

# **TRAINING PROGRAMME IN CARE GIVING**

## **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 different categories / levels of 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 deafblindness.

## Course Structure

There would be two programmes,

I. Foundation Course - This course will be a combination of Basic compulsory module with any one of the other 3 modules. The total time duration of the Foundation course would be 5 months in one of the three categories of disabilities. There will be a formal examination at the end of the course, including periodic assessments. This course will be open to all, including the family members, and persons with disabilities. After successful completion of the Foundation course the candidate will be awarded a certificate for the Foundation course.

Also, the candidate will be eligible to pursue the certificate course by undergoing the remaining two other modules.

II. Certificate Course - This course will have any 4 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) Deafblindness

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

**Foundation Course (Module A + any one of the 4 Modules B, C,D or E):** The minimum Educational qualification has been kept as 10th class or equivalent pass.

**Certificate Course (any three of Modules A, B, C, D & E):** The minimum entry qualifications would be 10th 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 Objective type in nature

### **CERTIFICATE COURSE**

#### **Theory-**

There will be 4 Theory exams of 100 marks each ie. 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)<br>(for assessment of the patient / client, family needs, Care Plan / Management) | = 300 marks |
| c) | Basic activities/emergencies<br>(ADL -25, Leisure-25, Emergencies-25, Behaviour mgmt.-25)  | = 100 marks |
| d) | Viva-voce examination  | = 100marks  |

---

**Total 600 marks**

In the event of the candidate failing in the final examination, he may be given five chance for supplementary examination.

## **FOUNDATION COURSE**

### **Theory-**

There will be 2 Theory exams of 100 marks each ie. Total 200 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 -**

In case of Foundation Course the total marks for the practical examinations will be 400, for which the details are as follows -

- |    |  |             |
|----|--|-------------|
| a) | Practical Book Record  | = 100 marks |
| b) | 1 course presentations, one based on each Module (1x100)<br>(for assessment of the patient / client, family needs, Care Plan / Management) | = 100 marks |
| c) | Plan on leisure and recreational activities/emergencies  | = 100 marks |
| d) | Viva-voce examination  | = 100marks  |

---

**Total 400 marks**

In the event of the candidate failing in the final examination, he may be given five more chance for supplementary examination.

**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</li> </ul>	28	60

	critical care unit. This section will also cover the dying process and death.  - Immobility in severely disabled/critically ill persons including pain management, wound healing and altered body image		
6.	Handling Emergencies: <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	Nutrition : <ul style="list-style-type: none"> <li>• Importance of a Balanced diet</li> <li>• Myths about diet</li> </ul>	4	10
8	Enabling Caregivers- <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	Code of Conduct : <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

## 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	16 hrs.	34 hrs.
	a) Developing basic language skills		
	b) Alternative methods of communication		
	c) Specific strategies for augmenting communication in non speaking persons with Autism, Multiple Disability, Cerebral Palsy, Deafblindness, 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>

### 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**

	<b>THEORY</b>	<b>PRACTICAL</b>
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,

## 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	Practical
<b>Orientation of the Course</b>	<b>2 hrs</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 handling
- 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



<b>CVA</b>	<b>50 hrs</b>
<ul style="list-style-type: none"> <li>- Checking of level of consciousness, Pulse, Blood Pressure</li> <li>- Positioning, handling</li> <li>- Prevention &amp; care of Contracture</li> <li>- Exercises</li> <li>- Care of Bladder, Bowel</li> <li>- Skin Care</li> <li>- Care of swallowing, feeding</li> <li>- Care of speech and communication</li> <li>- Care of Balance &amp; Gait</li> <li>- Use and care of Assistive Devices &amp; Mobility Aids</li> </ul>	
<b>Arthritis</b>	<b>30 hrs.</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>Muscular Dystrophy</b>	<b>24 hrs</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>Leprosy</b>	<b>18 hrs</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>Poliomyelitis</b>	<b>30 hrs</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>Osteoporosis</b>	<b>12 hrs.</b>
<ul style="list-style-type: none"> <li>- Rest, positioning</li> <li>- Exercises</li> <li>- Use and care of devices, braces</li> </ul>	
<b>Old Age</b>	<b>12 hrs.</b>

- Rest, positioning, handling
- Exercises
- Care of balance and gait
- Care of nutrition, feeding, swallowing
- Care of bladder, bowel
- Care during pain

\*\*\*\*\*

### EXTRAS ----- NOT PART OF CURRICULUM

- Effect of the occupational hazards including infection, chemical and radiation hazards, noise and chemical dependency
- Treatment, care, psycho therapy, recreational therapy, rehabilitation
  - Organizations for first hand information example institute for Mental health, NIMHANS, SCARF, ARDSI

Unit	Contents	Practical Hours
1	Prepare 3 discussion reports (1 page each) about the need for the care givers in the society (1 mother of a disabled child, 1 father of a disabled person and 1 any citizen)	5
2	<ol style="list-style-type: none"> <li>1. Visit a Nursing School lab and observe through the different materials available and make a concise report on the human body and its various systems.</li> <li>2. Visit a nursing school, observe a skeleton of a human body and explain the role of bones in keeping the body firm and straight. Discuss on what happens if a bone is fractured or deformed.</li> <li>3. Observe specimens/diagrams of musculoskeletal, respiratory system, digestive system, cardiovascular system, nervous system, etc., and find out the organs involved and their function in each system. Discuss on what happens if any particular organ or a part of a system is damaged or becomes non functional. E.g.               <ol style="list-style-type: none"> <li>(a) A non functioning heart valve and brain hemorrhage.</li> <li>(b) Case of peptic ulcer/duodenal ulcer/colon cancer/liver cirrhosis/kidney stones/gall balder stones, etc.</li> <li>(c) Urinary tract infections.</li> </ol> </li> <li>4. Discuss and report on what kind of care is needed by a person after :               <ol style="list-style-type: none"> <li>(a) Bypass surgery.</li> <li>(b) Implantation of a Pace Maker.</li> <li>(c) Person with stroke.</li> <li>(d) Kidney Dialysis.</li> </ol> </li> </ol>	30

	<ol style="list-style-type: none"> <li>5. Visit a nursing school library and find out what are sense organs, their structure and how do they function to help the human being. Make separate reports on Eye, Ear, Nose, Skin.</li> <li>6. Discuss separately on the management of infection of Ear, Eye, Nose and Skin.</li> <li>7. Find out reasons for non-functioning of sense organs and state what can be done to help a person if he/she is blind, deaf or have difficulty in breathing.</li> <li>8. Write a report on resuscitation, methodology and state when and how it is to be used.</li> </ol>	
3	<ol style="list-style-type: none"> <li>1. Visit a nursing school observe and make report of the various parts of the human body and its functions.</li> <li>2. Visit a nursing school and record on the various tools and appliances use by Nurses while caring a sick person.</li> <li>3. Visit a nursing school observe, understand and make a report on the different instruments used by the doctors/nurses like stethoscope, thermometer, etc., for checking BP, pulse, etc.</li> <li>4. Study and make a report on different types of syringes their uses, different types of injections such as muscular intravenous, etc., and when, how and where they are administered.</li> <li>5. Learn about the weighing machines and make a report on the correlation between age, sex, weight and height.</li> <li>6. Visit a dental clinic and observe the patient in OPD being attended by the dentist and discuss with them. Make a short report on how to make one's teeth and mouth clean, what can be done at home for adequate dental care, how to prevent dental problems, what remedies can be used, etc.</li> <li>7. Visit a community or a village or a slum and discuss with different people and make a report on various beliefs about do's and don'ts with respect of health.</li> <li>8. Visit an OPD or in patient ward and observe and report what aspects a doctor look for making an assessment and diagnosis of health in a patient.</li> <li>9. Visit a clinic of a physician or OPD of a hospital and find out how a doctor conducts health assessment of a person for various problems. Make a report on assessment of person with fever, feeding problems, etc. Also make a report on a very critically ill person / child and how to observe and record vital signs, etc.</li> <li>10. Observe and learn from the OPD and in patient ward about admission and discharge procedure, recording and charting, <ol style="list-style-type: none"> <li>(a) How to collect urine, stool, sputum and make report on that.</li> <li>(b) Care of the eyes including management of infections, cataract, glaucoma. <ol style="list-style-type: none"> <li>a. Care of the ears including management of ear infections.</li> <li>b. Care and management of the cardio-vascular system</li> </ol> </li> </ol> </li> </ol>	30

	<p>such as hyper tension, chest pain, swelling, varicose veins.</p> <ol style="list-style-type: none"> <li>c. Care of the gastrointestinal system such as management of diarrhea, abdominal pain, distention pain, constipation.</li> <li>d. Management of disorders of nervous system such as paralysis, unconscious, chronic mental illness, dementia, locomotor impairment, etc.</li> <li>e. First Aid : Management of burns, fracture, poison, drowning, hemorrhage, insect bite, foreign bodies, bandaging, splinting, community emergencies, etc.</li> </ol> <ol style="list-style-type: none"> <li>11. Visit a nearby PHC and observe the people (patients). Conduct interviews with some of them and try to record their observations on their own health and illness, how they got sick, etc.</li> <li>12. Interview one Doctor, and two Nurses differences between infectious and non-infectious diseases.</li> <li>13. Discuss with Doctor and also Nurses on how to make health assessment of patients and prepare reports.</li> <li>14. Make your own questionnaire for every interview and submit reports.</li> </ol>	
4	<p>Care Giving Skills :</p> <ol style="list-style-type: none"> <li>1. Visit a hospital in patient ward and record the temperature, pulse, BP of five persons for a week and present in a tabular form. Discuss why there are variation.</li> <li>2. Make a list of items in a First Aid box and state when and how it should be used.</li> <li>3. Visit an OPD of an Orthopaedic doctor and list down the devices used to help persons with locomotor disability. State separately under what circumstances each item has to be used (make a record for two persons with crutches and two with wheel chairs, two persons with artificial limbs, two persons with braces).</li> </ol>	45
5	<p>Medicines and Application of Medicines :</p> <ol style="list-style-type: none"> <li>1. Visit an OPD of a Physician in a hospital, observe and understand types of general medicines prescribed by doctors. Make a report on the symptoms or illness, name of the medicine, antibiotic, quantity to be used and frequency of application, mode of application like oral/injection for fever, stomachache, headache, throat infection, etc., for 10 patients.</li> <li>2. Visit a injection room/dressing room of a hospital, observe and make write up on how to clean a wound, cut, scrapes; how to control bleeding from a wound, how to bandage it to prevent infection. Observe and record it for 10 patients.</li> <li>3. Visit a Physician's OPD, observe and report about how to give First aid for burns, poisoning, etc.</li> </ol>	30

	4. Discuss with a Physician and make report on management of problems of severe abdominal pain, headache, chest pain.	
6	<p>Nutrition :</p> <ol style="list-style-type: none"> <li>1. Visit a Dietician's clinic/lab, discuss, observe and make a report on balance diet. Make a list of atleast 10 types of balance diet using various items.</li> <li>2. Make a list of natural nutritious food that a dietician use to keep the patient's healthy.</li> <li>3. Make a list of home made/naturally and locally available/seasonal cereals, vegetables, pulses, greens, fruits, etc., which can be used to plan a balance diet.</li> <li>4. Visit a community/village/slum and discuss with various people and find out their notion about different types of foods. E.g. what happens if we take fruits during winter / fever or taking curd in cold, etc. Make a report on this.</li> <li>5. Do the same exercise by discussing with Pediatricians, gynecologists, physician, dieticians.</li> <li>6. Discuss with Pediatrician, gynecologists, physician, dietician and find out about optimum food required by children of different ages, men and women of different age group when they are healthy and when they are sick.</li> <li>7. Discuss and find out from the same doctors what happen when one does not eat the required quantity of food or over eat.</li> <li>8. Discuss with dietician about things that should be avoided during certain illness. Make a list of it.</li> <li>9. Visit a Physician's / Dietician's Clinic/OPD and find out about the diet prescribed to patients suffering from Anemia, High Blood Pressure, Obesity, Diabetes, Stomach ulcers, Heartburns. List down 10 sample diets for each category of above problems.</li> </ol>	40
7	<p>Networking and Support :</p> <ol style="list-style-type: none"> <li>1. Visit the OPD of Clinical Psychologist/Counsellor, observe, discuss, understand and make a report on methods of counseling used by them under various circumstances. Make atleast five reports for 5 persons of different age group for 5 different problems.</li> <li>2. Visit families of disabled persons and understand from their family the difficulty faced by the person as well as the family due to the disabling condition. Make a report for 10 different persons two each for five disabling conditions. E.g. 2 for locomotor disability, 2 for hearing impairment, 2 for visual impairment, 2 for cerebral palsy and 2 for multiple disability.</li> <li>3. Meet and discuss with such disabled persons the difficulties faced by them and understand and record how they manage to overcome their difficulties. Make a report for 10 persons</li> </ol>	15

	<p>as listed above.</p> <ol style="list-style-type: none"> <li>4. Visit doctors of the above listed persons and discuss with them and record how to help those people the best way possible.</li> <li>5. Make a list of Physicians, Pediatricians and other doctors in your area whom generally people contact for various problems with their names, address, phone numbers, mobile numbers, their availability at different times of the day to contact at the times of emergency.</li> <li>6. Make a list of hospitals, nursing homes, clinics within your localities with address and contact numbers.</li> <li>7. Make a list of Ambulance services available with name of contact persons, address and contact numbers at different times.</li> <li>8. Make a list of blood bank services with name, address and contact numbers.</li> <li>9. Make a list of Counselors and Dieticians with name, address and contact numbers.</li> <li>10. Make a list of Care Givers in your localities with name, address and contact numbers with time of availability.</li> <li>11. Discuss with persons from a joint family or a few senior citizens who might have some knowledge about joint family and share with them their experiences and observations of a joint family. Sought out from this account the merits and demerits of a joint family.</li> <li>12. Discuss with persons with smaller family especially with those where both husband and wife are employed and list out the advantages and disadvantages of nuclear family and their needs.</li> </ol>	
8	<p>Care for specific problems :</p> <ol style="list-style-type: none"> <li>1. Visit a T.B. Sanatorium, observe the patients and discuss with the Doctors about the symptoms, needs and care of a person with T.B. Also find out the special care to be taken to prevent worsening of the symptoms.</li> <li>2. Visit a Leprosy sanatorium, observe and discuss with the Doctors about the symptoms, needs and care of a person with leprosy. Make notes on the medication as well as any additional care they need. Prevention of deformities, care of skin with areas of reduced sensation.</li> <li>3. Visit the OPD of a physician and find out the symptoms, care and needs as well as diet restrictions required by the persons suffering from meningitis, malaria, Typhoid fever, Cholera and Rabies.</li> <li>4. Visit an OPD of a Physician, discuss with him the causes of dehydration and its management. Also find out the diet restrictions, if any, and also the need for plenty of fluids.</li> <li>5. Visit a Physician and discuss about symptom, care and management of constipation and piles including diet.</li> </ol>	15

9	<p>Ethical Issues Code of Conduct :</p> <ol style="list-style-type: none"> <li>1. Visit a critical care unit of a hospital, discuss with relatives of the critically ill person about their practical and financial problems, their needs and their opinion about hospital care Vs home care. Do this exercise at least for 05 persons.</li> <li>2. Visit a critical care unit, observe, discuss with relatives and also try to understand from the prevailing environment about the stress and sensory overload on the patients, on the relatives and staff attending to them. Also record the strain and stress on the dying patient and the relatives and understand the need to take things at ease and maintain a proper mental balance.</li> <li>3. Under the above mentioned situation understand the need for various communication methods, breaking communication barriers and improving communication between patient and doctor, relatives, and be a good communicator.</li> </ol>	15
10	Internal Assessment :	5
	<b>TOTAL</b>	<b>230</b>

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

### Module 5 (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>I.</b>	<b><u>Introduction to Deafblindness</u></b>	<b>Theory</b>	<b>Practical</b>
		2 hrs	4 hrs
	Definition & terminology, Characteristics Causes, Classification on functional basis and Needs Associated problems		
<b>II.</b>	<b><u>Onset of Deafblindness and its impact on:</u></b>		<b>2 hrs</b>
	<b>6 hrs</b>		
	Communication and independent movement Psycho-social development Concept development		
<b>III.</b>	<b><u>Activities of Daily Living</u></b>	12 hrs	40 hrs
	Positioning Lifting/Carrying/transferring Feeding/drooling control Mealtimes Brushing Dressing Bathing and grooming Toileting Management of menstruation		
<b>IV.</b>	<b><u>Use of Multi-sensory approach</u></b>	6 hrs	10 hrs
	Encouraging the functional use of remaining senses Developing the remaining senses Use of remaining senses in independent movement		
<b>V.</b>	<b><u>Orientation and mobility</u></b>	4 hrs	16 hrs
	Movement Mobility techniques Barrier free environment Assistive devices and aids		
<b>VII.</b>	<b><u>Language and Communication</u></b>	18 hrs	40 hrs
	Stages of language development Modes of communication Effect of deafblindness 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 deafblind 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 deafblind adults		
<u>XIV. Care giver for deafblind people</u>	3 hrs	
Role and responsibilities Personality characteristics		

Essential Competencies and skills

XV. Field Visit 0 hrs 20 hrs

Internal Assessment

---

**TOTAL** **100 hrs** **230 hrs**

**COURSE CONTENT  
TRAINING OF CARE GIVERS  
MODULE OF VISUAL IMPAIRMENT**

1. Duration: 3 Weeks
2. No. of Hours: 144
3. Theory: 58 Hours
4. Practical: 88 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

4. Introduction to eye care

a. General

b. Complaint, signs, causes, detection and treatment of:

- Cataract
- Glaucoma
- Xerophthalmia
- Trachoma
- Eye infection
- Foreign body
- Injuries

5. 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

6. 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

7. 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

8. 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

9. 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

10. 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

11. 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

## 12. 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
	*****