



सत्यमेव जयते



भारतीय पुनर्वास परिषद्

CERTIFICATE COURSE IN CARE GIVING

C.C.C.G.

May, 2023

(w.e.f. 2023-24)

REHABILITATION COUNCIL OF INDIA

(Statutory Body of the Ministry of Social Justice & Empowerment)

Department of Empowerment of Persons with Disabilities (Divyangjan)

Government of India

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New Delhi – 110 016

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Preface

Care givers can mediate to improve the quality of life for persons with disabilities and anybody having a physical impairment or functional limitations and chronic illness. This will help them to live in a hygienic environment and live healthy to be integrated into society.

The UNCRPD and the Sustainable Development Goals (SDGs) are global initiatives that aim to create an inclusive society where everyone can contribute to the country's development.

The Government of India is putting all efforts to ensure that health of all citizens are taken care and governments contribution to health of a population also derives from social determinants of health like living conditions, nutrition, safe drinking water, sanitation, education, early child development and social security measures.

The aim of the course is to impart training of Care giving to develop care givers to meet the challenges families and friends of a patient with serious illness face and how they can care for and support them as a provider, social worker or family friend. Supporting Families and Caregivers especially focuses on the children of a patient with serious illness and their caregiver, and teaches the best way to empower them to get the support they need.

In the light of New Education Policy (NEP-2020) and advancement of technology inclusion of all people including Divyangjan and elderly population are essential for the towards sustainable development. The syllabus is reviewed and restructured as per the guidelines of National Credit Frame Work 2022. The credit accumulated by the candidate will be redeposited in Academic bank of Credit (ABC). This credit will enhance their career growth.

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1.0 Preamble

The magnitude of the problem of disability is vast and its impact is very severe on the individual, family and the community. People with disability exist in every society and a part of everyday life. They bring diversities and abilities to their communities. They are entitled to human rights as every other person and should be included equitably in all aspects of the society and India also heading for a aging Society.

India is moving ahead in the 21st century in diverse areas of development. As a part of its global and national commitments, India has signed and ratified the UN convention on the rights of person with disability in 2006 and further enactment of RPwDs Act 2016. This shows India's commitment to provide equal rights to persons with disabilities.

The World report on Disability released in 2011 identifies 15% of the global population as consisting of people with disability, with five people living in poverty in developing countries having disability. India is a home for a vast number of persons with disability which ranges between (70-100) million. Majority of them live in rural /tribal areas of India.

This further requires training of generic Rehabilitation workers to work at grass root levels both at rural and urban (impoverished) to prepare people with disabilities for inclusion in the mainstream development program. Care and assistance to people who need help with their daily activities due to illness, disability, or aging is the need of the hour. Certificate course in care giving takes a deep dive into the challenges families and friends of a patient with serious illness face and how they can care for and support them as a provider, social worker or family friend. Supporting Families and Caregivers especially focuses on the children of a patient with serious illness and their caregiver, and teaches them the best way to empower them to get the support they need.

Therefore, it is necessary to develop Care givers training program to mitigate the increased globalization and modernization which has brought about problems of old age, disaster related injuries, mental stress disorders & paucity of trained rehabilitation professionals and personnel.

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.

2.0 Nomenclature of the Programme: Certificate Course in Care Giving i.e. C.C.C.G.

Objectives

1. To prepare a cadre of trained care givers to provide basic care for Persons with Disabilities, chronic illness, geriatric population etc. at home, community and institutions
2. To address various challenges that care givers should be familiar when they work with PWDs, mental health, chronic illness and geriatric population.
3. To develop the skills to communicate effectively.

4. To develop appropriate etiquette when working with the PWDs and the persons need care.
5. To develop the time management and organizational skills necessary to provide efficient care for clients.
6. To make them aware about the inclusive technology used for the persons who need appropriate services.

3.0 Scope of the Programme:

To assist people who need help with their daily activities due to illness, disability, or aging. Supporting Families and Caregivers especially focuses on the children of a patient with serious illness and their caregiver, and teaches you the best way to empower them to get the support they need.

By the end of this course, they will be able to provide critical avenues of support for the people who are instrumental to the patients care, wellbeing and quality of life.

Caregivers can be employed by private households, private care agencies, long term care facilities, not for profit charitable agencies, home care, within the community, and assisted living facilities and lodges. Can be self-employed.

4.0 Duration of the Program:

Duration of the programme will be of 1 year with 1200 hours leading to 40 credits (30 hours = 1 credit). The weightage to the programme will be 60% practical and 40% theory. The course work will comprise of 720 hours of practical and 480 hours of theory. The theory hours will also include 60 hours of Employability skills (Soft Skills). The resources for the same are freely downloadable at www.employabilityskills.net. This will enable and empower the trainees with readiness for applying, working as professionals in supporting diverse students across different setups. This 2 credit (60 hours) module is appended in annexure. The module will also have a weightage of 60:40 of practical and theory with formative assessment at internal and the final exam.

5.0 Eligibility:

The minimum entry qualifications is 10th or equivalent pass.

6.0 Medium of Instruction:

The medium of instruction will be English / Hindi / Regional language

7.0 Methodology: Offline Mode with standard teaching methods.

8.0 Staff Requirement

Sl.No.	Core Faculty	Upto20 seats	Column III for 30 seats
1.	Assistant Professors	01	02
2.	Demonstrator	01	02

- a) Professional Qualifications of Faculty: RCI registered Rehabilitation Professional with minimum Bachelor's degree in Special Education.
- b) Professional Qualification of Demonstrator--- RCI registered Rehabilitation Personnel with minimum Diploma preferably in Special Education or any discipline of disability sector.

The Guest faculty may be engaged as per requirement for the elective modules.

b) Teacher Student Ratio: 1:10

9.0 Intake capacity:

The intake for each year of the course will be 30 maximum

10.0 Minimum attendance/ Working days:

80% of the total course duration

11.0 Examination pattern:

Internal/External/ Practical/Viva : 40% internal and 60% External

Dissertation (if any): One case study as per the interest of the candidate

12.0 Criteria of Passing: 40% Theory and 50% Practical.

Board of Examiners/ Examination Scheme: As per NBER norms, Continuous Assessment and Term End Examination.

Award of Degree: Certificate in Care Giving, Awarded by NBER-RCI

13.0 Infrastructure requirements

d) Clinical Infrastructure (as applicable): The infrastructure requirement for an Institute willing to conduct the programme will be as follows:

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

14.0 Library:

A library equipped with basic books on various disabilities, General nursing care, First aid, hospital waste disposal, basic sciences, social, psychological and vocational rehabilitation should be a pre-requisite. In addition, useful video on DPR will be preferred.

f) Physical Space required (Classrooms/labs/therapy rooms/seminar halls etc as and when applicable):

- Two lecture halls with AV facility
- One Course coordinator room
- One office room
- One faculty room
- One library room
- Attached hospital/Rehabilitation inpatient facility

g) Office Furniture and equipment: Students Class room bench and chairs as per the number of seats, Table chairs for the faculties, library facility.

h) Equipment required (As applicable for the programme): Not Applicable

15.0 Registration as Personnel/Professional and Category of Registration:

It is mandatory for every rehabilitation professional / personnel to obtain a “Registered Personnel/ Professional Certificate” from the Rehabilitation Council of India to work in the field of disability and special education in India. A Student who has attended the training and completed the requirements for all modules successfully will be qualified as a **Community Based Rehabilitation - Personnel** and be eligible to work in the field of Rehabilitation in India as a **Care Giver**. As continuous professional growth is necessary for the renewal of the certificate, the rehabilitation professional / personnel should undergo in-service programme periodically to update their professional knowledge. Each registered professional/personnel will be required to get himself /herself renew his registration periodically. The periodicity will be decided by the council from time to time. The activities for enrichment training programmes in the form of Continuous Rehabilitation Education (CRE) is decided by the RCI.

16.0 COURSEWISE HOURS, CREDITS AND MARKS DISTRIBUTION

This course will have Eight Modules out of which **Module ‘A’, Module ‘B’ and Employability Skills** are compulsory. Any two modules can be opted from the Module ‘C’ to ‘G’

i. Paper wise Objectives/ Learning outcomes

Module	Objectives	Learning outcomes
Module A (Employability Skill and Soft Skill) Compulsory	To teach about ethics, soft skills, citizenship, ADIP, technologies, brief about all 21 disabilities orientation, disabling conditions of geriatric population all Govt. schemes in disability sector, diagnostic tools health, nutrition, general care giving, concession and benefits for the persons with disability under various Govt. schemes, communication skills.	To learn about ethics, soft skills, citizenship, ADIP, technologies, brief about all 21 disabilities orientation, disabling conditions of geriatric population all Govt. schemes in disability sector, diagnostic tools health, nutrition, general care giving, concession and benefits for the persons with disability under various Govt. schemes, communication skills.
Module B Compulsory	To teach Mental Health for Persons with Disabilities, Parkinson's disease, Chronic illness patients and Geriatric Population about explanation of illness and disabling condition, Problem of disability, care in illness and emergency.	To learn about the psychological adjustment, positive support system, this will produce care givers to provide psychological support to persons with 21 types of disabilities by understanding their needs, giving examples, linking them with peer of similar problems to resolve the problem face by them.
Module C	To teach about Autism,	To learn about Autism,

(Optional)-Elective	Cerebral Palsy, Intellectual disabilities, and Multiple Disabilities including deaf-blindness. Their family dynamics, ADL activities, use and maintenance of Orthosis and other Assistive devices, behavioral management etc	Cerebral Palsy, Intellectual disabilities, and Multiple Disabilities including deaf-blindness. Their family dynamics, ADL activities, use and maintenance of Orthosis and other Assistive devices, behavioral management etc and taking care of above persons to maintain quality of life.
Module D (Optional)- Elective	To teach about Mental Illness, Dementia, Thalassemia, Hemophilia, Sickle Cell disease, and other disabling conditions and how to take care.	To learn about Mental Illness, Dementia, Thalassemia, Hemophilia, Sickle Cell disease, and other disabling conditions and care giving process.
Module E (Optional)- Elective	To teach about Locomotor Impairment due to conditions including trauma, Spinal Cord Injury, head injury, stroke, Osteoporosis, poliomyelitis, Muscular Dystrophy, arthritis, Leprosy Cured, old age, Leprosy Cured persons, Dwarfism, Acid Attack victim and how to take care.	To learn about Locomotor Impairment due to conditions including trauma, Spinal Cord Injury, head injury, stroke, Osteoporosis, poliomyelitis, Muscular Dystrophy, arthritis, Leprosy Cured, old age, Leprosy Cured persons, Dwarfism, Acid Attack victim and care giving process.
Module F (Optional)- Elective	To teach Deaf-blindness, Hearing Impairment (deaf and hard of hearing) and how to take care.	To learn Deaf-blindness, Hearing Impairment (deaf and hard of hearing) and care giving process.
Module G (Optional)- Elective	To teach Visual Impairment, Low-vision and how to take care.	To learn Visual Impairment, Low-vision and care giving process.
Employability Skills	To teach about ethics, soft skills, citizenship, communication skills (spoken and written) To expose the students to leadership and team-building skills.	To learn about ethics, soft skills, citizenship, develop communication skills. Build team and lead it for problem solving.

ii. Annual programme structure with breakup of hours and credits (Theory / Practical): Annual Program with Term End examination. Units and Chapter details mentioned along with credits/marks and number of hours (Theory / Practical) (Elective – Any two)

Module	Theory hours	Practical Hours	Total	Theory Credit	Practical Credit	Total Credit	Internal Marks	External Marks	Total Marks
Module A Compulsory	90	----	90	3	----	03	20	30	50
Module A Compulsory PRACTICAL	-----	210	210	---	7	07	20	30	50
Module B Compulsory	90	----	90	3	---	03	20	30	50
Module B Compulsory PRACTICAL		210	210	----	7	07	20	30	50
Module C Elective-I	60	-----	60	2	---	02	20	30	50
Module C Elective-I PRACTICAL	----	210	210	-----	7	07	20	30	50
Module D- Elective-II	60	-----	60	2	---	02	20	30	50
Module D- Elective-II PRACTICAL	-----	210	210	----	7	07	20	30	50
Module E Elective-III	60	-----	60	2	---	02	20	30	50
Module E Elective-III PRACTICAL	-----	210	210	----	7	07	20	30	50
Module –F Elective-IV	60	-----	60	2	---	02	20	30	50
Module –F Elective-IV PRACTICAL	----	210	210	---	7	07	20	30	50
Module G Elective-V	60	-----	60	2	---	02	20	30	50
Module G Elective-V PRACTICAL	----	210	210	----	7	07	20	30	50
Employability Skills	60	---	60	2	--	02			
Total	360	840	1200	12	28	40	160	240	400

Module – A Compulsory

BASIC MODULE

(300 hours)

Theory Hrs. – 90. (03 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 10

Fundamentals Care Giving

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	<p>(a) Introduction/aim/scope of the course</p> <p>(b) Introduction to disability</p> <p>(c) Types of Disability :</p> <ul style="list-style-type: none"> ▪ Blindness ▪ Low-vision ▪ Leprosy Cured persons ▪ Hearing Impairment (deaf and hard of hearing) ▪ Locomotor Disability ▪ Dwarfism ▪ Intellectual Disability ▪ Muscular Dystrophy ▪ Chronic Neurological conditions ▪ Specific Learning Disabilities ▪ Multiple Sclerosis ▪ Speech and Language disability ▪ Thalassemia ▪ Hemophilia ▪ Sickle Cell disease ▪ Multiple Disabilities including deafblindness ▪ Acid Attack victim ▪ Parkinson's disease <p>(d) Prevention, Causation, psychosocial Impactof disability on the individual / family / community.</p> <p>(e) ADIP, technologies, disabling conditions of geriatric population, diagnostic tools health, nutrition, general care giving.</p> <p>(f) Statutory provisions in the field of disability, concessions benefits under various schemes of Govt. of India for persons with disability.</p>	90	210
2	<p>Health & Personal Hygiene</p> <p>Fundamentals of Health :</p> <ul style="list-style-type: none"> • Definition of Health (Physical & Mental) and Illness • Personal hygiene. • Oral diseases & Dental hygiene <p>Differences between infectious and non-</p>		

	infectious diseases		
4	<p>Assessment</p> <ul style="list-style-type: none"> • Fundamentals of functional Abilities- • Functional Assessment <p>ADL</p>		
5.	<p>Fundamentals of Care Giving & promotion of Independence skills:</p> <ul style="list-style-type: none"> • Provision of good home care • Universal precautions • Maintaining personal hygiene • Environmental hygiene • Bed making • Prevention of bed sores • Bed bath(sponge bath), mouth care • Taking & Recording of temperature, pulse, respiration, blood pressure etc. • Simple sterilization methods and prevention of cross infection • Positioning & transferring skills • Nutrition and feeding including preparation of simple therapeutic diet • Nasal feeding skills • Cleanliness • Regular bowel movement and urination • Assisting in exercise, rest and sleep • Health education • First Aid – • How to control bleeding from a wound,cuts, scrapes etc. • Use and care of Prosthesis, Orthosis and Assistive Devices • 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. <p>- Immobility in severely disabled/critically ill persons including pain management, wound healing and altered body image</p>		
6.	<p>Handling Emergencies:</p> <ul style="list-style-type: none"> • Recognizing & responding to Emergencies • How to administer medicines, appropriately and on 		

	<p>time</p> <ul style="list-style-type: none"> • Care during fever, loss of consciousness, choking, drowning, when breathing stops, breathlessness etc. <p>Giving first aid for burns, poisoning, snake bites etc.</p>		
7	<p>Infection, Nutrition and Food safety Risk and Prevention Awareness of Viruses</p> <ul style="list-style-type: none"> • Importance of a Balanced diet <p>Myths about diet</p>		
8	<p>Enabling Caregivers-</p> <ul style="list-style-type: none"> • Counseling-individual/group/family • Networking skills • Early signs of caregivers' distress • Coping with stress & need for Support of the Care givers • Developing positive attitude • Leadership • Importance of interpersonal relationship <p>Importance of understanding the difficulties and needs of disabled persons</p>		
9	<p>Documentation & Accounts Maintenance</p>		
10	<p>Code of Conduct:</p> <ul style="list-style-type: none"> • Roles and responsibility of a Care Giver • Prevention of and protection against abuse – verbal, sexual, physical, financial, etc. • Do's & Don'ts <p>Impact of the critical environment</p>		

Module – B Compulsory

MENTAL HEALTH FOR PERSONS WITH DISABILITIES, PARKINSON'S DISEASE, CHRONIC ILLNESS PATIENTS AND GERIATRIC POPULATION.

(300 hours)

Theory Hrs. – 90. (03 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 10

The Government of India has enacted Rights of person with disabilities Act, 2016. The Persons with Disabilities (Divyangjan) are human beings with same rights as any other human being on the Earth. However, they are at a disadvantage with due barriers in their environment. They undergo a process of psychological adjustments which may be facilitated to turn to positive and resilient side if they have a support system with positive but realistic outlook.

This module shall produce friends to provide psychological support to all categories of Persons with Disabilities by understanding their needs, giving example, linking them with peer of similar problems to resolve the problems face by them.

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	Explanation of illness/disability A. LOCOMOTOR DISABILITY <ul style="list-style-type: none">▪ Locomotor disability --Amputation, Deformity, Paralysis, Systemic Disease▪ Leprosy Cured.▪ Cerebral Palsy▪ Dwarfism▪ Muscular Dystrophy▪ Acid Attack victim B. VISUAL IMPAIRMENT <ul style="list-style-type: none">- Blindness- Low Vision C. HEARING IMPAIRMENT <ul style="list-style-type: none">- Deafness- Hard of hearing D. SPEECH AND LANGUAGE DISABILITY	30	210

2	INTELLECTUAL DISABILITY Specific Learning Disabilities (SLD) Autism Spectrum Disorder (ASD)		
3.	MENTAL BEHAVIOUR		
4.	DISABILITY CAUSED DUE TO A -CHRONIC NEUROLOGICAL CONDITIONS i) Multiple Sclerosis ii) Parkinson,s Disease B- BLOOD DISORDERS i) Hemophilia ii) Thalassemia iii) Sickle Cell Disease		
5.	MULTIPLE DISABILITIES Deaf Blindness		
6.	OTHERS-- GERIATERIC CONDITIONS		
7.	Role of Rehabilitation Team members		
8	Problems of Disability/ illness		
9	Management of illness and emergency care—First Aid, Bandaging Cleaning and Dressing, Positioning and Handling, Nursing and skin care, Care of Airway and Breathing, Care of Swallowing & Speech, Breathing Exercise and Prevention of respiratory complications, Care of Bladder and Bowel, ADL management, Role of Rest and Exercise, Care of Balance and Gait, Care of spasms, Care of person with pain, Recognition, Prevention and Care of contractures, Pressure Sores, Urinary retention / infection Respiratory infections / choking, Autonomic Dysreflexia, Care & maintenance Orthoses, Protheses and Assistive Devices, Diet and Nutrition Care, weight control, feeding (Ryles tube feeding and its complications) Home and work place modification & adaptation, Checking of Pulse / Blood Pressure		
10	MENTAL HEALTH- Mental Status, Stress Management, Yoga, recreation, Sports, Modified Sports, Hobbies, Social Interaction, Role of Technology, Peer Support, Virtual Support, Identifying Medical Emergency, Emergency Referral Services		

Module – ‘C’ (OPTIONAL)

CARE GIVER’S TRAINING IN AUTISM, CEREBRAL PALSY, INTELLECTUAL DISABILITIES AND MULTIPLE DISABILITIES

(270 hours)

Theory Hrs. – 60. (02 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 9

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	Orientation to: Autism Intellectual Disabilities .Cerebral Palsy Multiple Disabilities Associated problems Definition & terminology, Characteristics Causes, Classification on functional basis and needs	90	210
2	Family Dynamics a) Critical issues in care giving and its impact on family life b) Guidance and support to families		
3.	Family need assessment Individual needs assessment Transfer of skills to family members		
4.	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)		
5.	Sensory Motor Stimulation Orientation and Mobility Care of Orthosis, Assistive devices & Accessibility Specific strategies for augmenting communication in non speaking persons with Autism, Multiple Disability, Cerebral Palsy, Deaf-blindness, Language delay. Basics in sign language Social interactions		

6	Socio-emotional Management a) Bonding b) Motivation c) Self esteem		
7.	Learning and understanding 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) j) Use of TLM Kits		
8.	Basic Principles in behaviour management		
9	Managing sexuality		
10	Working with Adults Vocational life skills (including coping) Leisure and Recreational Skills Field Visit (home visits)		

Module – ‘D’ (OPTIONAL)

CARE GIVER’S TRAINING IN CHRONIC MENTAL ILLNESS, DEMENTIA AND OTHER DISABLING CONDITIONS

(270 hours)

Theory Hrs. – 60. (02 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 9

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	INTRODUCTION – Basic characteristics of Brain & behaviour Mental Health in the age perspective Characteristics of a Healthy Person Concept of normalcy and abnormalcy Causes of abnormal behaviour, myths & & misconceptions Mental Illnesses - in the age perspective and Classification Childhood Conditions – Chronic Psychiatric conditions of the childhood	90	210
2	MAGNITUDE OF THE PROBLEM CAUSES AND PREVENTION		
3.	FEATURES- A) (Acute and Chronic Conditions) – Basic definitions 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) a. Mood Disorders – (Depression, Mania, Bipolar disorders) b. Schizophrenias- (Simple, Paranoid, catatonic, hebephrenic, delusional disorders etc) c. Paranoid Disorders – d. Anxiety Disorders – (Obsessive compulsive disorder, Dissociative and somatoform disorders) D) Childhood & Adolescent Conditions- Classification, signs and symptoms, E) Dementias - (Features) a. Alzheimer’s Disease		

	<p>b. Vascular Dementias</p> <p>c. Treatable (Reversible) Dementias</p>		
4.	<p>COMPLICATIONS/ ASSOCIATED CONDITIONS – Convulsive disorders, Other medical conditions, Aberrant sexual behaviour</p>		
5.	<p>APPROACH TO MANAGEMENT –Basic nursing care – Concept of nursing, responsibilities of a nurse, Basic systems and procedures in psychiatric nursing</p> <p>D) 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)</p> <p>E) Observation and assessment (Head to foot examination, Basic history taking, Mini Mental status Examination, charting, weight, urine, stool and sputum, monitoring vital signs,)</p> <p>F) Assistance in Administration of drugs as per prescription of medical Professional. (oral medicine, Eye drops, ear drops, 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.</p> <p>G) Management and care of the mentally sick (Sick in the community, assessment, home visiting, referral, Safety precautions)</p> <p>H) 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.</p> <p>I) 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.</p> <p>J) Activities with the Patients- (ADL, physical therapy, sensory integration, yoga, music, dance, recreation, vocational training & rehabilitation)</p>		

	<p>K) Psychosocial Interventions- Individual and group processes- communication facilitation and skills training, promoting initiatives, supporting encouraging to help in care giving, participating, involve ingroup activities/ leisure/recreation/play etc.</p> <p>L) 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.</p> <p>M) Childhood and Adolescents - dealing with children,</p> <p>N) Managing Psychiatric Emergencies – viz. Delirium, violence, stupour, suicidal threats and attempts, homicidal behaviour/ attempts</p>		
6	REHABILITATION		

Module – ‘E’ (OPTIONAL)
CARE GIVER’S TRAINING IN THE AREA OF LOCOMOTOR
IMPAIRMENT
(270 hours)

Theory Hrs. – 60. (02 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 9

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	Explanation of the illness / disability What is Locomotor Disability Causes of Locomotor Disability Specific condition leading to Locomotor Disability Problems faced due to Locomotor Disability	90	210
2	Problems of disability / illness i) Spinal Cord Injury – Introduction – Magnitude of problem – Causes & Prevention – Features – Complications / Associated problems Emergencies ii) Muscular Dystrophy – Introduction – Magnitude of problem – Causes & Prevention – Features – Complications / Associated problems – Emergencies iii) Leprosy (Hansens Disease) – Introduction – Magnitude of problem – Causes & Prevention – Features – Complications / Associated problems – Emergencies Poliomyelitis – Introduction		

	<ul style="list-style-type: none"> - Magnitude of problem - Causes & Prevention - Features - Complications / Associated problems Emergencies 		
3.	<p>Osteoporosis</p> <ul style="list-style-type: none"> - Introduction - Magnitude of problem - Causes & Prevention - Features - Complications / Associated problems Emergencies 		
4.	<p>CVA (Cerebro Vascular Accident – Hemiplegia – Stroke)</p> <ul style="list-style-type: none"> - Introduction - Magnitude of problem - Causes & Prevention - Features - Complications / Associated problems Emergencies 		
5.	<p>Arthritis</p> <ul style="list-style-type: none"> - Introduction - Magnitude of problem - Causes & Prevention - Features - Complications / Associated problems Emergencies 		
6	<p>Old Age</p> <ul style="list-style-type: none"> - Introduction - Magnitude of problem - Normal Ageing - Causes of Problems & Prevention - Features - Complications / Associated problems Emergencies 		

7	<p>Management of illness</p> <p><u>Spinal Cord Injury (General)</u></p> <p>First Aid</p> <ul style="list-style-type: none"> - 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 <p><i>(Specific)</i></p> <ul style="list-style-type: none"> - Pressure sores - Urinary retention / infection - Respiratory infections / choking - Autonomic Dysreflexia <p><i>(Rehabilitation)</i></p> <ul style="list-style-type: none"> - Splints and Assistive Devices/Mobility Aids & its maintenance - Diet & Nutrition care - Home & Work Place modification & adaptation <p>CVA</p> <ul style="list-style-type: none"> - 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 <p>Arthritis Positioning</p> <ul style="list-style-type: none"> - Role of Rest and Exercises - Role and care of Assistive Devices - Recognition of deformities - Relief of Pain and swelling 		
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	<p>Muscular Dystrophy</p> <p>Role of rest and Exercises</p> <ul style="list-style-type: none"> - 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 <p>Leprosy</p> <ul style="list-style-type: none"> - 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 <p>Poliomyelitis</p> <ul style="list-style-type: none"> - Early identification - Positioning and handling - Role of Exercises - Recognition, Prevention and care of contracture - Role and care of Splints & calipers etc. <p>Osteoporosis</p> <ul style="list-style-type: none"> - 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 <p>Old Age</p> <ul style="list-style-type: none"> - Recognition of problems faced by elderly - Care of elderly person - Prevention of problems faced by elderly 		
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	<p>Complications and Emergencies Spinal Cord Injury</p> <ul style="list-style-type: none"> - Pressure Sore - Bladder Infection - Bowel impaction - Respiratory Tract Infections - Autonomic Dysreflexia - Spasticity - Postural hypotension - Pain - Contractures <p>CVA</p> <ul style="list-style-type: none"> - Pressure Sore - Bladder Infection - Bowel impaction - Respiratory tract Infections - Feeding problems - Contractures - Pain <p>Muscular Dystrophy</p> <ul style="list-style-type: none"> - Respiratory complications - Contractures and deformities - Breathlessness <p>Leprosy</p> <ul style="list-style-type: none"> - Infectious - Ulcers - Contracture & disability - Amputation <p>Arthritis</p> <ul style="list-style-type: none"> - Pain - Swelling - Stiffness and deformity <p>Poliomyelitis</p> <ul style="list-style-type: none"> - Contracture & deformity <p>Osteoporosis</p>		
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	<ul style="list-style-type: none">- Pain- Fractures <p>Old Age</p> <ul style="list-style-type: none">Pain- Injuries- Deformities- Retention / Incontinence		
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Module – ‘F’ (OPTIONAL)

CARE GIVER’S TRAINING IN THE AREA OF DEAFBLINDNESS

(270 hours)

Theory Hrs. – 60. (02 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 9

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	Introduction to Deaf-blindness Definition & terminology, Characteristics Causes, Classification on functional basis and needs Associated problems	90	210
2	Onset of Deaf-blindness and its impact on Communication and independent movement Psycho-social development Concept development		
3.	Activities of Daily Living Positioning Lifting/Carrying/transferring Feeding/drooling control Mealtimes Brushing Dressing Bathing and grooming Toileting Management of menstruation		
4.	Use of Multi-sensory approach Encouraging the functional use of remaining senses Developing the remaining senses Use of remaining senses in independent movement		
5.	Orientation and mobility Movement Mobility techniques Barrier free environment Assistive devices and aids		
6	Language and Communication Stages of language development Modes of communication 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,		

	<p>manual, body language, gestures and facial expressions)</p> <p>Object based communication Braille and large print.</p> <p>Basics in sign language</p> <p>Creating a responsive environment for enhancing language development</p>		
7.	<p>Fostering Social Relationships</p> <p>Promoting social interaction</p> <p>Building relationships</p> <p>Bonding with parents/family, peer group and care giver</p> <p>Importance of communication in daily life of deaf-blind people</p> <p>Development of self esteem</p>		
8	<p>Psycho-social management</p> <p>Bonding</p> <p>Motivation</p> <p>Self esteem</p>		
9	<p>Learning and Understanding</p> <p>Prerequisites for learning Concept development</p> <p>Understanding learning styles and preferences Functional literacy (reading, writing & numeracy)</p> <p>Functional skills such as concept of money, time, calendar etc. Strategies for enhancing specific learning skills</p> <p>Understanding and adapting the learning environment</p> <p>Play development</p> <p>Teaching Individual Living Skills (household chores)</p>		
10	<p>Behavior Management</p> <p>Understanding the behaviour and Management Strategies</p> <p>Health Education</p> <p>Training in sex education</p> <p>Nutrition, Personal Hygiene & Health</p>		
11	<p>Leisure and Recreational Skills</p>		
12	<p>Orientation to Prevocational, Vocational and Educational Opportunities</p> <p>Access and support needs of deaf-blind adults</p>		
13	<p>Care giver for deaf-blind people</p> <p>Role and responsibilities Personality characteristics Essential Competencies and skills</p>		
14	<p>Field Visit</p>		

Module – ‘G’(OPTIONAL)

CARE GIVER’S TRAINING IN THE AREA OF VISUAL IMPAIRMENT, LOW VISION (270 hours)

Theory Hrs. – 60. (02 CREDITS)

Practical Hrs. –210 (07 CREDITS)

TOTAL CREDITS--- 9

Unit	Contents	Duration in Hrs.	
		Theory	Practical
1.	Statistical and demographical information pertaining to Visually impaired <ol style="list-style-type: none"> 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) 	90	210
2	Definition and types of visual impairments <ol style="list-style-type: none"> 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.	<p>Anatomy and Physiology of eye</p> <p>Structure and function Introduction to various parts of the eye Refractive errors</p>		
4.	<p>General causes of visual impairment & symptoms</p> <p>a. Major causes of visual impairment</p> <p>b. Simplest classification of causes</p> <ul style="list-style-type: none"> - Ocular diseases and anomalies - General and systematic diseases - Injuries and accidents <p>c. Early intervention in case of:</p> <ul style="list-style-type: none"> - Xerophthalmia - Cataract - Trachoma - Glaucoma 		
5.	<p>Introduction to eye care</p> <p>General</p> <p>Complaint, signs, causes, detection and treatment of:</p> <ul style="list-style-type: none"> - Cataract - Glaucoma - Xerophthalmia - Trachoma - Eye infection - Foreign body - Injuries 		
6	<p>Introduction to low vision aids</p> <p>a. Demographical details of the target group for low vision</p> <p>b. Need for low vision aids</p> <p>c. Assessment of low vision</p> <p>d. Introduction to common Low Vision Aids</p> <p>e. Referral to appropriate agencies in case of low vision</p> <p>f. Details about such agencies</p>		
7	<p>Psycho-social implications of visual impairment</p> <p>a. Objective effects of visual impairment</p> <p>b. Subjective variables & psychological</p>		

	<p>implications</p> <p>c. Social factors</p> <p>d. Introduction to functional assessment</p> <p>e. Importance of parent counselling</p>		
8.	<p>Acceptance of visual impairment, its need and importance</p> <p>a. Need for individual and reference group counselling</p> <p>b. Need for building up self-confidence</p> <p>c. Acceptance of disability</p> <p>d. Case studies on adjustment, acceptance and self-confidence</p>		
9.	<p>Importance of orientation and mobility</p> <p>Definitions:</p> <p>Orientation</p> <p>Mobility</p> <p>Safety of the individual</p> <p>Financial independence</p> <p>Step to comprehensive rehabilitation</p> <p>Mobility and sports</p>		
10	<p>Techniques, methods and process of O & M</p> <p>a. Mobility techniques</p> <ul style="list-style-type: none"> - Pre-cane skills - Sighted guide techniques - While approaching narrow ways <p>* Ascending and descending stairs</p> <p>* Being helped to a chair</p> <p>* Passing through doorways</p> <ul style="list-style-type: none"> - Walking along <p>* Trailing</p> <p>* Protective techniques</p> <ul style="list-style-type: none"> - Upper arm and forearm techniques - Lower hand and forearm techniques <p>* Locating dropped articles</p> <p>* Using landmarks indoor</p> <p>* Direction taking</p> <ul style="list-style-type: none"> - Long cane 		

	<ul style="list-style-type: none"> * 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 <ul style="list-style-type: none"> - Introduction of basis techniques - Limitations in Indian conditions <p>b. Using other senses for orientation</p> <ul style="list-style-type: none"> - Hearing - Touch - Smell - Temperature - Kinesthetic Sense - Taste <p>c. Orientation and mobility training in Indian conditions</p> <ul style="list-style-type: none"> - Adaptation of techniques - Individual need-based training 		
11	<p>Introduction to activities of daily living and home economics</p> <p>a. Introduction to ADL</p> <p>b. Training strategy</p> <ul style="list-style-type: none"> - Procedure for designing the daily living skills - Specific rules for teaching the daily living skills <p>c. Training content</p> <ul style="list-style-type: none"> - Personal care - Cooking skills - House keeping skills - Home economics <p>d. Training in individual activities</p> <ul style="list-style-type: none"> - Bathing 		

	<ul style="list-style-type: none"> - 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 <p>c. Specific training in rural conditions d. Special tips for Caregivers</p>		
12	<p>Need and importance of parent counselling</p> <ul style="list-style-type: none"> 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	<p>Introduction to Braille</p> <ul style="list-style-type: none"> 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 		
14	<p>Ophthalmic Training</p> <ul style="list-style-type: none"> 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 		

	<ul style="list-style-type: none"> j. Availability of visual aids k. Details of eye-care centres and services existing in the particular district 		
15	<p>Practical Training</p> <p>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:</p> <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 		

MODULE ON EMPLOYABILITY SKILLS

Teaching Hours: 60

Credits: 02

www.employabilityskills.net

Paper wise list of Reference Books / Suggested reading:

1. Administration for the Disabled - Policy and Organisational Issues, Chaturvedi T.N, Indian Institute of Public Administrative, New Delhi.
2. Alma - Ata 1978. Primary health care, report of the International conference on Primary Health Care, Health for All Series, No.1 WHO 1211 Geneva 27, Switzerland.
3. Alternative Approaches in Health Care (1976) Evaluation of Primary Health Care Programme (1980) and Appropriate Technology for Primary Health Care (1981), ICMR, New Delhi.
4. Analysis of Situation of Children in India, UNICEF.
5. Becta's ICT Research - <http://www.becta.org.uk/research/ictrn/>
6. Better Care at Birth - Voluntary Health Association of India, 40, Institutional Area, South of IIT, New Delhi 110 016.
7. Human Sexuality; Faculty Knowledge and Attitudes: Fontaine K.G. (1976) Nursing Outlook 24,174-176.
8. Sexuality and Physically Disabled - an introduction for counselors - published by SPOD (The Association to Aid the Sexual and Personal relationships of the Disabled), The Diorama, 14 Peto Place, London NW.14DT.
9. Caregiver's Handbook: A Practical, Visual Guide for the Home Caregiver, D. K Publication.