations • Neuroplasticty and neural repair	Theory/ Demonstration /Clinical

				• Introduction to Radio diagnostics & other investigations pertaining to Neurology	
				1.D - COMMUNITY MEDICINE Concepts of Health and Disease • Occupational Health • Nutrition and Health • Anthropology, Ethnography and skill transfer • Disability and Health • Health and Sociology • Preventive medicine and care • Child survival & safe motherhood programme	Theory

		2. Surgery		**2.1- surgery (Adult & Pediatrics as applicable)** • General Surgery • Plastic Surgery & Reconstructive Surgery • Neurosurgery • Cardiovascular Thoracic Surgery • Common problems of E.N.T & their management • Common Ophthalmological conditions and their management – surgeries for 3rd, 4th, and 6th cranial nerve palsies • Common obstetrical and gynecological conditions and management	Theory/ clinical
				2.2 - ORTHOPEADICS • Orthopaedic clinical evaluation • Fractures of upper and lower extremities • Injuries at and around upper and lower extremities joints • Pathological and arthritic conditions of upper limbs lower limbs, vertebral column and spinal cord • Metabolic bone disorders, cumulative work disorders • Sports medicine • Related Corrective orthopedic surgeries in neurological conditions (like Cerebral palsy, post Polio paralysis etc.) • Post surgical edema management • Hand Surgeries • Introduction to Radio diagnostics pertained to Orthopedics	Theory/ Demonstration / Clinical
		3. Psychiatry		• Psychiatric Evaluation • Child Psychiatry • Adolescents Psychiatry	Theory/ Demonstration /

				• General psychiatry • Geriatric psychiatry	Clinical
		4 .Work Physiology and Ergonomics		• Concepts and evaluation of physical performance • Physiological consideration of physical performance capacity & the factors affecting the physical performance • Applied work physiology • Introduction to Ergonomics • Skill psychology, Man and Machine system and Time and Motion studies in Ergonomics • Environment design • Role of OT / Philosophical basis of OT in ergonomics • Detailed Ergonomic Evaluation for employments under organized and un-organized sector	Theory/field visit/practical
IV	**APPLIED CLINICAL**	**1. Occupational Therapy in adult & pediatric medical & surgical conditions**	**OT Practice & Process II**	Occupational Therapy in • Cardio-Pulmonary conditions • Hematology • Autoimmune disorders • Dermatology • HIV Geriatrics • Obesity • General Surgery • Plastic Surgery & Reconstructive Surgery • Neurosurgery • Cardiovascular Thoracic Surgery • Common problems of E.N.T • Common Ophthalmological conditions and their management	Theory/ Practical / Demonstration / Clinical

				• Obstetrics & Gynecology	
		2. Occupational therapy in adult & pediatric neurological conditions	**OT Practice & Process III**	Occupational Therapy in • Cerebro - Vascular Accidents • Extra Pyramidal Lesions • Diseases of Muscles, motor neurons , neuromuscular junction & peripheral nerves • Cerebellar Disorders • Disorders of cranial nerves • Degenerative and infective diseases of nervous system • Traumatic brain injuries • Spinal Cord Injuries • Tumors of Brain & Spinal cord & other malformations • Seizure disorders • Vestibular dysfunctions • Dysphagia • Developmental disabilities • Cognitive Perceptual Rehabilitation for children and adults with neurological disabilities pertained to their performance area (ADL, Work, Leisure) • Vision rehabilitation for geriatric and pediatric population	Theory/ Practical / Demonstration / Clinical

				• Neuro-rehabilitation technologies	
		3. Occupational Therapy in musculoskeletal conditions	**OT Practice & Process IV**	Occupational Therapy in • Fractures of upper and lower extremities • Injuries at and around upper and lower extremities joints • Pathological and arthritic conditions of upper limbs lower limbs, vertebral column and spinal cord • Metabolic bone disorders, cumulative work disorders • Sports medicine • Metabolic bone disorders • Congenital musculoskeletal deformities • Neuromuscular deformities in C.P., Post Polio paralysis etc • Hand injuries & surgeries • Rehabilitation technologies and bioengineering pertained to hand and orthopedic rehabilitation • Recent advances in upper extremity splinting	Theory/ Practical / Demonstration / Clinical
		4. OT in adult and child psychiatric conditions	**OT Practice & Process V**	• Objectives , Theoretic basis & methods of evaluation in Psychiatric OT • Activity analysis & work fitness evaluation • Use of therapeutic media & Current practices in psychiatric OT • Legal psychiatry and disable benefits for persons with mental illness in India • OT in Adolescent Mental Health • OT in Geriatric Mental health • Role of OT as a team member in Community Psychiatry	Theory/ Practical / Demonstration / Clinical

				• OT in special settings like Jail, Juvenile home etc • Stress Management	
		5. OT in Community Based Rehabilitation	**OT in Public Health**	• Environmental Vs. Architectural Barriers Assessment & management • Indian & international guidelines for barrier free environment (Toilet, Kitchen, bed room, Ramp/stairs, public transport facility etc.) • Disability evaluation ,management & certification • Psycho-social OT • Driving Rehabilitation for persons with Disabilities • Mobility assessment, prescription of mobility aids/wheelchairs/appliances & training • Research methodology for community based studies • Wellness programme & Preventive Occupational Therapy • OT in occupational hazards • Disaster management	Theory/ Practical / Demonstration / Clinical
		6. Research methodology and Bio-statistics		• Introduction to Research Methodology • Introduction to Bio-statistics • Critical appraisal of scientific paper • Preparation of research proposal • Research methodology for 'case study' in clinical practice	Theory
		7. Recent Advances in OT Theory and Practice		• Research informed Occupational Therapy practice & clinical reasoning in OT • Translation of research in to practice • OT intervention based on conventional / recent approaches / research evidences • Translation of clinical observation in to research • Professional Ethics & Development • Recent advances in OT	Theory/ Practical / Demonstration / Clinical

				○ Virtual Reality ○ Assistive & adaptive Technology ○ Robotics ○ Industrial Rehabilitation ○ Computer / IT application in rehabilitation • Adjunctive Therapy to O.T (Physical agent modalities, Yoga Therapy, Kinesiotapping, Aquatic therapy, Myofascial Pain Syndrome management and pain management etc.)	
		8. Organization and administration in OT		• Entrepreneurship in OT • Planning an OT department • Leadership styles, qualities • Essential Documentation systems & skills (Language of documentation, Efficient storing & retrieval system for documentation, Use of Electronic media & IT in documentation) • Introduction to Report, Records, referral services • SOAP notes • Legal aspect of practice • Inter & intra professional communication • Work Ethics • Utilization of Govt. funds & policies	Theory and Practical
		9. Project / Dissertation Work		• Research work in single under the supervision of guide in the final year OR • Student should carry out one "Research work" in group dissertation during Internship	Practical and /or clinical
		• **Additional Skills ***	• **Basic Computer Knowledge**	• Ms Office (Word, PPT, Excel) • Use of internet and health care databases to retrieve authentic, scientific information	Theory & Practical

			* • **Basic "Presentation & writing" skills ***	• Seminar and case Presentation skills • Documentation writing skills, Legal writing skills etc.	

*** 'Not for university exam'**

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APPENDIX 4:

A proposed guideline for 'Clinical Field work and Evaluation'

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

A sample of clinical assignment card & clinical field work evaluation form is given below. The institution can frame similar comprehensive clinical assignment records of each academic year of the course & evaluation format to evaluate the various professional facets of studentas outlined in the minimum professional competencies as well as professional activities (eg, 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 Pediatrics, Orthopedics, Neurology, etc.)

A) Occupational Therapy Clinical Assignment Card

Name of the student:_____

F.Y.O.T /S.Y.O.T /T.Y.O.T /Fourth Y.O.T : _____

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

This is to certify that Mr./Ms_____, student of F.Y/S.Y/T.Y/Final Year Occupational Therapy has successfully completed all the clinical assignments during the academic year_____to_____.

Date: (Name and Signature)

Head of the Department/ Principal
O.T College

B) BOT / BOTh CLINICAL FIELDWORK EVALUATION FORM

A) Demographic Data

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

B) Evaluation

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

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

C) Clinical Hours

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

D) Overall Assessment Rating

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

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

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