

# INTERNATIONAL VIRTUAL CLINICAL PLACEMENT PROGRAM HANDBOOK

## For OT / PT / SLP Students and Volunteers



Handi-Care Intl.

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## **Overview**

Welcome to Handi-Care Intl.'s clinical placement program. We hope the details provided in this manual will help you prepare for your virtual placement at ASSA. This will be an enriching experience both professionally and culturally.

Handi-Care Intl. ([www.handicareintl.org](http://www.handicareintl.org)) is a registered Canadian charity (Registered in 1992), dedicated to serving the needs of those with disability in rural India. HCI achieves its goals by supporting and funding reputable organizations in India, the main one being Amar Seva Sangam.

Amar Seva Sangam (ASSA) ([www.amarseva.org](http://www.amarseva.org)) is a grassroots NGO (non-governmental organization) dedicated to the rehabilitation, education and empowerment of people with disabilities in rural India. It is a non-profit organization that operates through charitable donations and provides much of its services for free. It is located in the beautiful rural village of Ayikudy in the southern state of Tamil Nadu in India. It is a unique organization in that it is run by disabled volunteers and many of the staff at ASSA have disabilities. The centre includes: integrated schools, a centre for early intervention for children with delayed development, an outpatient rehabilitation facility for stroke, neurological and MSK injuries, a post acute care rehab centre for individuals affected by spinal cord injuries, a vocational training centre, inclusive schools for children with disabilities alongside their peers, special school for intellectually disabled children, a community / home based early intervention program for children under the age of 6, community / home based rehab program for school aged children, a hostel for youth affected by physical disabilities and residential home for intellectually and / or physically impaired children.

Clinical and volunteer placements in ASSA are arranged through Handi-Care International ([www.handicareintl.org](http://www.handicareintl.org)). HCI has been arranging clinical placements for PT, OT and SLP students at ASSA since 2006 at various universities in Canada and USA. HCI has hosted students from University of British Columbia, University of Manitoba, Western University, McMaster University, Sherbrooke University, Colorado State University, Queens University, Dalhousie University, University of Ottawa, University of Toronto and McGill University.

## **Section 1: Clinical Placement Details for Students and Volunteers**

### **1. Objective and Goals**

Most of your prior clinical placements have likely focused on clinical skill acquisition and education. This placement is unique in that in addition to clinical skill acquisition and learning about rehabilitation in a resource poor setting, there will be a strong focus on community development. Each student will be given a project that may require research during the placement and possibly prior to the placement. The focus of the project will be on a clinically relevant question or topic that can then help improve the function of people with disabilities in this unique setting.

The focus will be less on individual therapy, and more on providing education and mentoring on intervention approaches so that students' work is sustainable to carry on making a positive impact after they have left. Also in this way, students must truly be client-centered (with ASSA as an organization being the client) to determine intervention priorities, tailor strategies to the environment, and problem-solve issues during implementation.

Past and current projects have included making toilets more accessible for children with different abilities, safe wheelchair transferring, cushioning for patients with spinal deformities, the use of sensory assessment tools in guiding early intervention therapy, improving fine motor skills for

patients with spinal cord injuries and increasing mobility for quadriplegic patients. See shared Onedrive folder for previous projects (Section 3).

### **What is student's role from an organizational standpoint?**

We want Canadian students and volunteers to feel that they are “co-owners” of this clinical placement program. We have a core team consisting of volunteers in Canada and staff in India, that try to see this project run smoothly – but the real “core” are the students and volunteers. You will notice many aspects of this program and the work at ASSA that could be improved upon. We do collect your feedback both formally and informally. However, rather than just passively giving feedback – we encourage you to take an active role. If you identify an area that needs improvement upon, be pro-active and discuss with the Canadian and ASSA team and try to implement a solution.

## **2. Preceptor / Supervision / Coordination .**

**Dinesh Krishna** - [dkrish6@gmail.com](mailto:dkrish6@gmail.com)

Dinesh is a Canadian physician and Director at Handi-Care Intl. and coordinated the initial logistics and communications with the universities for student placements.

**Chamila Anthonypillai** - [c.anthonypillai@gmail.com](mailto:c.anthonypillai@gmail.com)

Chamila is a Canadian OT, based out of Vancouver, BC and will be coordinating all clinical orientation, coordination of off-site preceptors and communication with students during placement.

**Ramasubramanian** (goes by Ram) - [ram.clinicalplacement@gmail.com](mailto:ram.clinicalplacement@gmail.com)

Ram is a PT and head of rehabilitation services at ASSA and is responsible for overall coordination and orientation for clinical placement students. He is the main contact in India for student and supervisor OTs, PTs and SLPs. Mr. Ram will give you a virtual tour of the facilities and you can touch base with him with any concerns.

**Nellai Abi**, OT [nellaiabi06@gmail.com](mailto:nellaiabi06@gmail.com)

**Sweta**, OT, [swethaeiot.amarseva@gmail.com](mailto:swethaeiot.amarseva@gmail.com)

Nellai and Sweta are full time OTs at ASSA, whose primary area of focus is working is PEDIATRICS, working with children in ASSA's community based early intervention and community rehabilitation programs

**Maheswari (Mahi)**, OT, [mahi\\_ot@yahoo.co.in](mailto:mahi_ot@yahoo.co.in)

**Mohanasundari**, OT, [mohanasundarii2016@gmail.com](mailto:mohanasundarii2016@gmail.com)

Mahi and Mohanasundari are a full time OT at ASSA primary area of focus is working with ADULTS with spinal cord injury and stroke.

**Fatima**, SLP, [fathimabdulslp@gmail.com](mailto:fathimabdulslp@gmail.com)

Fatima is an SLP at ASSA whose primary focus area is pediatrics.

There are 20 PTs at ASSA. PT students will work with various PT supervisors, but Ram will be the overall supervisor and will fill out final evaluations.

**Navamani**, [above6vbrirehabcoord.amarseva@gmail.com](mailto:above6vbrirehabcoord.amarseva@gmail.com)

Navamani is a PT and heads the pediatric division and early intervention programs.

**Marie Brien**, [marie.brien3@gmail.com](mailto:marie.brien3@gmail.com)

Marie is a pediatric PT based out of Canada and involved in ASSA project. She may be involved in supervision of projects and coordination of pediatric clients for your placement

**Shajitha**, [shajithairfan@gmail.com](mailto:shajithairfan@gmail.com)

Shajitha is a PT and heads the stroke and spinal cord divisions. She may be involved in supervision of projects and coordination of adult clients for your placement.

### **Logistics**

- Students will work in pairs with an Indian OT, PT, SLP
- Students may each be assigned a North American off-site support coach.
- The Indian OT, PT, SLP will be lead supervisor. Off-site supports will provide preceptor coaching to the Indian OT, PT, SLP as needed and provide support to students. A key role of off-site supports is helping students with bridging knowledge across contexts.
- Indian supervisor will complete student evaluations while taking input from the North American support therapist.
- Important note for international off-site supports: After clarification with the various provincial (Canada) and state (USA) regulatory bodies, so long as the Indian OT, PT, SLP is responsible for overseeing the care of the clients in India, then students in Canada are considered to be working under the Indian OT, PT, SLP and neither the off-site OT, PT, SLP nor students are required to follow your provincial or state client documentation and retention of document expectations. It is important that the off-site OT, PT, SLP provide advice to both students and Indian OT, PT, SLP but are clear that their role is not to take on responsibility for decision making about or care of clients. Off-site OT, PT, SLP may wish to confirm this advice also applies to them in their own regulatory jurisdiction.
- North American OTs, PTs and SLPs are not required to register with the licensing body in India.
- North American OT, PT, SLP support people can connect via email, text, asynchronous meetings or join directly during the sessions with clients. This is determined based on their availability.
- Whatsapp is a common means for communication at ASSA. A group will set up for each set of supervisors and students. This can be used for questions/discussion so long as no identifying client information is shared here.
- You will be assigned a project and your supervisor for the project could be different than your clinical placement supervisor.

### **3. Orientations / Meetings / One Drive / Facebook**

For OTs, PTs and SLPs that are interested in volunteering at ASSA as virtual supervisor, please contact Chamila ([c.anthonypillai@gmail.com](mailto:c.anthonypillai@gmail.com)) or Dinesh ([dkrish6@gmail.com](mailto:dkrish6@gmail.com))

Most student groups and off-site supervisors will have a few pre and post departure orientations.

- (a) An initial online orientation will occur with Ram and Chamila to provide a broad overview of the placement and “handover” meeting between last set of students on virtual placement and will be an opportunity to ask questions. Attendance is required for students, and encouraged for off-site supervisors.
- (b) For OT students – Chamila will put you in contact with Franzina Coutinho PhD - OT ([franzina@gmail.com](mailto:franzina@gmail.com)) who is based in Mumbai, but practiced in Canada prior. She will run a virtual seminar and go through some case based scenarios to help orient you to the differences in practices between Canada and India.
- (c) Dinesh and Ram will reach out to you regarding projects and connect you with your project supervisor and you will need to have regular meetings with them.

- (d) On the first day of placement, Ram will give you a campus tour and introduce you to the staff and clients. He will assign you clients and make a schedule for you, along with the OT supervisors.
- (e) Bi-Weekly multidisciplinary client rounds occur with PT, OT, Speech trainers and special educators where you will be expected to present your clients for discussion. Weekly Continuing Rehab Educations rounds also occur and you are welcome to attend.

To prepare yourself for placement, in addition to reviewing this document – visit the student placement page on the website (particularly the Testimonials and Photos) and our facebook pages (links below). In addition, please look through the shared One Drive folder(log in below) which has a lot of resources for fundraising, student projects, etc., and the shared google drive in which you will plug in your travel itinerary.

<http://handicareintl.org/placement-overview-2.php>

<https://www.facebook.com/groups/584255534955159/>

ONE DRIVE (for Resources)

<https://onedrive.live.com/about/signin/>

Username: clinical@handicareintl.org

Password: placement@hci5

You can also download the One Drive app onto your PC to have easy access to the documents.

**DO NOT ERASE OR CHANGE ANY DOCUMENT ON THE ONE DRIVE. USE IT AS VIEW ONLY. IF YOU NEED TO CHANGE OR UPLOAD ANY DOCUMENTS, PLEASE EMAIL DINESH, RAM AND CHAMILA.**

#### **4. Clinical Areas of Focus**

Detailed descriptions of departments can be found in Appendix 1.

##### **Institution Based Rehabilitation (IBR) / ADULTS**

- a. Young Adults with Spinal Cord Injury (inpatient)
- b. Outpatient Stroke and Neuro Rehab

##### **Village Based Rehabilitation (VBR) / PEDIATRICS**

- c. Children (age >6) with physical, intellectual and developmental disabilities / Special School
- d. Home Based Early Intervention, age: 0-6 with physical, intellectual and developmental disabilities

**THOSE DOING CLINICAL PLACEMENTS IN PEDIATRICS, SHOULD REVIEW APPENDIX 2 AND 3 FOR DETAILS ON THE PROGRAM STRUCTURE AND ACCESSING CLIENT CHARTS.**

#### **5. Placement Details**

- Students will work in pairs. Each student will take the lead on a caseload of clients. When possible, they will attend appointments with their teammate's clients as well. Students are expected to support each other with clinical reasoning, intervention planning and practice management.
- Pairs will be assigned to either ADULTS or PEDIATRICS
- Pediatric clients include children with CP, autism, orthopedic disabilities, communication disabilities, etc.
- Assessments and clinical sessions will be **consultative in pediatrics** on giving the clients/parents and PT ,Special educator, speech trainer and/or community rehab workers who work with them the plan and then checking in on them through virtual visits periodically.
- Adult clients include those who have experienced stroke or spinal cord injury.
- Assessments and clinical sessions will be therapy-focused, with a focus on active rehab, counselling and adaptations and working with them and their family members
- A total of 6-8 clients will be assigned over the course of the placement to the student pairs
- Each student will be the lead on 3-4 clients during the placement, but will start with 2 each and add to their caseload as they have capacity (determined in discussion with supervisors)
- Virtual sessions will include clients + family members / caregivers + translator and potentially interdisciplinary team – community rehab workers, PTs, special educators, speech trainers.
- Initial sessions will include supervisors and expectation is that you may not always need supervisors present in later sessions, but this will be determined in collaboration with supervisors. If students see clients without their supervisor present, they should meet with their supervisor within 48 hours to discuss and plan next steps.
- Students should not see clients without a supervisor present if anything will be discussed that may involve some level of risk. Supervisors should be present when any new equipment or strategies are being introduced to the client. The type of session a student may do on their own (later in the placement, once supervisor feels comfortable with this) could be a follow up on something already discussed, providing additional client/family training or an initial interview where you begin exploring client needs and interests.
- Students are asked to refrain from engaging in especially risky interventions requiring OT knowledge that cannot be easily judged via video and photo. This includes, for example, splinting, wheelchair provision, and transfer training. There are likely others; please use your best judgement in collaboration with supervisors.
- After students have completed initial assessments with clients, they must have their intervention plan approved by their primary supervisor before beginning to implement it.
- Students must carefully self-monitor to increase their independence in learning clinical skills while honestly acknowledging and seeking help where they recognize their limitations.
- Interprofessional collaboration is encouraged and students can be connected with other team members involved with a client on request (e.g., physiotherapist, special educator, speech therapist)

### **Scheduling**

- At the beginning of the placement, students will start with at least two days of just observing their Indian OT engaging in OT practice.
- Each day will have about 2 hours available for meetings with clients and supervisors. This time can be spent on:
  - 1-2 client sessions (maximum 45 minutes each)

- Each day before any client sessions, there should be 15 minutes for preparation discussion between students and supervisors. (Not applicable if students are seeing clients without supervisors present.)
- At the end of any meeting period, please reserve at least 15 minutes for debriefing about the client sessions, providing feedback to students on their work, and giving students an opportunity to ask questions. (Not applicable if students are seeing clients without supervisors present.)
- Before a new client is introduced to a student, there should be a 30 minute meeting at least one day in advance during which the student is provided with client information and documentation, and there is an opportunity to discuss needs and OT approach. This gives students at least a day to do reading, research and preparation for seeing the client.
- Students should be provided with documentation/reports/demographic information about new clients a minimum of 1 day before they are expected to meet them for the first time.
- Students will be provided with a schedule for their first two weeks. After this, they should be in charge of planning their schedule (in consultation with supervisors) including planning who should attend each session and when each client should be seen next.
- Client meetings should happen on a secure platform. Microsoft Teams is recommended. Further options may be explored here:
  - [https://www.caot.ca/document/7171/Practical%20Considerations%20for%20OTs%20and%20Telehealth\\_covid19\\_March25.pdf](https://www.caot.ca/document/7171/Practical%20Considerations%20for%20OTs%20and%20Telehealth_covid19_March25.pdf)
  - [https://www.osot.on.ca/OSOT/Telepractice/Selecting\\_a\\_Telepractice\\_Platform/OSOT/Practice\\_Resources\\_Pages/Telepractice\\_Pages/Selecting\\_a\\_Telepractice\\_Platform.aspx?hkey=3256f007-3e76-44e3-94c5-305fe33bc8d5](https://www.osot.on.ca/OSOT/Telepractice/Selecting_a_Telepractice_Platform/OSOT/Practice_Resources_Pages/Telepractice_Pages/Selecting_a_Telepractice_Platform.aspx?hkey=3256f007-3e76-44e3-94c5-305fe33bc8d5)
  - Note: Students will be responsible for sending links for all placement meetings to everyone planning to attend. ASSA does not have their own access to Teams but will be able to join via links provided by students.
- Clients may be in their own homes or at the ASSA centre
- After 4 weeks, Ram will send out a feedback form to solicit early feedback from students.
- At mid-term and two weeks before end of placement, student and supervisors reserve meeting time to re-evaluate intervention plans and caseload, and determine what goals can be completed and which will need to be passed on to another therapist or student, and how to tie things up.
- At mid-term and final, reserve ample meeting time for evaluation and exchange of feedback.
- Four days before end of placement, student drafts discharge or handover client reports and shares with supervisors. Remaining days are used to complete final tie up of loose ends.
- At the end of placement, Ram will circulate a second feedback form in which students will be invited to share feedback about the placement. Students and supervisors are also encouraged to share feedback at anytime and raise issues in need of being addressed as they occur.

### Clinical virtual appointment hours

- Because India's time does not change in spring and fall for Day Light Savings time, practice hours change slightly depending on the season.
- **Nov.7-March 13:** 9:30-11:30pm EST (8-10am IST) or 6-8:00am EST (4:30-6:30 pm India)  
For students working with Mahi, 10-12pm EST (8:30-10:30am IST) is most convenient
- **March 14 -Nov. 1:** 7-9:00am EST (4:30-6:30 pm India Std time). or 10:30pm-12:30am (8-10 am IST)
- See sample schedule below for a template for organizing the first couple of weeks.

**Resources**

Students and supervisors will have access to the HandiCare OneDrive that contains procedures, orientation information, documentation templates, assessment forms and practice knowledge/resources. See log-in information above.

**Documentation**

- Students will be provided with some basic existing demographic information and reports for each client.
- Students will be briefed about who is on the client’s interdisciplinary team so they know who they may want to liaise with through their time working with the client.
- Students will be required to provide initial and final reports to ASSA for each of their clients.
- For any clients they follow for more than 4 weeks, a mid-term progress report should also be provided.
- Students must set up a OneDrive folder through their University’s secure account that they can share access to with their Indian OT supervisor and off-site supports. All confidential and identifying client information must be stored and shared through this folder. Ensure to set up the folder so that it does not automatically sync to your computer. It must reside only on the cloud.
- Students may record sessions on Teams with the client’s permission if they want input from an off-site OT. The link to this session should be shared through the OneDrive folder and deleted after it has been viewed.
- Daily documentation will not be required by ASSA but should be kept by students in consultation with their supervisors so it’s in a format that is useful for their learning and keeping track of things. This should be stored on the OneDrive folder and then deleted at the end of placement.
- At the end of placement, the Indian OT will download all documentation they plan to store long term with ASSA. When this is completed they will notify the student and then the whole folder can be deleted from OneDrive and then the student could delete the entire file from OneDrive.

**Sample Schedule**

Week 1

Monday	Tuesday	Wednesday	Thursday	Friday (some placements are 4 days/week)
Observation	Observation	Introduce both students to the 2 clients each that they will be starting to work with	20 minutes Preparation discussion about client session  40 minutes Student #1 Initial assessment with client #1  40 minutes Student #1 Initial assessment with client #2	20 minutes Preparation discussion about client session  40 minutes Student #2 Initial assessment with client #3  40 minutes Student #2 Initial assessment with client #4



			20 minutes Debrief discussion about client session	20 minutes Debrief discussion about client session
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Week 2

Monday	Tuesday	Wednesday	Thursday	Friday (some placements are 4 days/week)
Discussion with supervisor(s) about intervention planning for student #1's 2 clients and student #2's 2 clients	20 minutes Preparation discussion about client session  40 minutes Student #1 session with client #1  40 minutes Student #1 session with client #2  20 minutes Debrief discussion about client session	20 minutes Preparation discussion about client session  40 minutes Student #2 session with client #3  40 minutes Student #2 session with client #4  20 minutes Debrief discussion about client session	20 minutes Preparation discussion about client session  30 minutes Student #1 session with client #1  30 minutes Student #1 session with client #2  20 minutes Debrief discussion about client session  10 minute discussion about planning schedule moving forward	20 minutes Preparation discussion about client session  30 minutes Student #2 session with client #3  30 minutes Student #2 session with client #4  20 minutes Debrief discussion about client session  10 minute discussion about planning schedule moving forward

**Code of Conduct:**

- **Dress Code:** ASSA is located in rural India and the culture there is quite conservative. Please be mindful that shoulders should be covered and tight fitted clothing is discouraged. You will see that the Indian supervisors/staff will be wearing saris, salwar kameez, or pants and shirt for men. For the purpose of virtual sessions, we encourage you to dress modestly and comfortably.

**6. Boniface-Handi-Care Intl. Equipment Provision Program**

Many clients you see will be in need of wheelchairs, mobility, daily living aids and support surfaces which they may not be able to afford. There are no government aid programs to assist these clients in the purchase of such equipment. Therefore, Handi-Care Intl. and Jeff and Gio Boniface, 2 OTs from Canada have set up a fund to help fund clients purchase equipment they may be in need of. If you are working with a client that is need of equipment, please download the Equipment provision form from the onedrive folder – Fundraising and Equipment and help your client fill it out and submit it to Ram. Applications for funding equipment will be reviewed every 4-6 weeks. If you choose to do so, your fundraising efforts can help supplement this fund to help more clients access the resources they need (please see fundraising section below) .

[https://handicareintl.org/equipment\\_support.php](https://handicareintl.org/equipment_support.php)

## **7. Fundraising**

Fundraising has been an important component of this project for many years. Many groups have raised money and also gathered supplies to donate to ASSA. This has provided significant support to ASSA’s clients with disabilities and ASSA staff.

Fundraising is encouraged, but is optional for students and volunteers. In the past, groups have set up samosa sales, bake sales, walkathons, dinner events to raise money. Others have contacted local agencies, supply vendors and hospitals to gather supplies, equipment. Groups have emailed family members and contacts for monetary donations. All monetary donations will be directed towards the Boniface- Handi-Care Equipment Provision Program. (see earlier section).

We can set up a fundraising web page on the Handi-care Intl. website if you would like, such as this one set up by various universities.

<http://handicareintl.org/support-ot-pt-rehab-in-india.php>

All donors giving monetary donations over \$20 will be provided with a tax receipt. HCI will need their name, address and email address.

## **Appendix 1. Details of Departments at Amar Seva Sangam**

### **Centre for Special Education**

- This school was built by Handi-care Intl. to serve the needs of approximately 100 students with moderate to severe intellectual disabilities
- OT and PT students can work alongside special educators, teacher assistants and therapists in order to facilitate play therapy, physiotherapy and vocational training activities with these children. Common interventions for school-aged children include positioning/seating in the classroom, and strategies for engaging children with attention or sensory integration difficulties. Students may also work with school-aged children on self-care skills (e.g., dressing), and improving the accessibility of home and school environments to enable participation.

### **Spinal Cord Injury Rehabilitation Centre**

- This is a centre for the post acute care rehabilitation of adult patients with spinal cord injuries.
- There are usually about 20 patients in this centre undergoing an intensive 6 months to 1-year rehabilitation program.

- Students will work with physiotherapists and vocational training instructors in this rehabilitation program addressing issues including positioning, functional mobility, safe transfers, skin integrity, equipment (wheelchairs, support surfaces, toileting equipment, etc.), and self-care skills (e.g., eating and dressing).

### **Medical Treatment Unit / Outpatient Physiotherapy Unit**

- This unit is the main rehabilitation facility on the ASSA campus
- Approximately 150 children receive regular PT, OT and speech therapy activities here
- These include children that live on campus and those that come from surrounding communities
- There is a range of disabilities in this patient group including cerebral palsy, post-polio syndrome, osteogenesis-imperfecta, limb amputation, muscular dystrophy, developmental disabilities, autism and congenital malformations. OT students may address goals relating to self-care, accessibility of the environment, positioning, and functional mobility.
- There are also approximately 150 adults that attend this unit as outpatients with mainly neurological and musculoskeletal disabilities including stroke and post spinal injury rehabilitation. Students may address goals relating to functional mobility and transportation, independence with self-care, cognition, fine motor coordination and strength, and home accessibility. SLP students can work with stroke patients with speech and communication issues.

### **Home for Disabled Children**

- There are approximately 60 children with varying disabilities (post- polio syndrome, cerebral palsy, congenital deformities, limb amputations) that live on the ASSA campus
- The children attend school and undergo a rehabilitation program on campus
- PT, SLP and OT students will work with these children, assisting them with their regular exercises and therapy alongside the physiotherapists. OT students may address goals relating to positioning, functional mobility, self-care, and accessibility of the environment. SLP students can work with those with speech delay.

### **Vocational Training Centre**

- The ASSA campus houses a vocational training centre that includes training in computer programming, tailoring, small appliance and cell-phone repair and orthotics manufacturing. OT students may be invited to provide education about ergonomics or accessibility of computer systems.
- Patients from the spinal cord injury centre and a group of “disabled youth trainees” housed in the campus participate in this program

### **Community Based Early Intervention / Child Rehab Program**

- See Appendix 2

### **Appendix 2 - Overview of Community-Based EI at ASSA**

To learn about the program : <https://earlyintervention.amarseva.org/>

To learn more about the EI app / medical chart: <https://earlyintervention.amarseva.org/mvbr-ei-app/>

If you would like to learn more about what each assessment / evaluation done in the app, watch these videos:

[https://drive.google.com/file/d/1pZCWG8MtZ95RYOYKnF9w\\_BOi-Z3X4kGB/view?usp=sharing](https://drive.google.com/file/d/1pZCWG8MtZ95RYOYKnF9w_BOi-Z3X4kGB/view?usp=sharing)

### **General Overview of Program**

Community Rehab Workers (CRWs) are women with high school education who are hired and trained by ASSA and provide therapy and support to children with disabilities and their families.

The program also had rehab specialists which include PTs, special educators and speech trainers (speech therapy assistants) who support the CRWs and provide regular therapy.

Therapy:

\*Weekly Visits with CRW

\*Monthly co treat with CRW and PT/Speech Trainer and/or special educator

Consultative care with OT (2 in program) and psychologist for family support (outsourced)

Parent Support:

-Monthly

-Larger group every 6 months

-Parent social media groups

Awareness and Advocacy Training for the community is conducted every week.

-Women/Parents

-Community

-Schools

**Screenings** done by CRW's and village health nurses and preschool teachers using:

The trivandrum developmental screening chart

<https://www.amarseva.org/uploads/default/files/Resomate/TDSC-English.pdf>

All children that are flagged will get a follow-up through the EI app.

### **Assessment:**

General Assessment by CRW's

<https://www.who.int/classifications/international-classification-of-functioning-disability-and-health>

Environmental Assessment by CRW's

### **Evaluations: (Done every 6 months)**

**SLP:**

<https://www.communicationdeall.com/>

**PT:**

Gross Motor Functional Measure (GMFM)

<https://canchild.ca/en/resources/44-gross-motor-function-measure-gmfm>

**Special educators:**

FACP - *Functional Assessment Checklist for Programming*

<https://online-journals.org/index.php/i-jim/article/view/10563/5852>

<https://www.researchgate.net/publication/334897918> Mobile Application Based Modified Screening and Assessment Tools for Children with Autism

<http://www.niepid.nic.in/facp.pdf>

**Feedback (Done every 6 months)****1. WeeFim**

<https://my.clevelandclinic.org/pediatrics/outcomes/1043-weefim-scores>

<https://familyhopecenter.com/results/>

<https://pubmed.ncbi.nlm.nih.gov/11826246/>

**2. Parent Feedback:**

Family Empowerment Scale

Modified Caregiver Strain Index

Caregiver Child Interaction

Program Evaluation and Feedback

**3. COPM (Canadian Occupational Therapy Performance Measure)**

<https://www.thecopm.ca/about/>

Goals for therapy are set using the COPM

**Info about school in India:**

[https://en.wikipedia.org/wiki/Education\\_in\\_India#Levels\\_of\\_schooling](https://en.wikipedia.org/wiki/Education_in_India#Levels_of_schooling)

**Appendix 3 – Accessing the EI app / Medical Chart****ACCESSING THE EI APP**

Click on <https://mvbr-ei-amarseva.in/Home>

Log in

Username: Your email

Password: otstudent@1

Once you login, click on service user on top and then click on service user again.

Then click Add Filter

Under Field click "ID"

Under Operation "Contains"

Then copy and paste the ID given by Nellai

Then click Add

And then click Fetch

Then click on the ID number of the child

Click on Assessments at the top

These are one time assessments done when child is enrolled in program.

General Assessments (follows the WHO's ICF model) and Environmental Assessments - very valuable for OT consultation

(if there are 2 general assessments, click on that most recent one)

Click on Feedback at the top

This includes COPM, weeFIM (functional independence measure) and Parent Feedback forms done every 6 months

Click on Cycle at the top so that it goes in reserve order (from highest number to lowest).

Cycle 1 means first assessment, the highest cycle number is the latest assessment. (it should also correlate with start date listed)

In this way, look at the latest COPM and weeFIM and Parents Feedback and this will be very valuable for OT consultation

Feel free to look through older COPM, wee-FIMs and Parent Feedback to see the change over time.

Click on Evaluations on Top

This include Speech, PT and Special Education Evaluations done every 6 month.

Click on Cycle at the top so that it goes in reserve order (from highest number to lowest).

Here you can view the child's speech, PT and special education scores over time.

Since OT is a holistic approach, it is worth seeing how they are doing in these areas

Click on Treatments at the top

This includes the therapy that has been instituted for this child and is updated every 6 months for the CRWs

Click on Cycle at the top so that it goes in reserve order (from highest number to lowest).

This is broken down by different domains (special education, speech, PT) and you can observe what treatments are being done.