COLLEGE OF PHYSIOTHERAPY

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Standard Operating Procedures for Department of Neurophysiotherapy.

1.0 POLICY

    1.1 PURPOSE- the purpose of this SOP is to ensure uniformity in instructions, accuracy in procedures and minimize bias in theory and practical classes

    1.2 SCOPE- The scope involves ensuring that both types of assessments are conducted uniformly. They include guidelines for the preparation of materials, the conduct of exams, marking processes and the handling of results. The SOP also addresses the responsibilities of students and teachers, ensuring that all stakeholders are aware of their roles and the necessary steps to follow for a smooth assessment process and functioning

    1.3 Vision: To establish the Department of Neurophysiotherapy as a center of excellence in clinical education, research, and community service.

    1.4 Mission: To deliver outcome-based education, foster innovation, and promote holistic rehabilitation practices that integrate cultural sensitivity and ethical responsibility for a smooth transition from classroom teaching to clinical learning.

    1.5 Values: Integrity, inclusivity, evidence-based practice, lifelong learning, and patient-centred care.

    1.6 RESPONSIBILITY- Academic faculty

    1.7 DISTRIBUTION- College wide

    1.8 PROCESS DETAILS- Academic Operations

        1.8.1   Theory class

            1.8.1.1 Faculty involved in academic teaching should create a lesson plan for the topic that they have been allotted and submit within 1 week to the HOD.

            1.8.1.2 The lesson plan should mandatorily include the following- topic, objectives, method of teaching (theory/ practical/both), duration allotted by university, references, assignment question and assessment method.

            1.8.1.3 The submitted lesson plan will be compiled and reviewed by the HOD and send for approval to the Principal, AIMS COP.

            1.8.1.4 The lesson plan for the entire year will be divided into monthly unit plans. It is the responsibility of the academic staff to complete the topic in the given time. In case there is extension of hours, the respective staff has to bring it to the notice of the HOD and Principal, either verbally or in written format.

            1.8.1.5 The unit plan should be displayed in the notice board of the Neurophysiotherapy lab and outside student's classroom.

            1.8.1.6 Unit plans should NOT be distributed to the students via WhatsApp or any other social media site. It is the responsibility of the student to be aware and be updated regarding theory and practical classes.

            1.8.1.7 The objective for theory class should be created as per BLOOM's taxonomy and should be approved by the HOD prior to the class

            1.8.1.8 There will be a pre-test and post-test for each new topic taught. Test will be conducted on Google forms.

1.8.1.9 The test will have only 10 MCQ style questions, of which 40%will be based on knowledge and understanding, and 60% will be based on analysis and evaluation. The pre-test should be taken on the first day of when the topic is commenced. The post-test should be taken on the last day of the topic completion. Test should be conducted during the allotted class hours. No extra time will be given to the faculty to take post-test

1.8.1.10 Teacher should schedule seminar and one SDL hour for each topic depending on the number of hours allotted for that topic.

1.8.1.11 It is mandatory to allot seminars to the students for each topic taught, after the completion of syllabus or during departmental posting. The topic of seminar should be decided by the respective faculty. The faculty will be responsible for allotting students to present the seminar.

1.8.1.12 It is the responsibility of the teacher to ensure that the content is updated and evidence-based.

1.8.1.13 The students should get their presentation approved one week prior to the class, complete with any changes or corrections. In case the student presenting the seminar on the day of presentation remains absent, disciplinary action will be taken as seen fit by the staff.

1.8.1.14 Teachers should refrain from using mobile phones during theory and practical hours

1.8.1.15 Classes should start within on the scheduled time, unless informed by the respective staff. In case the staff doesn't commence the class within the schedule time and without informing, then the class will considered cancelled. Students will not be allowed to enter the classroom once the teacher has entered the class. Entry of the student in an ongoing class is based on teacher's discretion.

1.8.1.16 Staff should use the college PPT template as given in APPENDIX.

1.8.2 Guidelines for effective presentation slides for students
1.8.2.1 Include one idea per slide
1.8.2.2 Spend only 1 minute per slide
1.8.2.3 Make use of your heading to write exactly the message you are trying to deliver
1.8.2.4 Include only essential points
1.8.2.5 Give credit, where credit is due. Mention reference of diagrams, books and content from where it is taken.
1.8.2.6 Use diagrams, pictures and graphics effectively.
1.8.2.7 Design to avoid cognitive overload. Don't write entire paragraphs.
1.8.2.8 Design the slide so that a distracted person gets the main takeaway
1.8.2.9 Iteratively improve slide design through practice.

1.8.2.10   Design to mitigate the impact of technical disasters. (save a pdf copy of your presentation, avoid animations)

(Naegle KM. Ten simple rules for effective presentation slides. PLoS Comput Biol. 2021 Dec 2;17(12):e1009554. doi: 10.1371/journal.pcbi.1009554. PMID: 34855746; PMCID: PMC8638955.)

1.8.3   Practical classes

1.8.3.1 Practical class schedule for the month will be put on the notice board maximum 1 week in advance.

1.8.3.2 It is the responsibility of the student to remain updated regarding the class schedule

1.8.3.3 Students should carry the assessment kit for every practical class. It is the responsibility of the student to read about the topic before attending the practical class.

1.8.3.4 The teacher/professor conducting the practical session should create a peer-reviewed instruction manual to maintain uniformity during practical. The manual for the topic should be made ready maximum 7 days prior to the scheduled class.

1.8.3.5 The practical instruction manual should be approved by the HOD.

1.8.3.6 Practical session should be evaluated using Miller's pyramid.

1.8.3.7 All practical sessions including practice sessions should be done as per small group teaching. The number and size of small group teaching will depend on the respective teacher conducting the practical session.

1.8.3.8 Assessment of practical session should be done individually.

1.8.4   Clinical teaching

1.8.4.1 Assessment and Planning: Conduct thorough patient evaluations to identify functional limitations, disabilities, and performance capacity.

1.8.4.2 Implementation: Deliver evidence-based physiotherapy interventions tailored to individual needs.

1.8.4.3 Modification: Adjust treatment plans based on patient progress and evolving clinical conditions.

1.8.4.4 Discharge: Ensure safe and ethical discharge with appropriate follow-up recommendations.

1.8.4.5 Bed side teaching should be done daily

1.8.4.6 Bed side teaching plan for third and fourth year should be created every month

1.8.4.7 Faculty posted in clinical for that month will be responsible to execute the bed-side teaching plan.

1.8.4.8 In-charge staff should ensure that all the outcome measures mentioned in the syllabus should be demonstrated to the batch posted in that month.

1.8.4.9 Student should be assessed using Competency-based assessment, individually.

1.8.4.10   Bed side case presentation by student is mandatory, daily.

1.8.4.11   All weekly clinical activities should be regularly reported to the HOD and should be mentioned in the departmental register.

1.8.4.12   It is the responsibility of the student to carry evaluation sheet and submit it to the respective staff during bedside case presentation.

1.8.5   Departmental postings

1.8.5.1 Students will be posted in the Neuro department of the college on a rotatory basis

1.8.5.2 Attendance of the student in departmental postings should be recorded daily and a separate register must be maintained for the same.

1.8.5.3 Departmental postings should have separate teaching plan and the same should be displayed in the department.

1.8.5.4 Teaching plan should include problem-based learning activities.

1.8.5.5 Feedbacks should be collected from each batch at the end of every postings

1.8.6   Outcome-Based Education (OBE)

1.8.6.1 Program Outcomes (POs): Graduates will demonstrate clinical competence, research aptitude, ethical practice, and community engagement.

1.8.6.2 Course Outcomes (COs): Each course will define measurable learning outcomes mapped to Bloom's taxonomy.

1.8.6.3 Mapping: POs and COs will be mapped to institutional graduate attributes and assessed through formative and summative evaluations. (Kindly refer to MUHS UG Physiotherapy syllabus 2012 for the same)

1.8.7   Governance and Leadership- Administrative responsibilities

1.8.7.1 Responsibilities of the HOD include the following-
- Provide academic leadership within department
- Implementation of curriculum, teaching-learning processes and research initiatives
- Coordination for faculty development and student support activities
- Reporting of departmental progress to Principal

1.8.7.2 Laboratory Operations and Infrastructure

1.8.7.2.1   Oversee lab operations: Ensure smooth functioning of the lab, including daily operations and student sessions.

1.8.7.2.2   Neuro lab equipment compliance: Maintain stock of equipment as mandated by MUHS norms or other regulatory bodies, as notified by the Principal.

1.8.7.2.3   Equipment maintenance: Ensure regular maintenance of lab equipment to meet operational and safety standards; coordinate repairs with external services.

1.8.7.2.4   Records & registers: Maintain and update departmental log-book, stock register, lab accession record, departmental library records, and issue register; review monthly for usage and maintenance.

1.8.7.3 Academic administration

    1.8.7.3.1   Departmental schedule: Create monthly schedules for theory and practical classes; assign staff for practice sessions.

    1.8.7.3.2   Monthly department meeting: Conduct at least one meeting per month to review academic, clinical, and research progress.

- HoD chairs the meeting, sets the agenda, and assigns staff to document minutes.
- Minutes must be maintained in chronological order.
- In the absence of the HoD, the next senior-most faculty will chair and document proceedings.

    1.8.7.3.3   Issue escalation: Any issues raised must be brought to the notice of the HoD and Principal

1.8.7.4 Student support and mentorship

    1.8.7.4.1   Resolution of student issues: Address student concerns related to academics, research, clinical lab work, and equipment.

    1.8.7.4.2   Practical supervision: Supervise and mentor students during practical sessions.

    1.8.7.4.3   Student Progression Tracking- Maintain records of student progression to higher studies, placements, and research involvement.

    1.8.7.4.4   Alumni database updated annually.

    1.8.7.4.5   Placement and progression reports submitted to IQAC and Governing Body.

1.8.7.5 Faculty development

    1.8.7.5.1   Faculty mentoring: Guide staff on teaching-learning issues; organize faculty development programs as requested.

1.8.7.6 Research and academic extension

    1.8.7.6.1   Research promotion: Encourage and support student and faculty research projects; maintain updated records of ongoing work.

    1.8.7.6.2   Workshops & seminars: Schedule and document workshops, seminars, and CME sessions; maintain annual records and submit to activity coordinator, signed by HoD, concerned faculty, and Principal.

    1.8.7.6.3   Inter-departmental coordination: Collaborate with other departments to integrate lab activities into the broader curriculum.

    1.8.7.6.4   Project support: Participate in and support inter-departmental projects requiring Neurophysiotherapy lab facilities

1.8.7.7 Research & Ethics Compliance

    1.8.7.7.1   Plagiarism Check: All student and faculty research must undergo plagiarism screening.

1.8.7.7.2   Ethics Clearance: Mandatory approval from Institutional Ethics Committee for clinical research.

1.8.7.7.3   IPR Policy: Faculty and students guided on intellectual property rights and publication ethics.

1.8.8   Governance and Leadership-Responsibilities of the faculty members

   1.8.8.1   Teaching and Academic delivery

     1.8.8.1.1   Conduct classes: Deliver theory and practical sessions as per prescribed clauses. Supervise practice sessions in the lab.

     1.8.8.1.2   Class schedule adherence: Follow the monthly class schedule provided by the department.

     1.8.8.1.3   Content approval: Obtain prior approval from HoD and/or Principal for all theory and practical class content.

     1.8.8.1.4   Course material development: Assist in designing, planning, execution, and review of class/course materials. Report discrepancies or errors to HoD/Principal and actively participate in review sessions.

   1.8.8.2   Responsibilities of Lab In-charge

     1.8.8.2.1   Supervise daily lab activities, staff, and workflows to ensure smooth functioning and compliance with safety regulations.

     1.8.8.2.2   Maintain equipment through regular testing, calibration, cleaning, and preventative maintenance programs; log updates in registers.

     1.8.8.2.3   Manage inventory, procurement, storage, and budgeting for lab supplies, tools, and consumables.

     1.8.8.2.4   Enforce lab safety protocols, biosafety standards (e.g., EPA), and secure access with keys/locks to prevent unauthorized use or theft.

     1.8.8.2.5   Conduct risk assessments, investigate accidents, and implement security measures like labelling hardware and physical barriers.

     1.8.8.2.6   Ensure lab cleanliness, organization, and readiness for experiments or sessions per curriculum schedules.

     1.8.8.2.7   Train personnel, students, and assistants on procedures, equipment use, and quality control; evaluate competence.

     1.8.8.2.8   Prepare, update, and maintain records, reports, SOPs, lab manuals, and documentation for accreditation and audits.

     1.8.8.2.9   Monitor performance, troubleshoot issues, and report findings to higher management or faculty.

     1.8.8.2.10

1.8.8.3 Student supervision and support

    1.8.8.3.1   Student supervision: Ensure that all student activities in the lab (academic, clinical, and research) are supervised at all times.

1.8.8.4 Infrastructure and equipment

    1.8.8.4.1   Equipment reporting: Report any equipment malfunctions or issues to the HoD.

    1.8.8.4.2   Maintenance assistance: Assist in routine maintenance and minor repairs; follow up with relevant personnel for resolution.

1.8.8.5 Governance and collaborative engagement

    1.8.8.5.1   Equipment reporting: Report any equipment malfunctions or issues to the HoD.

    1.8.8.5.2   Maintenance assistance: Assist in routine maintenance and minor repairs; follow up with relevant personnel for resolution.

1.8.8.6 Documentation and reporting

    1.8.8.6.1   Reporting activities: Assist with generating and documenting reports on departmental activities, student activities, and student performance. Maintain and update lab records, departmental records, and student attendance registers.

1.8.9   Faculty Appraisal & Development

    1.8.9.1 Annual Performance Appraisal: Based on KPIs (teaching hours, research output, student feedback, extension activities) as per MUHS norms.

    1.8.9.2 Peer Review: Faculty teaching observed by peers once per semester.

    1.8.9.3 Self-Assessment: Faculty submit reflective reports on teaching and professional growth.

    1.8.9.4 Faculty Development Programs (FDPs): Conducted annually, documented, and reported to IQAC.

1.8.10 Stakeholder feedback cycle

    1.8.10.1   Stakeholders: Students, faculty, alumni, employers, parents.

    1.8.10.2   Frequency: Feedback collected twice annually

    1.8.10.3   Method: Structured forms (Likert scale + open-ended questions).

    1.8.10.4   Action Taken Report (ATR): Compiled by HoD, reviewed by IQAC, and published on the institutional website.

1.8.11 General functioning of department- Equipment and records management

    1.8.11.1   Stock register/equipment- update the Stock register with each new purchase of equipment, models, charts or books; maintain a separate record of copy of original bill. Review and monitor the register at least once, on monthly basis. Ensure it is verified and schedule a quarterly audit for accuracy. (SEE APPENDIX FOR FORMAT)

1.8.11.2 Equipment movement (Issue) register- document the issuance of equipment capturing the date and time of both issuance and return of the equipment. Register should be reviewed for a minimum of once every month, to ensure the records are accurate and up-to-date. Before issuing any equipment, permission must be obtained from the faculty or Principal. (SEE APPENDIX FOR FORMAT)

1.8.11.3 Departmental library register- to maintain a record of the books available in the department. Should be done verified minimum once a month. (SEE APPENDIX FOR FORMAT)

1.8.11.4 Lab accession register- to maintain a record of all the students and teachers who have accessed the lab and the purpose of accession along with date and time. (SEE APPENDIX FOR FORMAT)

1.8.11.5 Any loss or damage of equipment to the HOD immediately. Follow institutional procedures for replacement as mentioned below.

Step	Action	Detail
Damage to HOD	Notify the HOD immediately	Provide detailed information about the issue, including the nature of the loss or damage
Complete incident report	Document the incident in detail	Include date, time, equipment description and specifics of the loss or damage
Assess equipment condition	Evaluate whether the equipment can be repaired or if it needs replacement	Determine the feasibility of repair or necessity for replacement based on the assessment
Obtain approval for replacement	Seek authorization for replacement from relevant authorities	Get approval from departmental heads and the Principal, ensuring the costs are covered or additional funds are available
Initiate purchase request	Follow procurement procedures to acquire replacement equipment	Obtain quotes, issue purchase orders and adhere to institutional procurement policies
Update inventory records	Update records to reflect new equipment	Inspect the replacement equipment and ensure inventory records are accurate and current
Review incident and preventive measures	Conduct a review to understand the cause and prevent future occurrences	Analyse the incident's cause, and implement measures to avoid similar issues in the future.

1.8.12 Departmental library
- 1.8.12.1 Maintain a departmental library and ensure that books and other resources are accessible to the students. Regularly update and organize these resources.
- 1.8.12.2 Students will not be allowed to issue books from the department. Students will not be allowed to take the books outside the department. Students can access and read books within the department during college timings only. Students have to return the books on the same day itself.
- 1.8.12.3 Any damage done to the books by student or staff should be compensated for using personal resources.
- 1.8.12.4 Staff should ensure that the books are numbered and entered in the main library.
- 1.8.12.5 No books shall be issued against library card. No student is allowed to take books home or outside department premises.

1.8.13 Safety and cleanliness
- 1.8.13.1 Ensure all equipment is securely stored and that safety measure are followed to prevent accidents or damage.
- 1.8.13.2 Maintain the cleanliness of the laboratory at regular intervals. This includes cleaning equipment work surfaces and disposing of waste properly.
- 1.8.13.3 Turn off all switches and equipment when not in use and before exiting the lab.

1.8.14 Ethical and Professional Conduct
- 1.8.14.1 Uphold integrity, accountability, and responsibility in all professional activities.
- 1.8.14.2 Manage ethical conflicts with fairness and transparency
- 1.8.14.3 Ensure patient safety and dignity at all times

1.8.15 Commitment to Professional growth
- 1.8.15.1 Engage in continuous professional development
- 1.8.15.2 Reflect on practice to improve skills and ethical decision-making.

1.8.16 Professional Contribution
- 1.8.16.1 Recognize and respect psychosocial and cultural factors influencing health
- 1.8.16.2 Incorporate culturally sensitive practices into patient care.

1.8.17 IQAC Integration
- 1.8.17.1 IQAC will review departmental SOP compliance annually.
- 1.8.17.2 Department will submit an Annual Quality Assurance Report (AQAR) with evidence of teaching-learning, research, and extension activities.
- 1.8.17.3 IQAC will recommend corrective actions and monitor implementation.

1.8.18 Extension & Outreach Activities
- 1.8.18.1 Department will organize at least two community outreach programs annually (e.g., health camps, awareness drives).
- 1.8.18.2 Documentation of outreach activities submitted to IQAC and included in AQAR.

1.8.19   Documentation & Audit
   1.8.19.1   All departmental records (academic, administrative, research, outreach) will be digitized and archived.
   1.8.19.2   Quarterly internal audits conducted by IQAC.
   1.8.19.3   Compliance reports submitted to Governing Body (MUHS) and statutory authorities.
1.8.20   Risk Management & Contingency Planning
   1.8.20.1   Disaster Preparedness: SOPs for fire safety, medical emergencies, and evacuation drills.
   1.8.20.2   IT Backup: Regular backup of academic and research data.
1.8.21   Photographs of all events, activities, camps, workshops, CMEs, symposiums, etc. should be geotagged.

This document should be reviewed before the start on new academic year and changes should be highlighted and reported to IQAC/ Principal

Next Review Date- January, 2027

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