



الهيئة السعودية للتخصصات الصحية
Saudi Commission for Health Specialties

Saudi Diploma in Occupational Therapy (SDOT)



سُبْحَانَكَ اللَّهُمَّ عَمَّا يُشْرِكُونَ

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1. INTRODUCTION AND AIM OF THIS PROGRAM:

The goal of the Saudi Vision 2030, concerning the health sector, is to enhance the standard and quality of health care services. The government is determined to optimize and better elicit the capacity of hospitals and healthcare centers and enhance the quality of preventive and therapeutic healthcare services.

With this vision, the Saudi Diploma in Occupational Therapy (OT) program was established to improve the occupational therapy profession in terms of the quality of the therapists' clinical competencies in different practice areas. More importantly, this program aims to fill the gap in the OT market in Saudi Arabia even though there are three academic programs in Riyadh in addition to the one in Jeddah that provides a bachelor's degree in OT. The trainees' practical knowledge depends mainly on the placements available during their internship year. Such systemization could lead to a certain degree of incompetence in some of the primary practice areas provided that the trainee did not get the right placement.

This program focuses on 4 main practice areas that are in high demand among the Saudi population, according to the experts in the field. These areas are neurological conditions, physical dysfunctions, burns, and pediatrics. Note: there is a lack of credible statistics regarding the occupational therapy profession in Saudi Arabia.

In the United States of America, where the OT profession was conceived a century ago, the occupational therapists have a variety of options to get the Board Certification in one of the specialized areas of practice, such as Pediatrics, Gerontology, Physical Rehabilitation, or Mental Health. However, the scarcity of well-equipped institutions and the limited number of specialized consultants and Specialists I in the occupational therapy field in KSA resulted in the development of this higher OT diploma as a general clinical degree.

This program is an accessible channel to the therapists to climb up the clinical ladder and become Specialist I. The admitted OT specialists will be supervised by several qualified occupational therapy specialists (i.e., Specialists I).

Finally, the Saudi Diploma in OT has been developed by occupational therapists with different backgrounds, and it will be reviewed and updated every four years under the supervision of the Scientific Council for Health Rehabilitation.

1. Program Mission and Vision:

1.1 Mission:

To fill the gap in the Saudi health care sector with highly qualified and competent occupational therapists.

2.2 Vision:

To graduate highly trained and highly competent occupational therapists at a post-graduate level to serve the Saudi population with the highest standards of care.

2. Duration of Training:

The whole duration of the training program is two calendar years. The duration is divided into four rotations (6 months for each rotation), conducted in at least three (3) different institutes.

Schedules of Rotations

This table illustrates a two-year program divided into four rotations.

Year 1	First Rotation	Occupational therapy for neurological conditions	6 Months
	Second Rotation	Occupational therapy for physical dysfunctions	6 Months
Year 2	Third Rotation	Occupational therapy for clients diagnosed with burn conditions	6 Months
	Fourth Rotation	Occupational therapy for pediatrics population	6 Months

Content:

- I- The first year (rotations one and two).
Clinical Practice and Research Skills:

The trainee will practice five days a week during the first year (rotations one and two) in the designated facility.

The trainee is expected to perform the following:

- Evaluate the client's needs from the occupational therapy perspective.
- Plan the intervention.
- Implement the intervention.
- Document the occupational therapy processes.
- Take up courses regarding research methods and statistics.
- Prepare a research proposal.

- II- Second-year (rotations three and four):

The trainee will be involved in clinical training five days a week for the whole year and expected to:

- Implement specialized methods in treating clients with various occupational performance problems.
- Start conducting clinical research.
- Involve in courses or workshops in various areas of occupational therapy.
- Include the contexts and environment of the client in the evaluation and treatment.
- Consider home modifications projects to meet client's needs.
- Develop knowledge and understanding of laws and regulations that govern people with disabilities.
- Develop knowledge and understanding of the services and resources that are available for clients with disabilities.

2. COMPETENCIES AND OUTCOMES

Subspecialties (Modules)

- **Rotation #1.** Occupational therapy for neurological conditions (**6 months**)
- **Rotation #2.** Occupational therapy for physical dysfunctions (**6 months**)
- **Rotation #3.** Occupational therapy for clients diagnosed with burn conditions (**6 months**)
- **Rotation #4.** Occupational therapy for pediatrics population (**6 months**)

Upon completion of the training and as per the CanMEDS Roles and Competency Framework, the trainee should acquire the following seven competencies:

- Occupational therapy expert
- Collaborator
- Manager
- Professional
- Scholar
- Communicator
- Health advocate

Rotation #1 Occupational therapy for Neurological conditions

Provide occupational therapy services for clients with neurological conditions, such as spinal cord injuries, stroke, traumatic brain injury, peripheral nervous problems, as well as other neurological problems that interfere with clients' occupational performance.

After completion of this rotation, the therapist should have the skills, knowledge, attitudes, and experience required to perform as:

Occupational therapy expert

- Demonstrate knowledge of all conventional medical and occupational therapy terminologies related to neurological conditions, such as level of consciousness, apraxia, tone, tremor, seizure.
- Demonstrate general medical knowledge and comprehension of the nature, symptoms, prognosis, complications of common neurological conditions referred for occupational therapy, such as stroke, brain injuries, neuromuscular disorders.
- Develop a broad understanding of the secondary complications that commonly need occupational therapy attention, such as tone, contractures, pressure sores.
- Acknowledge other interventions that might affect occupational therapy treatment, such as medications and nutrition, and communicate effectively with other health care professionals to modify input accordingly.
- Develop an expert understanding of occupational therapy assessment and intervention in different neurological settings, such as in acute neurological unit, neurorehabilitation unit, and post neurosurgeries.
- Apply a client-centered approach when setting goals and applying the treatment.
- Competent in carrying out a standardized and non-standardized assessment (depending on the type of assessment used in the facility) to identify physical limitations, including:
 - Assessment of tone
 - Assessment of range of movement

- Assessment of skin integrity
- Assessment of mobility and transfers
- Assessment of ADL's (activity of daily living)
- Assessment of sensation
- Apply different types of cognitive assessments used in neurological settings.
- Carry out standardized cognitive assessments used in the facility to identify cognitive deficiencies.
- Assess the need for assistive devices and splints.
- Carry out home and workplace assessments when needed.
- Develop a plan of care that targets the prevention of complications, and optimizes function using a client-centered approach.
- Develop skills in practicing all common occupational therapy interventions and able to check the appropriateness of each treatment.
- Fabricate different types of splints commonly used on patients with neurological dysfunction, such as an anti-spasticity splint and resting night splint.
- Make appropriate home and workplace modification recommendations to help maximize function.
- Provide continuous education to patients or caregivers to maximize functionality.
- Manage a complete caseload with assessment, design treatment plan, and monitor treatment, re-assessment, and discharge.
- Document assessment, treatment, follow-ups, and discharge as required by the facility.

Communicator

- Communicate with the multidisciplinary team effectively in meetings to explain the goals and results of the treatment plan.
- Recognize the importance of involving specific health care professionals in settings goals when needed, such as physicians, physiotherapists, social workers, nurses.
- Communicate with patients and caregivers adequately to explain the role, treatment plan, expectations, and to provide education.

Health advocate

- Demonstrate awareness of external and internal associations or frameworks that assist patients with neurological conditions.

Scholar

- Recognize the importance of applying evidence-based practice and plan treatment accordingly.
- Access available accredited resources to look for information about occupational therapy and neurological conditions.
- Critically appraise articles to identify evidence of treatments.
- Participate in teaching activities, such as journal clubs and in-services.

Professional

- Deliver the highest quality of care with integrity, honesty, and compassion.
- Practice occupational therapy ethically; fulfilling all the obligations of a healthcare provider.

- Demonstrate knowledge and comprehension of the professional, legal, and ethical codes to which healthcare providers are bound, regarding occupational therapy.
- Recognize the roles of ethical issues, such as consent, advanced directives, confidentiality, conflict of interest, resource allocation, and research ethics.

Manager

- Describe the roles, regulatory frameworks, responsibilities, and professional capabilities of healthcare professionals.
- Utilize information technology to optimize patient care, lifelong learning, and other activities.
- Make clinical decisions and judgments based on thorough evidence for the benefit of individual patients.
- Work effectively as a member of the multidisciplinary team and accomplish tasks, whether as a team leader or a team member.

Rotation #2 Occupational Therapy for Physical Dysfunctions

In this rotation, the trainee will be exposed to clients with occupational performance problems due to physical problems, such as orthopedic, rheumatological, hand, cardiovascular, respiratory, amputations, and other related conditions that interfere with their daily occupations.

After completion of this rotation, the therapist should have the skills, knowledge, attitudes, and experience required to perform as:

Occupational therapy **expert**

- Develop knowledge about all the medical and occupational therapy terminologies used in orthopedic or medical settings, such as arthroplasty, prosthesis, traction, analgesics.
- Develop further knowledge about all common orthopedic conditions and shows a decent understanding of relevant anatomy.
- Recognize different orthopedic surgeries, their post-operative protocols, and their implications on occupational therapy input.
- Recognize the variation in occupational therapy roles in different orthopedic settings, such as pre and post-surgery and hand therapy in outpatient settings.
- Carry out appropriate assessments to identify the risk of developing complications, pain, functional limitations, environmental limitations, need for assistive devices, or splints. Such assessments should include the use of a standardized method to measure functional limitations, such as the use of goniometer to measure the patients' range of motion (ROM), the use of dynamometer to measure grip strength, the use of functional independence measure (FIM), or any other standardized method used in the specific facility.
- Tailor appropriate client-centered treatment plans using SMART goals.
- Practice all conventional occupational therapy treatments used with orthopedic patients and able to choose the right modality for the condition. The therapist should be skillful in performing the following:
 - Passive and active range of movement exercise.
 - Use appropriate occupations or activities that target improving ROM.
 - ADL's training.
 - Fabricating splints commonly used in the field of hand therapy. The therapist should also demonstrate a profound understanding of the theory of splinting, different types of materials used in splinting, and validation of the use of these types.
 - Provide education and training to patients and caregivers.

- Continuously reassess and modify treatment plan if needed.
- Prepare patient for discharge in terms of providing training, education, assistive devices, and referral to appropriate services for follow-ups.
- Document assessment, treatment, and follow-ups regularly, which is expected by the regulation of the facility.

Communicator

- Communicate effectively with the multidisciplinary team to explain treatment plans and goals.
- Communicate effectively with the discharge planning team to facilitate discharge.
- Communicate effectively with patient and caregiver retreatment plan, goal setting, education, training, and discharge.

Collaborator

- Recognize the importance of variable roles of other members in the multidisciplinary team.
- Involve other health care professionals in goal setting when necessary.
- Encourage patients and caregivers to get involved in the goal setting and treatment when needed.
- Provide education to patients, caregivers, as well as other health care professionals about the role of occupational therapy in the orthopedic setting.

Health advocate

- Recognize the importance of education in enhancing the role of occupational therapy in the prevention of injuries and improvement of functionalities; thereby, the therapist should design useful educational material, presentations, leaflets.
- Connect patients and caregivers to internal or external bodies that provide extra assistance or help when needed.

Manager

- Describe the roles, regulatory frameworks, responsibilities, and professional capabilities of healthcare professionals.
- Work effectively as a team member.
- Confident and capable of managing situations where they are expected to be a manager or a leader.

Scholar

- Recognize the importance of applying evidence-based practice and plan treatment accordingly.
- Access available accredited resources to look for information about occupational therapy and orthopedic conditions.
- Critically appraise articles to identify evidence of treatments.
- Participate in teaching activities such as journal clubs and in-services.
- Competent in identifying future research needs and design research protocols

Professional

- Deliver the highest quality of care with integrity, honesty, and compassion.
- Practice occupational therapy ethically, fulfilling all the obligations of a healthcare provider.
- Demonstrate knowledge and comprehension of the professional, legal, and ethical codes to which healthcare providers are bound, concerning occupational therapy.
- Recognize the roles of ethical issues, such as consent, advanced directives, confidentiality, conflict of interest, resource allocation, and research ethics.

Rotation #3 Occupational therapy for clients diagnosed with burn conditions

The trainee will provide occupational therapy services to burn clients in burn units as well as outpatient clinics. Occupational therapy services for clients with burn conditions will be provided along the whole spectrum of care from the acute to the long-term rehabilitation stage.

After completion of the burn's rotation, the therapist should have the skills, knowledge, attitudes, and experience required to perform as:

Occupational therapy **expert**

- Demonstrate knowledge of all standard medical and occupational therapy terminologies related to burn conditions.
- Develop a solid medical background about different types of burns, burn classifications, treatments, surgeries, scars, and secondary complications related to burn injuries.
- Develop solid knowledge about the role of occupational therapy throughout the burn treatment, such as the role of occupational therapy with acute burns, burn rehabilitation, and post-discharge follow-ups.
- Capable of carrying out different assessments that occupational therapists use in the assessment of burns patients. The therapist should be skilled at:
 - Assessing scars using standardized assessments, such as the Vancouver scale.
 - Assessing the range of movement, mobility, and functional limitations using a standardized assessment.
- Engage in client-centered treatment plans using SMART goals.
- Carry out all occupational therapy interventions used in the treatment of burns. The therapist should be expert in practicing the following:
 - Fabrication of splints, including the use of appropriate design, material, and wearing protocol.
 - Pressure garment measurements and fitting, including choosing an appropriate design and material.
 - Design activity programs that promote the gain of physical function and engagement in daily activities.
 - Scar massage.
 - Prescription of suitable silicone products.
- Carry out treatments, reassessment, and modify treatment plans when needed.
- Demonstrate knowledge about wounds and recognize when to involve physicians or wound care nurses.

Communicator

- Communicate effectively with the multidisciplinary team to explain treatment plans and goals.
- Communicate effectively with the discharge planning team to facilitate discharge.
- Communicate effectively with the patient and caregiver regarding the treatment plan, goal setting, education, training, and discharge.

Collaborator

- Work effectively with the multidisciplinary team to deliver the best care for patients.
- Involve the health care professional, patient, and caregiver in the process of goal setting and treatment plan if necessary.
- Facilitate discharge by the provision of equipment, pressure garments, education, and home visits.

Health advocate

- Recognize the importance of education in enhancing the role of occupational therapy in the prevention and treatment of burn injuries; thereby, the trainee should design productive educational material, presentations, leaflets.
- Connect patients and caregivers to internal or external associations and bodies that provide extra assistance or help to burn survivors and their families

Manager

- Describe the roles, regulatory frameworks, responsibilities, and professional capabilities of healthcare professionals.
- Work effectively as a team member.
- Confident and capable of managing situations where they are expected to be a manager or a leader.

Scholar

- Recognize the importance of applying evidence-based practice and plan treatment accordingly.
- Able to access available accredited resources to look for information about occupational therapy and burns condition.
- Able to critically appraise articles to identify evidence of treatments.
- Participate in teaching activities, such as journal clubs and in-services.
- Competent in identifying future research needs and designing research protocols.

Professional

- Deliver the highest quality of care with integrity, honesty, and compassion.
- Practice medicine ethically; fulfilling all the obligations of a healthcare provider.
- Demonstrate knowledge and comprehension of the professional, legal, and ethical codes to which healthcare providers are bound, concerning occupational therapy.
- Recognize the roles of ethical issues, such as consent, advanced directives, confidentiality, conflict of interest, resource allocation, and research ethics.

Rotation #4 Occupational Therapy for Pediatrics

In this rotation, the trainee will be introduced to children with various developmental, physical, neurological, congenital, psychosocial, or other related problems that might interfere with their occupational performance.

After completion of the pediatric rotation, the therapist should have the skills, knowledge, attitudes, and experience required to perform as:

Occupational therapy **expert**

- Demonstrate knowledge of all medical and occupational therapy terminologies used in pediatric settings, such as reflexes, developmental milestones, attention deficiency disorder, cerebral palsy.
- Recognize the different roles of the occupational therapists in different sub-settings of pediatric rehabilitation such as in-patient, out-patient clinics, early intervention.
- Demonstrate a profound understanding of the developmental milestones of a child, including physical, sensory, and cognitive development.
- Demonstrate a profound understanding of common causes of developmental delays in Saudi Arabia, such as cerebral palsy, spina bifida, Erbs's palsy, congenital deformities.
- Demonstrate an in-depth understanding of how these developmental delays affect the main areas of occupational therapy in children, which are: self-care, play, and school performance.
- Knowledgeable about different types of common learning disabilities, autism, and sensory processing disorders.
- Competent in conducting assessments, which will include:
 - Carry out initial assessment and interviews with caregivers to collect history.
 - Expert observation skills to identify physical, cognitive, and social limitations.
 - Knowledge about different standardized assessment used to assess cognition, visual perception, and sensory integration (depending on the facility).
 - Conducting a standardized cognitive assessment used in the facility.
 - Assessing physical limitations using non-standardized and standardized methods, including the assessment of (reflexes, tone, range of movement, mobility, hand function, self-care, and play).
 - Assessing posture and seating in kids with neurological conditions.
 - Assessing the need for adaptive equipment.
 - Identifying sensory processing or sensory integration problems.
- Competent in designing a plan of care that targets the prevention of complications and the optimization of functionalities using a client-centered approach and SMART goals.
- Skilled in practicing all common occupational therapy interventions and able to check the appropriateness of each treatment, this includes but is not limited to the following interventions:
 - Skilled in fabricating different types of splints commonly used with pediatric patients.
 - Capable of carrying out seating and posture modifications to optimize function and prevent deformities and complications.
 - Experienced in proper selection and usage of different cognitive, sensory, and physical games/activities in the context of goal-directed activities.
 - Prescribe appropriate adaptive equipment in suitable measurements and provide relevant training and education.
 - Designing home programs of physical, cognitive, and sensory activities.

- Manage caseload with consistent treatment, reassessment, follow-ups, and discharge.
- Documents all types of input as required by the facility.

Communicator

- Communicates effectively with the multidisciplinary team to explain treatment plans and goals.
- Communicates effectively with the discharge planning team to facilitate discharge.
- Communicates effectively with patient and caregiver regarding the treatment plan, goal setting, education, training, and discharge.

Collaborator

- Works effectively with the multidisciplinary team to deliver the best care for patients.
- Involves health care professionals, patients, and caregivers in the process of goal setting and treatment plan if needed.
- Facilitates discharge by the provision of equipment, providing education, follow up visits, and conducting home visits when needed.

Health advocate

- Recognize the importance of education in enhancing the role of occupational therapy in the prevention and treatment of different conditions.
- Design effective educational materials for caregivers.
- Connect patients and caregivers to internal or external associations and bodies that provide extra assistance or help for pediatric patients.

Manager

- Describe the roles, regulatory frameworks, responsibilities, and professional capabilities of healthcare professionals.
- Work effectively as a team member.
- Confident and capable of managing situations where they are expected to be a manager or a leader.

Scholar

- Recognize the importance of applying evidence-based practice and plan treatment accordingly.
- Access available accredited resources to look for information about occupational therapy and pediatric conditions.
- Critically appraise articles to identify evidence of treatments.
- Participate in teaching activities, such as journal clubs and in-services.
- Competent in identifying future research needs and design research protocols.

Professional

- Deliver the highest quality of care with integrity, honesty, and compassion.
- Practice occupational therapy ethically, fulfilling all the obligations of a healthcare provider.

- Demonstrate knowledge and comprehension of the professional, legal, and ethical codes to which healthcare providers are bound, regarding occupational therapy
- Recognize the roles of ethical issues, such as consent, advanced directives, confidentiality, conflict of interest, resource allocation, and research ethics

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3. LEARNING OPPORTUNITIES

General Principles

The program duration is of two years, divided into four rotations (6 months each). The rotations will take place in jointly approved training institutions.

A variety of teaching and learning methodologies are used in this program. The primary purpose is to foster the development of the candidates' knowledge and reasoning skills by using didactic lecture format, on-line supplements, use of evidence from the literature, interactive experiences, case studies, clinical practice, trainee presentations, and written examinations. The trainee will integrate evidence-based information with clinical practice to determine etiologies, prescribe interventions, predict outcomes, and analyze the effectiveness of therapy for clients with different occupational performance problems. Accepting responsibility for life-long learning is essential for evidence-based practice and is one of the educational goals of this program. The trainee is expected to assume a teaching role in order to learn about various teaching and learning styles.

The trainee will develop advanced skills of occupational therapy, such as:

- Clinical decision-making.
- Practical written, verbal, and nonverbal communication skills.
- Intervention philosophies
- Advanced skills for working with clients.

Core Specialty Topics

Core specialty lectures, as well as workshops, will be provided to candidates. Occupational therapists who are highly trained and specialized in each area of occupational therapy will be invited to participate in these activities. Trainees also are expected to participate in presenting such specialized lectures as well.

The topics should focus on the following areas:

- 1– Sensory Integration approach (SI).
- 2– Neurodevelopmental Treatment approach (NDT).
- 3– Autism Spectrum Disorder and the role of occupational therapy.
- 4– Cerebral palsy and the role of occupational therapy.
- 5– Early intervention.
- 6– Learning disabilities and attention deficit disorder.
- 7– Burn rehabilitation and the role of occupational therapy.
- 8– Rheumatological conditions and the role of occupational therapy.
- 9– Orthopedic conditions and treatment.
- 10– Spinal cord injuries and occupational therapy roles.
- 11– Neurological conditions and occupational therapy roles.

Examples of Weekly Education Activities

- Journal club.
- Selected lectures.

Roles of the trainees' during clinical rotations

- Understand the theoretical concepts of occupational therapy management of surgical, critical care, neurological, orthopedics, pediatrics, and burn.
- Participate in group and individual assignments, exams, and discussions related to occupational therapy management of tertiary care patients.
- Manage daily activities that reflect a priority on the delivery of patient-centered care to patients in the units and outpatient clinics.
- Assume responsibility for providing high-quality care to patients in collaboration with a preceptor. Trainees will be responsible for reviewing the occupational therapy assessment and intervention plans for each patient. They must check the appropriateness of therapy for each patient and make sound occupational focus grounded on evidence-based practice.
- Prepare and present formal lectures on the topic of choice, which is selected from the program modules to trainees, preceptors, and faculties.
- Review and analyze critical factors for treatment-related decision-making.
- Utilize occupational therapy principles and standards of care and protocols to provide optimal therapy.
- Provide occupational therapy recommendations to optimize patient care in the assigned area.
- Demonstrate sensitivity and responsiveness to a patient's culture, age, gender, and disabilities.
- Communicate the occupational therapy care plans effectively to other members of the healthcare team.
- Interact with the patients and their families and caregivers, as instructed, to gather information and provide education when needed.
- Develop and deliver well-designed treatment and education plans to patients and their families.
- Demonstrate a commitment to ethical principles of the provision of occupational therapy.
- Assess patients' functional needs for discharge or transfer to another care setting. Assist the team by providing recommendations for the next care setting and ensure adequate follow-up when needed. Coordinate with the home support team whenever necessary.
- Search and review the necessary/assigned materials and be prepared to discuss with the preceptor the management of selected disease states.
- Demonstrate the ability to use information systems to obtain relevant information.
- Use information technology to manage and provide patient-related information.
- Document patients' assessments/re-assessment and care plans, as well as the monitoring of occupational therapy management.
- Present patients with appropriate literature references for discussion during rounds and seminars to support the planned intervention.
- Meet with the preceptor to discuss patient cases and assigned topics.
- Prepare and deliver in-services to nursing/medical staff on topics that are agreed upon by the preceptor.
- Assist in supervising Occupational Therapy trainees by leading topic discussions and case presentations.
- Demonstrate a commitment to excellence and ongoing professional development.
- Perform scientific research, collect data, analyze it, and discuss and criticize results.
- Understand the role of study design and the use or misuse of statistical analysis in reviewing the results of a published research article in the occupational therapy field.
- Complete a professionally written project report.
- Master presentation and teaching skills.

Learning Outcome of Core Topics

Towards the completion of core topics, the trainee should be able to work according to the following outcomes:

- Client-centered practice.
- Health model-driven.
- Evidence-based, autonomous practitioners.
- Defensible clinical reasoning.
- Professional responsibility and behavior.
- Culturally competent, patient/client advocates across the continuum of care for individuals & communities.
- Leaders of inter-professional teams.

Scientific and research activities:

During the two years of the diploma program, trainees are expected to:

- Conduct research with the occupational therapists in the department.
- Participate in the scientific activities of the department.

Routine scientific activities:

A- Morning meeting:

A daily meeting to discuss the new cases that have been admitted, which is a mandatory meeting for all trainees. The expectation from the trainees should include preparation and readiness to discuss each case with the supervisor.

Include also attending interdisciplinary rehabilitation meetings to discuss the cases, plan or modify the intervention plan, and explain the progress of the client toward achieving his/her goals.

B- Journal Club meetings

Journal Club meetings are conducted on a weekly basis. The trainee, in collaboration with the supervisor, is responsible for selecting a recent research article related to occupational therapy pertinent to the rotation and present it to other trainees.

Goals of a journal club

- Learn critical appraisal.
- Being informed of the latest medical literature.
- Provide a foundation for evidence - based practice.
- Review landmarks or controversial papers.

Characteristics of a successful journal club

- It is presented by trainees and supervised actively by a staff member.
- Attendance is mandatory for trainees.
- A meeting lasts for about 60 minutes.
- It is supported and endorsed by the program director and departmental leaders.

Practice-based learning in journal clubs

Choose one or two relevant journal articles, which are related to your specialty. Present the articles for 20 minutes, and then provide a critical review for 10 minutes for each paper. The following questions may guide your presentation:

- *So, what?*
- *Will it change my practice?*
- *Is the question important?*

In each journal club, the presentation must cover the following purposes:

- What are the research questions, study objectives, and hypotheses?
- Did the authors provide clear and specific questions and hypotheses?
- Were the research objectives clear and unambiguous?

Critical Review of the Articles

- Regarding methodology, was the study design appropriate for the research questions?
- What are the advantages and disadvantages of the design used in the study?
- What are the advantages and disadvantages of alternative methodologies?
- What are the advantages and disadvantages of the chosen methodology?
- What was the level of evidence?
- Discuss matters related to confounding, bias, and validity.

Study Population

- Discuss the characteristics of the study population.
- Who were the participants?
- What were the time and place of study?
- Was the study population appropriate?
- Discuss the characteristics of the sample.
- Discuss the difference between random and convenience sampling.
- Is the population similar to your patients?
- Were there specific inclusion and exclusion criteria?
- Were these criteria appropriate?
- Was there selection bias?

Measurement Issues and Bias

- How were the variables measured?
- Was there misinformation bias?
- Was there a detection bias?
- Was there masking or blinding?

Statistical Analysis

- How were the data analyzed?
- Were the tests appropriate?
- What were the sizes of p values? Did they follow the 95% confidence intervals? Provide more information on these matters.

- Discuss the difference between NS and actual p values.
- Discuss multivariable methods.
- Discuss the regression analysis.

Sample Size and Power

- Was the sample size calculation conducted a priori?
- Did the investigators specify a clinically relevant difference that they would like to detect?
- Discuss Types I (α or alpha) and II (β or beta) errors: power = $1 - \text{type II}$.
- Discuss the statistical error.

Results

- What were the results?
- Were they clearly presented and understandable?
- How were the results interpreted?
- Were the interpretations appropriate?
- What were the threats of validity?
- Loss to follow-up
- Was there missing information?
- Was there control of confounding?
- Discuss the issues regarding bias.

Discussion

- Did the data support the conclusions?
- Relate the findings to those of other studies in the medical literature.
- Did the authors “stretch” too far?
- What were the strengths of the study?
- What were the study’s weaknesses or flaws?
- Did the authors recognize them?
- Answer the question, “so, what.”
- Discuss the impact of the study findings on our medical practice and the way we counsel patients.

Conclusions

- What are the implications of the study?
- Did the findings contribute to our knowledge of the subject?
- How can we do better?
- Discuss the additional questions raised by the study.

** All educational activities must be documented. The date, title, name of the trainees who attended the session, and the name of the instructor who delivered the course must be outlined.*

** Residents are required to attend at least 75% of all the educational activities held at the institute where he/she is training.*

Learning Activities

During the rotations, trainees will participate in the following activities:

Teaching and Academic Activities

The teaching of the above modules includes the following features, which will be addressed at the beginning of each module, with more responsibility for self-directed learning:

- Hands-on training and practice
- Discussions and brainstorming
- Multidisciplinary meetings
- Multidisciplinary patient bedside rounds
- Interactive sessions
- Theoretical lectures and presentations: Trainees select their presentation topics once a month within the core education program (CEP), according to the following guidelines:
 - a) Trainees are given a choice to develop a list of topics.
 - b) They can choose any topic that is relevant to their needs.
 - c) All topics must be planned and cannot be random.
 - d) The local education committee must approve all topics.
 - e) Delivery will be local within the program activities.
 - f) Institutions can work with the trainees to determine topics.

Additional optional activities

- Trainees should be encouraged to attend any national educational events, such as symposia, workshops, and review courses.
- Trainees should be engaged in teaching interns, conducting workshops on selected topics, and creating educational handouts.

4. ASSESSMENT AND EVALUATION

4.1 Purpose of the assessment:

- It supports learning.
- It develops professional growth.
- It monitors progression.
- It enables competency judgment and the provision of certification.
- It evaluates the quality of the training program.
- Assessments must be continuous and strongly linked to the curriculum and content.

4.2 Formative Assessment:

Trainees, as adult learners, should strive for feedback throughout their journey from “novice” to the attainment of “mastery” levels. *Formative assessment* (also referred to as continuous assessment) is the component of the evaluation that is distributed throughout the academic year aiming primarily to provide trainees with active feedback. Input from the overall formative assessment tools will be utilized at the end of the year to decide how to promote each trainee from the current-to-subsequent training level. Formative assessment will be defined based on the scientific (council/committee) recommendations (usually updated and announced for each program at the start of the academic year). According to the executive policy on continuous assessment (available online: www.scfhs.org), formative assessment will have the following features:

- a. Multisource: minimum of four tools.
- b. Comprehensive: covering all learning domains (knowledge, skills, and attitude).
- c. Relevant: focusing on workplace-based observations.
- d. Competency-milestone oriented: reflecting trainee’s expected competencies that match trainee’s developmental level.

Trainees should play an active role in seeking feedback during their training. On the other hand, trainers are expected to provide timely and formative assessment. SCFHS will provide an e-portfolio system to enhance communication and analysis of data arising from formative assessment.

Formative assessment of the Occupational Therapy Program will be categorized into three elements:

1. Knowledge which is evaluated by:
 - a. Structured Oral Examination.
 - b. Global Specialized Exam, which is related to Occupational Therapy.
 - c. Case study presentation and discussion.
 - d. End of year exam which consists of 100 multiple-choice questions.
2. Skills which is evaluated by:
 - a. Objective Structural Clinical Examinations (OSCE) based on the CanMEDS competencies. Within each domain and for each goal and objective, there may be several levels of competence identified.
 - b. Research Skills. It is designed to convince the advisor that the trainee is competent in identifying future research needs and design research protocols. Additionally, the trainee is aware and complies with research ethics.

- c. The portfolio is an integral component of training, and each trainee will be required to maintain a logbook. The educational supervisor must oversee the monitoring and reviewing of the trainees' portfolio and provide continuous feedback to the trainee.
 - d. Community services or voluntary work.
3. In-training evaluation reports consist of the trainee's, among others, accomplishments thus far, early numbers, and problems with the research. The progress report must convince the advisor that the research's basic implementation is complete and that trainees have solid early results and baselines.

4.2.1 Evaluation Guidelines:

The program evaluates the trainee based on 5-6 aspects of the above mentioned 3 areas (knowledge, skills, and in-training evaluation report). The trainee is evaluated and marked according to the table below:

Point	Less than 50%	50% – 59.4%	60% - 69.4%	70% and above
Grade	Fail	Borderline Fail	Borderline Pass	Pass

- Each trainee should show minimum competency (minimum borderline pass grade) in every tool of continuous assessment to qualify for promotion from Y1 to Y2, and completion of training.
- For the policy and procedure of promotion from Y1 to Y2, and completion of training, trainees are recommended to check SCFHS executive policy in “continuous assessment and annual promotion” (available on SCFHS website)

Proposed Tools for Assessment

By the end of each given module, the following tools of assessment are suggested to evaluate and monitor the levels of competencies:

- Quizzes
- Oral and written tests/exams:
 - Multiple choice questions (MCQs): 100 MCQ on the two modules; duration 2 to 2.5 hours; single best answer type;
- Modified essay questions (MEQ): Modified Essay Questions; about 10-12 in numbers;
- Up-to-date literature review
- Group assignments
- Case-Based Discussion (CBD)
- In-Training Evaluation Report (ITER), which can be systematically completed. For more information, visit:
 - <https://www.scfhs.org.sa/MESPS/ElectrobookCases/PublishingImages/iter%20ev.jpg>
- Journal clubs
- Final research project and its presentation
- Mini-CEX
- Consultation Observation Tool.
- Trainee evaluation form

- The trainee and faculty member must meet together to review the portfolio and logbook once every month and by the end of the given rotation. Program directors, trainees, and trainers are directed to check the updated list of formative assessment tools that are required and approved by the scientific program committee for each training year.
- Trainees and trainers are recommended to check the most updated “Continuous assessment tools” that are approved by the scientific committee of the specialty.

4.3 Final Summative Assessment:

Summative assessment is the component of assessment that aims primarily to make informed decisions on trainees’ competency. In comparison to the formative one, the summative assessment does not seek to provide constructive feedback. For further details on this section, please refer to the general bylaws and executive policy of assessment (available online: www.scfhs.org). To be eligible to sit for the final exams, a trainee should be granted “Certification of Training-Completion.”

4.3.1 Certification of Training-Completion

To be eligible to sit for final specialty examinations, each trainee is required to obtain “Certification of Training-Completion.” Based on the training bylaws and executive policy (please refer to www.scfhs.org), trainees will be granted “Certification of Training-Completion” once the following criteria are fulfilled:

- a. Successful completion of all training rotations.
- b. Completion of training requirements as outlined by the scientific committee of specialty (e.g., logbook, research, others).
- c. Clearance from SCFHS training affairs that ensure compliance with tuitions payment and completion of universal topics.

“Certification of Training-Completion” will be issued and approved by the supervisory committee or its equivalent according to SCFHS policies.

4.3.2 Final Specialty Examinations:

Final specialty examination is the summative assessment component that grants trainees the specialty’s certification. It has two elements:

- a) Final written exam: to be eligible for this exam, trainees are required to have “Certification of Training-Completion.”
- b) Final clinical/practical exam: Trainees will be required to pass the final written exam to be eligible to sit for the final clinical/practical exam.

Trainees are encouraged to review SCFHS general bylaws and administrative policies for assessment (available on the website) to get further information regarding final exam structure and regulations (e.g., number and format of questions, and the number of trials). Also, the final exam’s blueprint will be published on the SCFHS website (under assessment section).

Trainee Support

- Each trainee must have an assigned supervisor.
- A clinical supervisor must not have more than two trainees at any time.
- The assigned supervisor must follow the trainee for at least one year.

5. POLICIES AND PROCEDURES

This curriculum represents the means and materials outlining learning objectives with which trainees and trainers will interact to achieve the identified educational outcomes. Saudi Commission for Health Specialties (SCFHS) has a full set of “General Bylaws” and “Executive Policies” (published on the official SCFHS website) that regulate all processes related to training. General bylaws of instruction, assessment, and accreditation, as well as executive policies on admission, registration, continuous assessment and promotion, examination, trainees’ representation and support, duty hours, and leaves, are examples of regulations that need to be applied. Trainees, trainers, and supervisors need to use this curriculum in compliance with the most updated bylaws and policies which are accessible online (via the official SCFHS website).

Program Admission Requirements

For acceptance into the program of Higher Diploma in Occupational Therapy, the candidate must fulfill all the requirements:

- Complete a BSc in occupational therapy.
- Complete one-year internship training in occupational therapy from an accredited and a recognized university after acquiring a BSc in occupational therapy.
- Provide two (2) recommendation letters.
- Provide a sponsorship letter from the candidate institution (employer), indicating the eligibility “**no objection letter**” of the candidate to join the Training Program for two years on a full-time basis. Self-sponsorship is also acceptable.
- Successfully pass the selection interview or examination.

General Rules

The program is subject to the general regulations, approved by the SCFHS. These regulations must be applied to all trainees for:

- 1- Rules of Training.
- 2- Rules of Examinations.
- 3- Rules of Training Center Accreditation.

Vacation and Holidays

- Trainees are entitled to **four weeks** of vacation and holidays annually, in addition to Eid holidays and the national day.
- **Emergency, sick, and maternity leaves** will be treated according to SCFHS policy on training interruption and will be handled according to the SCFHS policy on training interruption and shall be compensated during or at the end of the training.

Mentoring

A mentor is an assigned faculty supervisor who is responsible for the professional development of the trainees under his/her responsibility. Mentoring is the process by which the mentor provides support to the trainee. A mentee is a trainee under the supervision of the mentor.

Roles of the Mentor

The primary function of the mentor is to nurture a long-term professional relationship with the assigned trainees. The mentor is expected to provide an appropriate environment for the trainees so that they can share their experiences, express their concerns, and clarify issues in a non-threatening environment. The mentor is expected to keep sensitive information confidential.

The mentor is also expected to make an appropriate and early referral to the program director or head of the department if s/he determines a problem that would require expertise or resources that is beyond his/her capacity. Examples of such referral include:

- Serious academic problems.
- Progressive deterioration of academic performance.
- Potential mental or psychological issues.
- Personal issues interfering with academic duties.
- Professional misconduct.

Roles of the mentee

- Take primary responsibility in maintaining the relationship.
- Promptly schedule a monthly meeting with the mentor and does not request for an ad hoc meeting, except only in emergency cases.
- Recognize self-learning as an essential element of the training program.
- Report any significant events to the mentor on time.

Who can be a mentor?

Occupational therapists who are master's degree holders in occupational therapy (or higher), with a minimum of two years of clinical experience postmasters.

APPENDIX A: CASE-BASED DISCUSSION (CBD)

	Saudi Commission for Health Specialties M.R.Peds-PS.Dr.Fakeeh-Jeddah	Evaluated By :evaluator's name Evaluating person (role) or moment's name (if applicable) Dates :start date to end date
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* Indicates a mandatory response

*Trainee's name:

*Trainee's level:

Date of Assessment (dd/mm/yyyy):

Brief description of case including curricula areas covered:

	Below expectations 1	Borderline 2	Meets expectations 3	Above expectation 4	Unable to comment
Domain & Comments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Assessment :	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigations and referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-up and future planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall clinical judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

comments:

Which aspects of the encounter were done well?

Suggested areas for improvement / development?

Agreed Actions / learning plan:

Assessor's position:

- Consultant
- Associate Consultant
- Senior Registrar
- Registrar
- Fellow

Others (specify):

Complexity of Case:

- Low
- Average
- High

Time taken for Observation & Feedback (in minutes)

Basis for discussion:

- Outpatient case/record/letter
- Discharge Summary
- Inpatient case/consult/record

Assessors Surname:

Assessors Signature:

The following will be displayed on forms where feedback is enabled...

(for the evaluator to answer...)

*Did you have an opportunity to meet with this resident to discuss their performance?

- Yes
- No


(for the evaluatee to answer...)

*Are you in agreement with this assessment?

- Yes
- No

Please enter any comments you have (if any) on this evaluation.

APPENDIX B: MINI-CEX

	Saudi Commission for Health Specialties *SCFHS – Occupational Therapy	Evaluated By: evaluator's name Evaluating: person (role) or moment's name (if applicable) Dates: start date to end date
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* indicates a mandatory response Trainee's name:

Trainee's level:

Date of Assessment
 20180124

Brief Summary of Case:

	Below expectations (1)	Borderline (2)	Meets expectations (3)	Above expectation (4)	Unable to comment
1) Medical Interview Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Physical Examination Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Counselling and Communications Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4) Clinical Judgement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Consideration for Patient/Professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Organization/ Efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Organization/ Efficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8) Overall Clinical Competence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Which aspects of the encounter were done well? Suggested areas for improvement/development? Agreed Actions/learning plan:

Student's reflections on patient and areas of learning:

	Consultant	Associate Consultant	Senior Registrar	Registrar	Fellow
Assessor's position:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Others (specify):

Time taken for Observation & Feedback (in minutes): Assessors Surname:

Assessors Signature:

The following will be displayed on forms where feedback is enabled.

(for the evaluator to answer)

*Did you have an opportunity to meet with this resident to discuss their performance?

- Yes
 No

(for the evaluator to answer)

*Are you in agreement with this assessment?

- Yes
 No

Please enter any comments you have (if any) on this evaluation.

FINAL PROJECT PROPOSAL FORM

FINAL PROJECT PROPOSAL FORM	
Trainee Name:	
Project Advisor:	
Project Title:	
Written Component (research question):	
Project Goal (expectations and benefits of this project):	
Project Design and Methodology:	
Trainee Signature:	Date:
Project Advisor Signature:	Date:

<input type="checkbox"/> PROJECT APPROVED	
Faculty Member Signature:	Date:
Project Advisor Signature:	Date:
<input type="checkbox"/> PROJECT REJECTED	
Faculty Member Signature:	Date:
Project Advisor Signature:	Date:

REASONS FOR REJECTION
____ Topic too broad ____ Inappropriate topic ____ Others (Please specify.) _____

PROGRESS REPORT FORM

PROGRESS REPORT FORM
Trainee Name:
Project Advisor:
Project Title:
Project Achievements:

PROGRESS REPORT FORM

Trainee Signature:	Date:
Project Advisor Signature:	Date: