

# **CERTIFICATE COURSE IN CARE GIVING**

## **Syllabus & Guidelines**

### **REHABILITATION COUNCIL OF INDIA**

*(Statutory body under the Ministry of Social Justice and Empowerment)*

**B-22, Qutub Institutional Area**

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## **Preamble**

Increased globalization and modernization has brought about problems of old age, disaster related injuries, mental stress disorders & paucity of trained medical & health professionals etc. In view of these phenomena, the RCI, a registered statutory body has taken a decision to meet the challenge for the need of care giving from the family unit to the community and the institution as an important component of a continuing care and rehabilitation.

The concept of care giving and creation of a cadre of care givers is the need of the country. The availability of trained care givers and operationalizing the programme in care giving, will fulfill the needs of the chronically ill, elderly and persons with disability increasing at an alarming rate.

## **Aim**

To prepare a cadre of trained care givers to provide quality care in various areas of disabilities ranging from infancy to old age.

## **Objectives**

1. To design standardized course modules for care givers.
2. To educate and train caregivers.
3. To monitor, assess, evaluate and review content of the feedback.
4. To make desirable changes in the courses more beneficial to the clients.

## **Expected Outcome**

1. A cadre of trained care givers will be available within the home, community and institutions for care-giving for persons with Autism, Mental Retardation, Cerebral Palsy and Multiple Disabilities.
2. A cadre of trained care givers will be available for care giving to persons with Mental Illness, Dementia, Alzheimer's and other such chronic disorders.
3. A cadre of trained care givers will be available for care giving to persons with locomotor disabilities arising due to trauma, spinal cord injuries, stroke, head injuries, osteoporosis, muscular dystrophy, arthritis, leprosy cured, old age and other such conditions.
4. A cadre of trained Care Givers will be available for care giving to persons with deaf-blindness and visual impairment.

## Course Structure

Certificate Course - This course will have combination of Basic compulsory module with any three of the 5 modules mentioned below with total study duration of 10 months, each module of 2½ months covering a group of disabilities. All the modules will be offered consecutively.

- A) Basic compulsory Module covering areas such as anatomy & physiology, health, nutrition, general care giving, concession and benefits for the persons with disability under various Govt. schemes etc.
- B) Autism, Cerebral Palsy, Mental Retardation, and Multiple Disabilities.
- C) Mental Illness, Dementia and other disabling conditions.
- D) Locomotor Impairment due to conditions including trauma, Spinal Cord Injury, head injury, stroke, Osteoporosis, poliomyelitis, Muscular Dystrophy, arthritis, Leprosy Cured, old age etc.
- E) Deaf-blindness
- F) Visual Impairment

Weightage in terms of hours for all the above modules for theory and practical will be in the ratio of 30: 70 i.e., 100 hours for theory and 230 hours for practicals.

The choice for the optional module can be exercised either at the beginning while entering the course or after completing the basic module.

## Entry Criteria

**(Module A + any three of Modules B, C, D, E or F):** The minimum entry qualifications would be 10<sup>th</sup> or equivalent pass.

After the successful completion of the courses, the candidates will be awarded a certificate by RCI.

**Admission procedure** – as per standard rules and practices.

**Intake Capacity** – Not more than 25 in a batch

**Medium of Instruction** - Hindi, English or Regional Language

**Teacher-Student Ratio** – 1: 10

**Minimum attendance required** – 80 %

### Faculty Requirement

There would be minimum 2 core faculty for a maximum batch size of 20 students having the following qualifications:

- a) One of the core faculties should be B.Sc. in Nursing/Psychiatric Nursing/ Rehabilitation Professional or General Nursing with minimum 3 years of practical experience.
- b) There should be a Demonstrator or Co-trainer, who should be a RCI registered personnel in course-related specialization with minimum 3 years experience.

The Guest faculty will be engaged as per requirement of the course.

## The Infrastructure Requirement

The infrastructure requirement for an Institute willing to conduct the programme will be as follows:

- a) The training center should have facilities in at least one area of disabilities related to the course.
- b) Should be able to have attachment with a hospital.
- c) Should be able to have attachment with rehabilitation centers related to disability areas covered under the syllabus.
- d) The Institute should have an adequately furnished class room with a toilet, office room, reference material.

## Examination

Written examinations will be a combination of objective type, short answer type and essay type in nature

### Theory-

There will be 4 Theory exams of 100 marks each i.e. Total 400 marks. (with 75 marks for examination and 25 marks for Internal Assessment)

Allocation of marks will be proportional to the number of teaching hours in each topic.

### Practical –

Certificate Course practical exams a total of 600 marks will be assigned and the break up will be as follows:

a)	Practical Book Record	= 100 marks
b)	3 course presentations, one based on each Module (3x100) (for assessment of the patient / client, family needs, Care Plan / Management)	= 300 marks
c)	Basic activities/emergencies (ADL -25, Leisure-25, Emergencies-25, Behaviour mgmt.-25)	= 100 marks
d)	Viva-voce examination	= 100marks
	<b>Total</b>	<b>600 marks</b>

In the event of the candidate failing in the final examination, he/she can avail chances for supplementary examinations as per Scheme of Examinations.

**Passing Marks – Theory** - 40 %  
**Practical** - 50 %

Students are required to pass in the theory and practicals

### Grading -

Distinction - 70 % and above  
First div. - 60 – 69 %  
Second Divn. - 50 – 59 %  
Third divn. - 40 – 49 %

## CONTENTS OF THE COURSE –

### Module – A- Basic Compulsory Module (2 ½ months)

Theory Hrs. – 100

Practical Hrs. – 230 (working days @ 22 days in a month x 6 hrs a day = 55 x 6 = 330)

#### General Care Giving

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	<p>(a) Introduction/aim/scope of the course</p> <p>(b) Introduction to disability : Disease, impairment, Disability, handicap and changing concepts</p> <p>(c) Types of Disability :</p> <ul style="list-style-type: none"><li>- Visual Impairment,</li><li>- Hearing &amp; Speech Impairment</li><li>- Locomotor Disability</li><li>- Mental Retardation</li><li>- Multiple Disability</li><li>- Mental Illness</li><li>- Autism</li><li>- Cerebral palsy</li></ul> <p>(d) Prevention, Causation, psychosocial Impact of disability on the individual / family / community.</p> <p>(e) Statutory provisions in the field of disability, concessions benefits under various schemes of Govt. of India for persons with disability.</p>	8	16
2.	<p>Anatomy, Physiology and Human Development</p> <p>To Provide basic knowledge about the structure and function of different parts of the body so as to develop an understanding about the functioning of human body.</p> <p>Organization of the body Different systems – Basics on Musculoskeletal, Nervous, Cardiovascular, Respiratory, Digestive, Urinary, Reproductive - Sensory organ (structure, function &amp; physiology), Endocrine organs. Typical and Atypical Development (Cognitive, Language and Socio emotional development)</p>	12	24

3	<p>Health &amp; Personal Hygiene</p> <p>Fundamentals of Health :</p> <ul style="list-style-type: none"> <li>• Definition of Health (Physical &amp; Mental) and Illness</li> <li>• Personal hygiene.</li> <li>• Oral diseases &amp; Dental hygiene</li> <li>• Differences between infectious and non-infectious diseases</li> </ul>	6	12
4	<p>Assessment</p> <ul style="list-style-type: none"> <li>• Fundamentals of functional Abilities-</li> <li>• Functional Assessment</li> <li>• ADL</li> </ul>	6	16
5.	<p>Care Giving &amp; promotion of Independence skills:</p> <ul style="list-style-type: none"> <li>• Provision of good home care</li> <li>• Universal precautions</li> <li>• Maintaining personal hygiene</li> <li>• Environmental hygiene</li> <li>• Bed making</li> <li>• Prevention of bed sores</li> <li>• Bed bath(sponge bath), mouth care</li> <li>• Taking &amp; Recording of temperature, pulse, respiration, blood pressure etc.</li> <li>• Simple sterilization methods and prevention of cross infection</li> <li>• Positioning &amp; transferring skills</li> <li>• Nutrition and feeding including preparation of simple therapeutic diet</li> <li>• Nasal feeding skills</li> <li>• Cleanliness</li> <li>• Regular bowel movement and urination</li> <li>• Assisting in exercise, rest and sleep</li> <li>• Health education</li> <li>• First Aid – <ul style="list-style-type: none"> <li>• How to control bleeding from a wound, cuts, scrapes etc.</li> </ul> </li> <li>• Use of Aids &amp; appliances</li> <li>• Effects of sensory alterations, including stress for patients and staff, sensory overload and deprivation, sleep and rest disturbances in the critical care unit. This section will also cover the dying process and death.</li> </ul> <p>- Immobility in severely disabled/critically ill persons including pain management, wound healing and altered body image</p>	28	60

6.	<p>Handling Emergencies:</p> <ul style="list-style-type: none"> <li>• Recognizing &amp; responding to Emergencies</li> <li>• How to administer medicines, appropriately and on time</li> <li>• Care during fever, loss of consciousness, choking, drowning, when breathing stops, breathlessness etc.</li> <li>• Giving first aid for burns, poisoning, snake bites etc.</li> </ul>	10	24
7	<p>Nutrition :</p> <ul style="list-style-type: none"> <li>• Importance of a Balanced diet</li> <li>• Myths about diet</li> </ul>	4	10
8	<p>Enabling Caregivers-</p> <ul style="list-style-type: none"> <li>• Counseling-individual/group/family</li> <li>• Networking skills</li> <li>• Early signs of caregivers' distress</li> <li>• Coping with stress &amp; need for Support of the Care givers</li> <li>• Developing positive attitude</li> <li>• Leadership</li> <li>• Importance of interpersonal relationship</li> <li>• Importance of understanding the difficulties and needs of disabled persons</li> </ul>	16	38
9	Documentation & Accounts Maintenance	4	10
10	<p>Code of Conduct :</p> <ul style="list-style-type: none"> <li>• Roles and responsibility of a Care Giver</li> <li>• Prevention of and protection against abuse – verbal, sexual, physical, financial, etc.</li> <li>• Do's &amp; Don'ts</li> <li>• Impact of the critical environment</li> </ul>	8	20
<b>Total No. of hours</b>		100	230

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**Care Giver's Training in Autism, Cerebral Palsy, Mental Retardation and Multiple Disabilities**

**Module - B  
(2 ½ months)**

Theory Hrs – 100

Practical Hrs – 230 (working days @ 22 days in a month x 6 hrs a day = 55 x 6 = 330)

**Content Areas**

	<b>Theory</b>	<b>Practical</b>
I. Orientation to: Autism Mental Retardation Cerebral Palsy Multiple Disabilities Associated problems Definition & terminology, Characteristics Causes, Classification on functional basis and needs	10 hrs.	8 hrs.
II. Family Dynamics  a) Critical issues in care giving and its impact on family life b) Guidance and support to families	4 hrs	4 hrs.
III. Family need assessment Individual needs assessment	2 hr 4 hrs	2 hr 8 hrs
IV. Transfer of skills to family members	2 hrs	2 hrs
V. Basic Management in Activities of Daily Living  a) Positioning b) Lifting c) Carrying/transferring d) Dressing e) Bathing and grooming f) Toileting/brushing g) Management of menstruation h) Personal hygiene i) Teaching Individual skills ( household chores)	12 hrs.	36 hrs.
VI. Sensory Motor Stimulation	4 hrs.	16 hrs.
VII. Orientation and Mobility	4 hrs.	14 hrs.
VIII. Assistive Devices & Barrier Free Environment	4 hrs.	10 hrs.
IX. Language and Communication a) Developing basic language skills b) Alternative methods of communication	16 hrs.	34 hrs.



	c) Specific strategies for augmenting communication in non speaking persons with Autism, Multiple Disability, Cerebral Palsy, Deaf-blindness, Language delay.		
	d) Basics in sign language		
	e) Social interactions		
X.	Socio-emotional Management	4 hrs.	4 hrs.
	a) Bonding		
	b) Motivation		
	c) Self esteem		
XI.	Learning and Understanding	20 hrs.	26 hrs.
	a) Prerequisites for learning		
	b) Concept development		
	c) Symbolic understanding		
	d) Functional literacy (reading, writing & numeracy)		
	e) Functional skills such as concept of money, time, calendar etc.		
	f) Strategies for enhancing specific learning skills		
	g) Understanding the environment		
	h) Play		
	i) Teaching Individual Living Skills (household chores)		
XII.	Basic Principles in behaviour management	6 hrs	20 hrs.
XIII.	Managing sexuality	2 hrs	4 hrs.
XIV.	Working with Adults	4 hrs	10 hrs
	a) vocational		
	b) life skills ( including coping)		
XV.	Leisure and Recreational Skills	2 hrs.	12 hrs.
XVI.	Field Visit (home visits)	0 hrs	20 hrs.
	<b>TOTAL</b>	<b>100 hrs.</b>	<b>230 hrs</b>

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## Care Giver's Training in Chronic Mental Illness, Dementia and Other Disabling Conditions

### Module - C

(2 ½ months)

Theory Hrs – 100

Practical Hrs – 230 (working days @ 22 days in a month x 6 hrs a day = 55 x 6 = 330)

#### Theory

	THEORY	PRACTICAL
I. INTRODUCTION –	20	60
1. Basic characteristics of Brain & behaviour		
2. Mental Health in the age perspective		
- Characteristics of a Healthy Person		
- Concept of normalcy and abnormalcy		
- Causes of abnormal behaviour, myths & misconceptions		
3. Mental Illnesses - in the age perspective and Classification		
4. Childhood Conditions – Chronic Psychiatric conditions of the childhood		
II. MAGNITUDE OF THE PROBLEM-	2	--
III. CAUSES AND PREVENTION-	6	--
IV. FEATURES –	26	60
A) (Acute and Chronic Conditions) – Basic definition,		
B) features, Classification of mental disorders, the concept of Acute and chronic mental disorders.		
C) Chronic Mental Illnesses- (Features basic details and differences between types, expected symptoms during exacerbations)		
- Mood Disorders – (Depression, Mania, Bipolar disorders)		
- Schizophrenias- (Simple, Paranoid, catatonic, hebephrenic, delusional disorders etc)		
- Paranoid Disorders –		
- Anxiety Disorders – (Obsessive compulsive disorder, Dissociative and somatoform disorders)		
D) Childhood & Adolescent Conditions- Classification, signs and symptoms,		
E) Dementias - (Features)		
- Alzheimer's Disease		
- Vascular Dementias		
- Treatable (Reversible) Dementias		
V. COMPLICATIONS/ ASSOCIATED CONDITIONS –	10	20
Convulsive disorders, Other medical conditions, Aberrant sexual behaviour		
VI. APPROACH TO MANAGEMENT –	30	80
A) Basic nursing care – Concept of nursing, responsibilities of a nurse, Basic systems and procedures in psychiatric nursing		
B) Personal care		

(Care of skin, hair, mouth, pressure sores, toilet needs, bed making, feeding the patient, tube feeding, foley's catheter care, gastrostomy care change of environment & coping with change, exercise, restraints)

C) Observation and assessment

(Head to foot examination, Basic history taking, Mini Mental status Examination, charting, weight, urine, stool and sputum, monitoring vital signs,)

D) Administration of drugs

(oral medicine, Eye drops, ear drops, injections, insulin, suppositories, inhalation steam, oxygen administration, application of heat and cold, Dealing and administering medicines with the difficult Mentally ill patients (Paranoids, Violent, delirious, catatonic etc.) Recognizing and dealing with drug induced side effects.

D) Management and care of the mentally sick

(Sick in the community, assessment, home visiting, referral, Safety precautions)

E) Basic needs & care of elderly and persons with chronic Mental illness

Introduction to geriatrics, Concept of physical examination and mental status examination- Thought process, Mood, orientation, intelligence, memory, judgment, insight etc.

F) Dealing with Dementias- basic interaction and comforting the patient, Classifying the needs of the patient, maintaining a consistent environment. Dealing with blames and anger of the patient. Dealing with the family Members.

G) Activities with the Patients- (ADL, physical therapy, sensory integration, yoga, music, dance, recreation, vocational training & rehabilitation)

H) Psychosocial Interventions- Individual and group processes- communication facilitation and skills training, promoting initiatives, supporting encouraging to help in care giving, participating, involve in group activities/ leisure/recreation/play etc.

I) Dealing with abusive behaviour, uncooperative patients, repetitive behaviour, epilepsies, odd and unusual behaviour, absconding behaviour, disorientation, managing/dealing with delusions and hallucinations in patients, hyperactive behaviour, rebellious behaviour, oppositional behaviour, destructive behaviour

J) Childhood and Adolescents - dealing with children, administering treatment, referrals.

K) Managing Psychiatric Emergencies – viz. Delirium, violence, stupour, suicidal threats and attempts, homicidal behaviour/ attempts,

VII. REHABILITATION-

6

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## Care Giver's Training in the area of Locomotor Impairment

### Module – D (2 ½ months)

Theory Hrs – 100

Practical Hrs – 230 (working days @ 22 days in a month x 6 hrs a day = 55 x 6 = 330)

		Theory 2 hrs
<b>Orientation of the Course</b>		
<b>Unit-I</b>	<b>Explanation of the illness / disability</b>	<b>12 hrs</b>
	What is Locomotor Disability	
	Causes of Locomotor Disability	
	Specific condition leading to Locomotor Disability	
	Problems faced due to Locomotor Disability	
<b>Unit II</b>	<b>Problems of disability / illness</b>	
<b>i.</b>	<b>Spinal Cord Injury</b>	<b>6 hrs.</b>
	– Introduction	
	– Magnitude of problem	
	– Causes & Prevention	
	– Features	
	– Complications / Associated problems	
	– Emergencies	
<b>ii.</b>	<b>Muscular Dystrophy</b>	<b>4 hrs</b>
	– Introduction	
	– Magnitude of problem	
	– Causes & Prevention	
	– Features	
	– Complications / Associated problems	
	– Emergencies	
<b>iii.</b>	<b>Leprosy (Hansens Diseases)</b>	<b>2 hrs</b>
	– Introduction	
	– Magnitude of problem	
	– Causes & Prevention	
	– Features	
	– Complications / Associated problems	
	– Emergencies	
<b>iv.</b>	<b>Poliomyelitis</b>	<b>4 hrs</b>
	– Introduction	
	– Magnitude of problem	
	– Causes & Prevention	
	– Features	
	– Complications / Associated problems	
	– Emergencies	

- v. **Osteoporosis** **2 hrs**
- Introduction
  - Magnitude of problem
  - Causes & Prevention
  - Features
  - Complications / Associated problems
  - Emergencies
- vi. **CVA (Cerebro Vascular Accident – Hemiplegia – Stroke) 6 hrs**
- Introduction
  - Magnitude of problem
  - Causes & Prevention
  - Features
  - Complications / Associated problems
  - Emergencies
- vii. **Arthritis** **4 hrs**
- Introduction
  - Magnitude of problem
  - Causes & Prevention
  - Features
  - Complications / Associated problems
  - Emergencies
- viii. **Old Age** **2 hrs**
- Introduction
  - Magnitude of problem
  - Normal Ageing
  - Causes of Problems & Prevention
  - Features
  - Complications / Associated problems
  - Emergencies

**Unit III Management of illness**

- Spinal Cord Injury (General) **10 hrs**
- First Aid
  - Handling
  - Nursing & Skin Care
  - Care of Airway & Breathing
  - Care of Bladder & Bowel
  - ADL
  - Role of Exercises
  - Care of Spasms
  - Care of person with pain
  - Recognition, Prevention & Care of contractures
- (Specific)*
- Pressure sores
  - Urinary retention / infection

- Respiratory infections / chocking
- Autonomic Dysreflexia

*(Rehabilitation)*

- Splints and Assistive Devices/Mobility Aids & its maintenance
- Diet & Nutrition care
- Home & Work Place modification & adaptation

**CVA**

**10hrs**

- Early recognition
- Checking of Pulse / Blood Pressure
- Positioning & Handling
- Prevention & Care of Contracture
- Role of Exercises
- Care of Bladder, Bowel
- Skin Care
- ADL
- Feeding (Ryles Tube feeding & its Complications)
- Care of Balance & Gait
- Care of Swallowing & Speech
- Assistive Devices & Mobility Aids

**Arthritis**

**6 hrs**

- Positioning
- Role of Rest and Exercises
- Role and care of Assistive Devices
- Recognition of deformities
- Relief of Pain and swelling

**Muscular Dystrophy**

**4 hrs**

- Role of rest and Exercises
- Recognition, Prevention and care of Contractures
- Breathing Exercises & Prevention of respiratory complications
- Nutrition care and weight control
- Role and care of Assistive Devices & Mobility Aids

**Leprosy**

**4 hrs**

- Recognition of stage of Leprosy
- Role of rest and exercises
- Prevention of Stiffness & Contractures
- Recognition, Prevention and care of Ulcer
- Role of appropriate footwear
- Role and care of Assistive devices & Mobility Aids

**Poliomyelitis**

**4 hrs**

- Early identification
- Positioning and handing
- Role of Exercises
- Recognition, Prevention and care of contracture
- Role and care of Splints & calipers etc.

**Osteoporosis** **2 hrs**

- Dietary care to prevent osteoporosis
- Awareness and recognition of complications
- Role of rest, positioning and Exercises
- Care of person with pain
- Care of person with fracture

**Old Age** **2 hrs**

- Recognition of problems faced by elderly
- Care of elderly person
- Prevention of problems faced by elderly

**Unit IV      Complications and Emergencies**

**Spinal Cord Injury** **4 hrs**

- Pressure Sore
- Bladder Infection
- Bowel impaction
- Respiratory Tract Infections
- Autonomic Dysreflexia
- Spasticity
- Postural hypotension
- Pain
- Contractures

**CVA** **4 hrs**

- Pressure Sore
- Bladder Infection
- Bowel impaction
- Respiratory tract Infections
- Feeding problems
- Contractures
- Pain

**Muscular Dystrophy** **2 hrs**

- Respiratory complications
- Contractures and deformities
- Breathlessness

**Leprosy** **2 hrs**

- Infectious
- Ulcers
- Contracture & disability
- Amputation

**Arthritis** **1 hr**

- Pain
- Swelling
- Stiffness and deformity

**Poliomyelitis** **1 hr**

- Contracture & deformity

**Osteoporosis** **1 hr**

- Pain
- Fractures

**Old Age** **1 hr**

- Pain
- Injuries
- Deformities
- Retention / Incontinence

**Unit V Practical**

**Spinal Cord Injury** **54 hrs**

- First Aid
  - Handling
  - Nursing & Skin Care
  - Care of Airway & Breathing
  - Care of Bladder & Bowel
  - ADL training
  - Role of Exercises
  - Care of Spasms
  - Care of person with pain
  - Recognition, Prevention & Care of contractures
- (Specific)*
- Pressure sores
  - Urinary retention / infection
  - Respiratory infections / choking
  - Autonomic Dysreflexia
- (Rehabilitation)*
- Care and use of Splints and Assistive Devices/Mobility Aids
  - Diet & Nutrition care
  - Home & Work Place modification & adaptation

**CVA** **50 hrs**

- Checking of level of consciousness, Pulse, Blood Pressure
- Positioning, handling
- Prevention & care of Contracture
- Exercises
- Care of Bladder, Bowel
- Skin Care
- Care of swallowing, feeding
- Care of speech and communication
- Care of Balance & Gait
- Use and care of Assistive Devices & Mobility Aids



<b>Arthritis</b>	<ul style="list-style-type: none"> <li>- Rest, positioning</li> <li>- Exercises</li> <li>- Use and care of splints, Assistive Devices</li> <li>- Care during pain, swelling, stiffness, contractures</li> </ul>	<b>30 hrs.</b>
<b>Muscular Dystrophy</b>	<ul style="list-style-type: none"> <li>- Rest, positioning</li> <li>- Exercises</li> <li>- Prevention and care of Contractures</li> <li>- Care of Breathing &amp; Prevention of respiratory complications</li> <li>- Use and care of Assistive Devices &amp; Mobility Aids</li> </ul>	<b>24 hrs</b>
<b>Leprosy</b>	<ul style="list-style-type: none"> <li>– Rest and positioning</li> <li>– Exercises</li> <li>– Prevention of Stiffness &amp; Contracture</li> <li>– Prevention and care of Ulcer</li> <li>– Use and care of appropriate footwear</li> <li>– Use and care of Assistive devices &amp; Mobility Aids</li> </ul>	<b>18 hrs</b>
<b>Poliomyelitis</b>	<ul style="list-style-type: none"> <li>– Rest, positioning</li> <li>– Exercises</li> <li>– Prevention of contracture</li> <li>– Use of Splints, calipers, assistive devices, mobility aids</li> <li>– Care after operation</li> </ul>	<b>30 hrs</b>
<b>Osteoporosis</b>	<ul style="list-style-type: none"> <li>– Rest, positioning</li> <li>– Exercises</li> <li>– Use and care of devices, braces</li> </ul>	<b>12 hrs.</b>
<b>Old Age</b>	<ul style="list-style-type: none"> <li>- Rest, positioning, handling</li> <li>- Exercises</li> <li>- Care of balance and gait</li> <li>- Care of nutrition, feeding, swallowing</li> <li>- Care of bladder, bowel</li> <li>- Care during pain</li> </ul>	<b>12 hrs.</b>

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## Care Giver's Training in the area of Deafblindness

### Module E (2 ½ Months)

Theory Hrs – 100

Practical Hrs – 230 (Working day @ 22 days in a month × 6 days in a month × 6 hrs a day = 55 × 6 + 330)

#### Content Areas

	<b>Theory</b>	<b>Practical</b>
I. <u>Introduction to Deaf-blindness</u> Definition & terminology, Characteristics Causes, Classification on functional basis and Needs Associated problems	2 hrs	4 hrs
II. <u>Onset of Deaf-blindness and its impact on:</u> Communication and independent movement Psycho-social development Concept development	2 hrs	6 hrs
III. <u>Activities of Daily Living</u> Positioning Lifting/Carrying/transferring Feeding/drooling control Mealtimes Brushing Dressing Bathing and grooming Toileting Management of menstruation	12 hrs	40 hrs
IV. <u>Use of Multi-sensory approach</u> Encouraging the functional use of remaining senses Developing the remaining senses Use of remaining senses in independent movement	6 hrs	10 hrs
V. <u>Orientation and mobility</u> Movement Mobility techniques Barrier free environment Assistive devices and aids	4 hrs	16 hrs
VII. <u>Language and Communication</u> Stages of language development Modes of communication	18 hrs	40 hrs

Effect of deaf-blindness on developing expressive and receptive language		
Alternative methods of communication - Manual system (Finger spelling, sign language, tactile signing), Calendar boxes, communication boards, picture cards		
Total communication (Combination of oral-aural, manual, body language, gestures and facial expressions)		
Object based communication		
Braille and large print.		
Basics in sign language		
Creating a responsive environment for enhancing language development		
<u>VIII Fostering Social Relationships</u>	8 hrs	10 hrs
Promoting social interaction		
Building relationships		
Bonding with parents/family, peer group and care giver		
Importance of communication in daily life of deaf-blind people		
Development of self esteem		
<u>VIII. Psycho-social management</u>	3 hrs	0 hrs
Bonding		
Motivation		
Self esteem		
<u>IX. Learning and Understanding</u>	18 hrs	36 hrs
Prerequisites for learning		
Concept development		
Understanding learning styles and preferences		
Functional literacy (reading, writing & numeracy)		
Functional skills such as concept of money, time, calendar etc.		
Strategies for enhancing specific learning skills		
Understanding and adapting the learning environment		
Play development		
Teaching Individual Living Skills (household chores)		
<u>X. Behaviour Management</u>	8 hrs	20 hrs
Understanding the behaviour and Management Strategies		
<u>XI. Health Education</u>	4 hrs	4 hrs
Training in sex education		
Nutrition, Personal Hygiene & Health		
<u>XII. Leisure and Recreational Skills</u>	6 hrs	12 hrs
<u>XIII. Orientation to Prevocational, Vocational and</u>	6 hrs	12 hrs
Educational Opportunities		
Access and support needs of deaf-blind adults		
<u>XIV. Care giver for deaf-blind people</u>	3 hrs	

Role and responsibilities  
Personality characteristics  
Essential Competencies and skills

XV. Field Visit

0 hrs

20 hrs

Internal Assessment

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**TOTAL**

**100 hrs**

**230 hrs**

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## Care Giver's Training in the area of Visual Impairment

### Module F (2 ½ months)

Theory: 100 Hours

Practical: 230 Hours

#### Part 1: Course Content (Theory)

1. Statistical and demographical information pertaining to Visually impaired
  - a. Major causes of visual impairment and effect on demographic pattern
  - b. Estimated population of the visually impaired
  - c. Distribution by age group
  - d. Gender distribution and comparatively higher percentage of females
  - e. Prevalence and incidence of visual impairment
  - f. Significance of age of onset of visual impairment
  - g. Geographical distribution
  - h. Backlog of eye surgery and its implication
  - i. Summary of findings of the National Sample Survey (2002)
2. Definition and types of visual impairments
  - a. WHO definition
  - b. Definition adopted by the Ministry of Welfare
  - c. Summary of publication "Uniform Definition of Disabilities"
  - d. Definition included in the "Persons with Disabilities Act"
  - e. Introduction to E-Test
  - f. Introduction to finger counts
  - g. Information about Curable and Incurable visual impairment
  - h. Explanation of the term "Refraction" and "Acuity"
  - i. Understanding of visual impairment through simulation exercises
3. Physiology and anatomy of eye
  - a. Structure and function
  - b. Introduction to various parts of the eye
  - c. Refractive errors
4. General causes of visual impairment & symptoms
  - a. Major causes of visual impairment
  - b. Simplest classification of causes
    - Ocular diseases and anomalies
    - General and systematic diseases
    - Injuries and accidents
  - c. Early intervention in case of:

- Xerophthalmia
- Cataract
- Trachoma
- Glaucoma

## 5. Introduction to eye care

- a. General
- b. Complaint, signs, causes, detection and treatment of:
  - Cataract
  - Glaucoma
  - Xerophthalmia
  - Trachoma
  - Eye infection
  - Foreign body
  - Injuries

## 6. Introduction to low vision aids

- a. Demographical details of the target group for low vision
- b. Need for low vision aids
- c. Assessment of low vision
- d. Introduction to common Low Vision Aids
- e. Referral to appropriate agencies in case of low vision
- f. Details about such agencies

## 7. Psycho-social implications of visual impairment

- a. Objective effects of visual impairment
- b. Subjective variables & psychological implications
- c. Social factors
- d. Introduction to functional assessment
- e. Importance of parent counselling

## 8. Acceptance of visual impairment, its need and importance

- a. Need for individual and reference group counselling
- b. Need for building up self-confidence
- c. Acceptance of disability
- d. Case studies on adjustment, acceptance and self-confidence

## 9. Importance of orientation and mobility

- a. Definitions:
  - Orientation
  - Mobility
- b. Importance of O & M
  - Safety of the individual
  - Financial independence
  - Step to comprehensive rehabilitation
  - Mobility and sports

## 10. Techniques, methods and process of O & M

a. Mobility techniques

- Pre-cane skills
- Sighted guide techniques
- While approaching narrow ways
- \* Ascending and descending stairs
- \* Being helped to a chair
- \* Passing through doorways
  - Walking along
- \* Trailing
- \* Protective techniques
  - Upper arm and forearm techniques
  - Lower hand and forearm techniques
- \* Locating dropped articles
- \* Using landmarks indoor
- \* Direction taking
  - Long cane
- \* Importance
- \* Right type of cane
- \* Qualities of cane
- \* Techniques of holding the cane
- \* Grip
- \* Hand position
- \* Wrist movement
- \* Arc
- \* Rhythm
- \* Using the cane
- \* Adaptation of cane techniques for rural areas
- \* Shorelining
- \* Guide dogs
- Introduction of basis techniques
- Limitations in Indian conditions

b. Using other senses for orientation

- Hearing
- Touch
- Smell
- Temperature
- Kinesthetic Sense
- Taste

c. Orientation and mobility training in Indian conditions

- Adaptation of techniques
- Individual need-based training

11. Introduction to activities of daily living and home economics

- a. Introduction to ADL
- b. Training strategy
  - Procedure for designing the daily living skills
  - Specific rules for teaching the daily living skills
- c. Training content
  - Personal care
  - Cooking skills
  - House keeping skills
  - Home economics
- d. Training in individual activities
  - Bathing
  - Brushing teeth
  - Shaving
  - Washing clothes
  - Money identifications
  - Pouring liquids
  - Lighting a kerosene lamp
  - Lighting a sagdi (furnace)
  - Making open fire
  - Eating
  - First aid in rural situation
- c. Specific training in rural conditions
- d. Special tips for Caregivers

## 12. Need and importance of parent counselling

- a. Explain project is community-based not community-oriented
- b. Need for active involvement of parents/family
- c. Approach to parent counselling
- d. Parental involvement while imparting training
- e. General motivational techniques
- f. Role of parents in the programme
- g. Role of community in the programme

## 13. Introduction to Braille

- a. Brief history of Braille system
- b. Pre-Braille activities
- c. General introduction to six-dot system
- d. System of Braille reading
- e. Introduction of common writing devices

## **Part II: Ophthalmic Training**

The Caregivers are also given ophthalmic training to help them to identify simple eye ailments and understand the various causes of visual impairment. This will help to dispel their superstitions and equip them with the skills of explaining the same to the rural folk. Training is given in the following aspects in a classroom and hospital background by eminent ophthalmologists:



- a. General eye-care
- b. Pathology of the eye
- c. Introduction of common eye-ailments and allied diseases
- d. Prevention of preventable eye-ailments and blindness
- e. Introduction to prevailing eye-care programmes, etc.
- f. Procedure for organizing eye camps, availability of financial assistance, and extent of involvement of service clubs
- g. Causes of blindness and the existing prevention programmes
- h. Observation of OPD in an eye hospital
- i. Procedure of issuing certificate of blindness
- j. Availability of visual aids
- k. Details of eye-care centres and services existing in the particular district

### **Part III. Practical Training**

The Care Giver is imparted practical training for five hours everyday in the rural settings. The venue for providing such training will be model village with the following amenities:

- a. A temple or a place of public gathering
- b. A river or pond or any place for water collection or ablution
- c. Access with the highway and means of public transport
- d. Various types of houses, roads, etc.
- e. Post office, dispensary, school, panchayat office, etc.
- f. Dung pits, manure pits, farm machinery, and farm implements.

The field training is given in the following aspects:

- a. Methods of identifying the blind, counselling the family, preparing case histories, reporting in the prescribed proforma, etc.
- b. Providing orientation and mobility training in a scientific and professional manner
- c. Training in home economics and daily living skills
- d. Practical exposure to realistic situations while under blindfold such as crossing a busy road, boarding buses, and negotiating traffic

### **Part IV. Various Personnel Needed for Training**

Details of training	Faculty
1. Introduction of the project	Director
2. Socio-psychological aspects	Local faculty of Psychology
3. Education of visually impaired	Special Educator
4. O&M training	Trained O&M Instructor
5. Potentials of visually impaired	Occupational Therapist
6. Job adaptations	Vocational Counsellor Placement Officer
7. Community participation	Trained Social Worker
8. Aids & Appliances	Trained rehabilitation workers
9. Ophthalmic training	Ophthalmologists

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