



**MINISTER OF EDUCATION, SCIENCE AND SPORT OF THE REPUBLIC OF
LITHUANIA**

**ORDER
ON APPROVAL OF THE DESCRIPTOR OF THE STUDY FIELD OF REHABILITATION**

8 June 2023 No. V-811
Vilnius

In accordance with Paragraph 11 of Article 53 of the Law on Higher Education and Research of the Republic of Lithuania:

1. I approve the Descriptor of the Study Field of Rehabilitation (enclosed).
2. I determine that the higher education institutions have to adjust their study programmes to the Descriptor of the Study Field of Rehabilitation approved by Clause 1 hereby until 1 September 2023.
3. I recognise Order No V-798 of the Minister of Education and Science of the Republic of Lithuania of July 23 2015 “On Approval of the Descriptor of the Study Field of Rehabilitation” as invalid.

Minister of Education, Science and Sport

Jurgita Šiugždiniene

APPROVED
by Order No V-811 of the Minister of
Education, Science and Sport of the
Republic of Lithuania of 8 June 2023

DESCRIPTOR OF THE STUDY FIELD OF REHABILITATION

CHAPTER I GENERAL PROVISIONS

1. The Descriptor of the study field of Rehabilitation (hereinafter referred to as the “Descriptor”) regulates the specific requirements for study programmes in the study field of Rehabilitation (G06), which belongs to the group of study field of Health Sciences (G). The Descriptor regulates the studies in the study field of Rehabilitation (hereinafter referred to as “study field of Rehabilitation”) in the scope not covered by the General Requirements for the Provision of Studies approved by Order No V-1168 of the Minister of Education and Science of the Republic of Lithuania of 30 December 2016 “On Approval of Description of General Requirements for the Provision of Studies”.

2. The Descriptor has been prepared on the basis of the Law on Recognition of Regulated Professional Qualifications of the Republic of Lithuania, Order No V-544 of the Minister of Health of the Republic of Lithuania of 28 April 2016 “On Approval of the Lithuanian Medical Standard MN 125:2016 ‘Occupational therapist. Rights, duties, competences and responsibilities’”, Order No V-184 of the Minister of Health of the Republic of Lithuania of 5 February 2016 “On Approval of the Lithuanian Medical Standard MN 124:2016 ‘Physiotherapist. Rights, duties, competences and responsibilities’”, Directive 2005/36/EC of the European Parliament and of the Council “On the Recognition of Professional Qualifications”, in accordance with the recommendations of the World Confederation for Physical Therapy (WCPT), the recommendations of the European Network of Physiotherapy in Higher Education (ENPHE), the European Network of Occupational Therapy in Higher Education (ENOTHE), the International Federation of Adapted Physical Activity (IFAPA) and the European Standards for Adapted Physical Activity.

3. The requirements of the Descriptor apply to the first cycle of college and university study programmes conducted as full-time or part-time studies.

4. Graduates of the Rehabilitation field studies are awarded the following qualification degrees:

4.1. professional Bachelor’s/Bachelor’s degree in Health Sciences or Professional Bachelor’s/Bachelor’s degree and relevant qualification (occupational therapist, physiotherapist), corresponding to the sixth level of the Lithuanian Qualifications Framework and the European Qualifications Framework for Lifelong Learning, and the first level of the European Qualifications Framework in the European Higher Education Area, as attested by the Professional Bachelor’s/Bachelor’s diploma and its supplement issued by the higher education institution.

4.2. Master’s degree in Health Sciences, corresponding to the seventh level of the Lithuanian Qualifications Framework and the European Qualifications Framework for Lifelong Learning, and the second level of the European Qualifications Framework in the European Higher Education Area, as attested by the Master’s diploma and its supplement issued by the higher education institution.

5. Rehabilitation field studies cannot be part of a two-field study programme.

6. The first cycle of college and university studies in the field of Rehabilitation are organised only in full-time study form, as they lead to a higher education qualification for which the necessary professional skills are acquired only through practical classes and clinical practices. Second cycle studies can be organised in both full-time and part-time forms.

7. There are no specific requirements for the admission to the first cycle college and university studies set out in the Descriptor.

8. In order to be admitted to the second cycle studies in accordance with the procedures laid down by the higher education institution, applicants must:

8.1. be graduates with a Bachelor's degree in the Rehabilitation field;

8.2. have completed a Professional Bachelor's degree in the Rehabilitation field, as well as necessary bridging courses. The curriculum of the bridging courses shall be determined by the university, but the volume of these studies may not exceed 60 credits. The competences acquired through the non-formal and informal learning by people enrolled in bridging courses shall be assessed and recognised in accordance with the procedures established by the higher education institution.

9. The aim of the Rehabilitation field studies is to train professionals who are able to provide, independently and/or as part of a team of rehabilitation and other professionals, services for the prevention of diseases and injuries, health promotion, treatment, rehabilitation, abilitation, education and social services, to foster social integration and to improve the quality of life in accordance with a holistic approach and a system of knowledge, professional principles and values.

10. Graduates of the Rehabilitation field studies will be able to restore, maintain and compensate for impaired biopsychosocial functions of a person, to apply medical, social, pedagogical, professional measures in a coordinated and complex way, and to achieve maximum functional activity, independence and social integration of a person.

CHAPTER II CONCEPT AND SCOPE OF THE FIELD OF STUDY

11. Rehabilitation field studies cover a wide range of interdisciplinary theoretical and practical knowledge and skills, therefore the curriculum of the study programme should be based on the knowledge of social, biomedical and physical sciences and cooperation with social stakeholders, not forgetting to consider examples of good practice in Lithuania and abroad. The specificity of the study programme profile is shaped by historical, political, legal, economic, social and technological factors. New knowledge, technologies and ideas that may have an impact on the contemporary and future development of studies, research and practice in the Rehabilitation field must be part of the strategy for designing the curriculum of the study programme.

12. The subject matter of the studies in the Rehabilitation field is related to the fields of Medicine, Public Health, Nutrition, Education, Management, Biology, Genetics, Biochemistry, Sociology and Psychology. Rehabilitation professionals provide personal health care services that include examination, assessment, treatment, disability compensation, prevention, promotion of healthy lifestyle and education about a person's functional and physical condition and capabilities.

13. In line with European and global standards for the rehabilitation professions, the following curriculum elements should be reflected in rehabilitation training programmes:

13.1. the theoretical field of the studies in the Rehabilitation field that includes the practical grounding of general knowledge, analysis, synthesis and dissemination of the information, appreciation of diversity, multiculturalism and the international sphere, social responsibility and decision-making;

13.2. the professional field of study in the Rehabilitation field that includes planning and implementation of professional activities, performance assessment, communication and cooperation, practice development, professional behaviour and development, and quality of service delivery;

13.3. graduates of the studies in the Rehabilitation field must have knowledge and competences in the human rights field.

14. Areas of activity for rehabilitation professionals:

14.1. studies providing qualification of an occupational therapist must focus on the training of professionals who work independently, in teams of rehabilitation professionals, or in collaboration with health care and other service providers. Occupational therapy services involve enabling individuals and/or groups to engage in meaningful activities for the well-being of the individual and/or group, promoting activity and engagement in meaningful activities, and developing

appropriate skills, habits, and roles in the everyday, learning, work/occupational, and leisure environments at home and within the community;

14.2. studies leading to the qualification of physiotherapist must be oriented towards the training of professionals who are able to practise as physiotherapists independently, in a team of rehabilitation specialists and/or general practitioners and in collaboration with other health care providers. Physiotherapy services include treatment with a defined theoretical and practical basis and a wide range of clinical applications, the prevention of illness and injury, the promotion of healthy lifestyle, and education in order to develop, maintain and/or restore optimal mobility or other functional capabilities when mobility or other functions are impaired by age, injury, illness or environmental factors;

14.3. the second cycle studies must be oriented towards the training of professionals who are able to work independently and/or in collaboration with other professionals providing health care and other services. To achieve these competences, at least 30 study credits (excluding the final thesis) must consist of study subjects that develop competences of persons who have obtained relevant qualification (of a physiotherapist, occupational therapist). In the second cycle studies, students that are being prepared for academic work have to be able to critically evaluate and interpret patient examination data, analyse it, identify causal links between problems, select the most appropriate intervention methods, and refer the patient to other health professionals if necessary; to carry out research, develop theoretically based, practically tested programmes and/or methodologies applicable to various biopsychosocial situations, which would ensure the effectiveness of rehabilitation and innovative understanding of health care and rehabilitation policy.

15. Graduates of study programmes in the Rehabilitation field can work in personal health care and other institutions providing personal health care services.

CHAPTER III GENERAL AND SPECIAL LEARNING OUTCOMES

16. College study graduates must have achieved the following learning outcomes:

16.1. knowledge and its application. Graduates must demonstrate the knowledge of professional practice based on recent discoveries and be able to apply it when identifying and solving complex concrete or abstract problems in the field of professional activity, including:

16.1.1. the national healthcare policy and the principles for organising rehabilitation;

16.1.2. the methods of examination, assessment and treatment of the patient in accordance with the International Classification of Functioning, Disability and Health (ICF);

16.1.3. theories and principles of biomedical sciences (anatomy, physiology, biochemistry, biomechanics of pathology, movement control) relevant to rehabilitation;

16.1.4. the interplay between the individual's activities, health, quality of life and their natural environment;

16.1.5. the principles of ergonomics and universal design;

16.1.6. the use of information technology and the professional handling of confidential information;

16.2. the ability to conduct research. A person shall be able to:

16.2.1. plan, conduct and disseminate practice-oriented empirical research: to collect and organise information, formulate the problem appropriately, to select and apply qualitative and quantitative research methods, follow the principles of research ethics, collect, collate and analyse research data, formulate research findings, make recommendations;

16.2.2. apply research findings to address specific problems in the Rehabilitation field, develop professional practice, and apply innovations in health care and rehabilitation;

16.3. special abilities. A person shall be able to:

16.3.1. identify and assess the needs and strengths of the client or patient (group, community), plan, carry out and evaluate the work process and its outcomes, apply a variety of methods, build relationships of mutual trust, and represent the rights and interests of clients or patients;

- 16.3.2. complete, maintain and analyse professional documentation;
- 16.3.3. select and apply appropriate techniques, tools and methods for the functional and physical examination of the person;
- 16.3.4. be guided by the principles of equal opportunity, recognition of diversity, the values of healthcare and rehabilitation, ethics and professional responsibility in professional practice;
- 16.3.5. analyse problems related to a person's psychosocial, cognitive, emotional, physical condition and dysfunction;
- 16.3.6. integrate science-based research and practice in the fields of prevention, health promotion, treatment, abilitation and rehabilitation;
- 16.3.7. evaluate and analyse professional activities in collaboration with the client or patient and family members;
- 16.4. social abilities. A person shall be able to:
 - 16.4.1. demonstrate social responsibility, civic-mindedness, enhance the image of the rehabilitation professions, impart knowledge and understanding of the field of activity to learners and educate patients;
 - 16.4.2. communicate and collaborate with colleagues, patients, groups and the community in writing and orally, and follow the principles of professional ethics and civic-mindedness;
 - 16.4.3. work individually and as part of a multidisciplinary team and/or in a multicultural environment, taking responsibility for the quality of their own performance and that of the team;
- 16.5. personal abilities. A person shall be able to:
 - 16.5.1. develop independently in their professional activities, adapt creatively to new situations, and be a lifelong learner;
 - 16.5.2. be critical of their own professional practice, knowledge and values, and take care of the strengthening of their professional self-awareness and development of personal qualities appropriate to the profession;
 - 16.5.3. demonstrate moral responsibility for the impact of their activities on social, economic, cultural development, well-being and the environment.
- 17. The following learning outcomes must be achieved upon completing first cycle of the university studies:
 - 17.1. knowledge and its application. A person shall be able to:
 - 17.1.1. demonstrate cultural literacy on the topics of philosophy, history, art and religion;
 - 17.1.2. analyse and evaluate the surrounding social and physical environment;
 - 17.1.3. implement contemporary scientific ideas arising from fundamental and applied science-based practice;
 - 17.1.4. critically, systematically analyse, apply and disseminate the latest general and specific knowledge in rehabilitation science, including:
 - 17.1.4.1. national and international health care and rehabilitation policy, the basics of rehabilitation system management and administration;
 - 17.1.4.2. theories of biology, medicine and social sciences related to personal health, wellness and rehabilitation;
 - 17.1.4.3. the methods of examination, assessment and treatment of the patient, in accordance with (ICF);
 - 17.1.5. apply the theories and principles of the fundamental medical science relevant to rehabilitation;
 - 17.1.6. use modern information technologies and databases;
 - 17.1.7. handle personal data and confidential information professionally;
 - 17.1.8. explain the science-based links between person's activities, health, quality of life and nature;
 - 17.1.9. apply the principles of ergonomics and a safe environment;
 - 17.2. research skills. A person shall be able to:
 - 17.2.1. plan, independently conduct and disseminate practice-oriented research: to collect and systematize scientific information, formulate a scientific problem appropriately, select and apply

qualitative and quantitative research methods, comply with the principles of research ethics, collect, analyse and critically evaluate and interpret research data, formulate and disseminate research findings, and make recommendations to the public and to healthcare professionals;

17.2.2. apply statistical methods to the processing of survey data;

17.2.3. apply research findings when dealing with rehabilitation problems, develop professional practice, and apply innovations occurring in health promotion, healthcare and rehabilitation;

17.3. special abilities. A person shall be able to:

17.3.1. integrate knowledge of biology, medicine, psychology and social sciences into rehabilitation practice by developing critical and clinical thinking;

17.3.2. collect, analyse and critically interpret subjective and objective information, plan and conduct investigations based on a clinical hypothesis;

17.3.3. recognise potentially dangerous pathological conditions and disturbances in biopsychosocial functions;

17.3.4. independently select and apply complex technological, organisational and methodological tools in accordance with science-based clinical practice and professional responsibility;

17.3.5. modify the intervention performed considering the results of the continuous evaluation;

17.3.6. maintain professional records in a responsible manner, in accordance with established legislation;

17.3.7. analyse, evaluate and justify professional performance;

17.3.8. promote healthy lifestyle, recommend and apply health-saving measures, carry out preventive activities, integrate science-based practices into prevention and health promotion, and evaluate the results of intervention;

17.3.9. participate fully in the activities of a targeted multidisciplinary team, while at the same time ensuring a mutually beneficial exchange of information, planning and delivering quality services;

17.4. social abilities. A graduate shall be able to:

17.4.1. demonstrate social responsibility, civic-mindedness, enhance the image of professions in the rehabilitation field, impart knowledge and understanding of the field of activity;

17.4.2. communicate, collaborate and build relationships of mutual trust in a multidisciplinary team and/or multicultural environment, in accordance with the principles of professional ethics and civic-mindedness;

17.4.3. motivate professionals in their field to take an interest in modern research and experimental development and to develop new rehabilitation technologies and apply them in practice;

17.4.4. communicate in a multidisciplinary and interdisciplinary space in the correct national and foreign language, in accordance with the principles of ethics and morality;

17.4.5. share good practice in their professional activities;

17.5. personal abilities. A person shall be able to:

17.5.1. develop personal values, develop independently in the field of professional activity, adapt creatively to new situations, and be a lifelong learner;

17.5.2. be critical of their own professional practice, knowledge and values, and take care of strengthening their professional self-awareness and development of personal qualities in line with the profession;

17.5.3. demonstrate moral responsibility for the impact of their activities on social, economic and cultural development, well-being and the environment;

17.5.4. criticize, reflect, accept constructive criticism and use it to optimise their performance;

17.5.5. manage time, information and think creatively;

17.5.6. work independently and/or as part of a team of rehabilitation specialists and/or a team of general practitioners;

17.5.7. organise their professional activities independently in the health care system;

17.5.8. independently organise private activities.

18. The profiles of professionals trained as physiotherapists and occupational therapists in study programmes in the Rehabilitation field are characterised by the following professional features and specific skills:

18.1. graduates of college and the first cycle of the university studies who acquired an occupational therapist qualification will be able to carry out personal health care, including restoring, maintaining or compensating for patients' abilities and impairments through purposeful (daily, occupational, leisure) activities, in order to help patients to lead independent lives, considering their wishes, needs and the demands of society. After qualifying as an occupational therapist, the person must be able to:

18.1.1. integrate and use knowledge of biology, medicine, humanities, psychology, social sciences, technology and occupational therapy;

18.1.2. analyse integrated theories and research in occupational therapy science and its impact on society;

18.1.3. collect, analyse and critically evaluate information related to a person's health status;

18.1.4. use occupational therapy in close collaboration with individuals and/or the community at appropriate stages of treatment in the areas of preventive care and health protection;

18.1.5. select, modify and apply appropriate theories, practice models and methods to meet the performance and health needs of individuals and/or community;

18.1.6. create and adapt an environment that encourages activity and independence;

18.1.7. actively seek, critically evaluate and use a wide range of information to ensure that practice is based on the best available science;

18.1.8. maintain a patient-centred attitude in their work;

18.1.9. complete and maintain occupational therapy documentation;

18.1.10. comply with local, regional, national and European policies on professional standards and employers' rules;

18.1.11. identify and set out occupational therapy services in order of priority;

18.1.12. actively participate in the development and improvement of occupational therapy services;

18.1.13. follow the developments in health and social care, society and legislation affecting the provision of occupational therapy services at national and local levels;

18.2. graduates of college and the first cycle of the university studies who have obtained the qualification of physiotherapy will be able to provide personal health care services, including examination, assessment, treatment of the functional and physical condition of a person, treatment using movement by employing physical and physics-based means, compensation for disability, health care, prevention, promotion and teaching of healthy lifestyle. After qualifying as a physiotherapist, the person must be able to:

18.2.1. plan and carry out goal-oriented physiotherapy examination and assessment, select and apply appropriate techniques, tools and methods for functional and physical examination of the person, recognise potentially dangerous pathologies and formulate a physiotherapy diagnosis and prognosis;

18.2.2. demonstrate appropriate decision-making skills, assess when the physiotherapist's competence is sufficient to treat the patient and when the patient should be referred to another healthcare professional;

18.2.3. follow science-based clinical practice in physiotherapy;

18.2.4. develop an individual physiotherapy plan based on the physiotherapy diagnosis, considering the needs of the patient (group, community);

18.2.5. perform physiotherapy procedures systematically and independently: position therapy, therapeutic exercises, massage, physical agents, hydrotherapy, compression therapy;

18.2.6. make decisions independently, assess their impact in a variety of situations, as well as apply acquired practical knowledge;

18.2.7. keep, collect and analyse professional documentation, considering ethical, deontological and legal considerations;

18.2.8. analyse, evaluate and justify the results of professional performance;

18.2.9. be guided by the principles of equal opportunity, recognition of diversity, professional responsibility and a relationship of mutual trust with the patient in professional practice;

18.2.10. promote healthy lifestyle, health promotion and preventive activities.

19. The following learning outcomes must be achieved upon completion of second cycle studies:

19.1. knowledge and its application. A person shall be able to:

19.1.1. apply the latest medical and health sciences knowledge when solving professional situations in an interdisciplinary environment, through the use of innovations;

19.1.2. critically and independently analyse the state of medicine, health sciences and clinical practice and develop the need for new research;

19.1.3. critically and systematically analyse, as well as apply in rehabilitation practice and research the latest specialised knowledge on:

19.1.3.1. the development of the rehabilitation professions, rehabilitation theories, and assessment and treatment methods related to biopsychosocial disorders and activity at all ages;

19.1.3.2. the principles of research methodology and ethics, research design and conduct, qualitative and quantitative research methods, data collection, systematisation and analysis, and scientific communication and dissemination;

19.1.3.3. critical evaluation of theories and principles of behaviour and communication;

19.1.3.4. human rights and national health and rehabilitation policy, organisation of professional activity, social justice and management principles;

19.1.4. impart scientific knowledge to students and colleagues, and supervise students' internship;

19.1.5. identify cross-cultural features, considering the cultural development of different social groups and nationalities;

19.2. research skills. A person shall be able to:

19.2.1. critically analyse scientific sources of information in order to find science-based solutions to problems;

19.2.2. foresee, initiate, plan and coordinate (multidisciplinary and interdisciplinary) research and innovative projects, and update the research methodology, considering bioethical requirements;

19.2.3. conduct and lead research, interpret the results from an interdisciplinary perspective in a national and international context, considering the latest research findings;

19.2.4. model solutions to problems of health care, rehabilitation and social integration, introduce innovative services, and influence health and social protection systems and policies;

19.2.5. initiate and develop cooperation with research and internship institutions at national or international level;

19.3. special abilities. A person shall be able to:

19.3.1. create a creative working environment for personal healthcare professionals that empowers the members of the healthcare team to solve patient, staff and management problems;

19.3.2. systematically assess and critically analyse the needs, strengths, weaknesses of the patient (group, community); analyse the causal relationships of problems; organise, coordinate the process of health care and rehabilitation, evaluate its results; apply the most appropriate methods and therapies, strategies of assistance, apply innovations in accordance with the interdisciplinary approach, international experience, results of research;

19.3.3. initiate and coordinate the development of plans and projects for health care and rehabilitation services, manage their implementation and evaluate the effectiveness of their implementation and development strategies, attracting both national and international human and financial resources, applying entrepreneurial principles and ensuring the quality of health care and rehabilitation services;

19.3.4. coordinate activities, develop models of inter-agency and inter-institutional cooperation, organise and deliver professional services, and justify their effectiveness for the empowerment and social well-being of the individual, the family and the community;

19.3.5. critically analyse and evaluate models of health care and rehabilitation policy and public policy interfaces in the context of the impact of health care and rehabilitation policy on human health and quality of life in a global context;

19.3.6. be guided in practice by the principles of equal opportunities, recognition of diversity and fairness, human rights, data protection, professional values, professional ethics and responsibility;

19.3.7. discuss relevant professional issues in professional and interdisciplinary settings, nationally and internationally, develop terminology in health care and rehabilitation, and use scientific and practical experience to support arguments;

19.4. social abilities. A person shall be able to:

19.4.1. communicate and collaborate in both national and international contexts with patients, colleagues, politicians, the media, scientists, work as part of a team, organise and create a team atmosphere, take professional responsibility and demonstrate leadership skills;

19.4.2. present reasoned oral and written information, raise professional issues, and present research results and findings at national and international level;

19.4.3. develop models for inter-agency, inter-institutional and international cooperation;

19.4.4. enhance the image of the rehabilitation profession, as well as take notice of its value and significance in society;

19.4.5. take responsibility for the quality, evaluation and improvement of their own performance and that of their subordinates, guided by professional ethics and citizenship;

19.5. personal skills. A person shall be able to:

19.5.1. critically evaluate their own and others' professional practice, continuously develop their professional competence, and follow the principles of lifelong learning;

19.5.2. make independent decisions in situations requiring the demonstration of an understanding of the intersection of different disciplines, a deep and critical appreciation of scientific knowledge and experience in solving problems in healthcare, rehabilitation and integration of people with disabilities, and the modelling of strategies for solving problems;

19.5.3. make informed, innovative decisions and take moral responsibility for their professional activities and career.

CHAPTER IV TEACHING, LEARNING AND ASSESSMENT

20. Teaching must be based on the latest research and practical developments in the study field. The active and exploratory methods of study (case and situational analysis, performing procedures, demonstration of practical skills, staging, simulation of reality, internship diary, work with patients, etc.) must be oriented towards the understanding and application of the main theories of the field of rehabilitation, and must foster the development of analytical and projection abilities and professional skills. Teaching must help students to develop professional values and a need for continuous professional development.

21. The studies should help students to acquire the professional motivation of a rehabilitation professional, form a professional identity and achieve the intended learning outcomes.

22. The idea of lifelong learning must be promoted in the study process, and students must be prepared and encouraged to be responsible for their own learning. The study programme, its curriculum and didactic system must motivate students to also use other possible resources and sources in their studies, and teachers – to introduce innovations into the study process.

23. The concept of teaching and learning must include flexible, student-oriented teaching and learning methods. The majority of the curriculum must be devoted to practical teaching and learning,

including students' clinical internship and other classroom-based practical work (practical clinical case studies, simulation exercises, role-plays; expert method, etc.).

24. The following study methods may be used:

24.1. informative methods: presentational (narration, lecture, interview, demonstration) and reproducible (retelling, written work, revision interview, seminar);

24.2. practical operational methods: laboratory (demonstration, experimental, laboratory work), hands-on (performing a task, analysing a practical situation, demonstrating practical skills, performing a procedure), and exercise (annotation, creative activity, simulation exercises);

24.3. creative methods: heuristic (heuristic conversation, logical proof, search, construction), exploratory (observation, experiment, work with scientific literature, statistical calculation) and others.

25. The higher education institution shall specify and approve the procedure for the assessment of study results. The system and procedure for the assessment of learning outcomes shall be based on the following key principles: validity – the assessment shall measure the level of achievement of the learning outcomes; impartiality – the results of the assessment shall be objective and independent of changes in the assessor, and the methods of assessment shall be equally appropriate for all the persons assessed; clarity – the assessment system shall be informative and understandable to the assessors and to the persons assessed; usefulness – the assessment shall be positively perceived by the persons assessed themselves and shall contribute to the fulfilment of the objectives of the study programme and to the achievement of learning outcomes.

26. The assessment system must include a variety of assessment methods to monitor student's achievements in terms of the learning outcomes to be achieved and to assess theoretical knowledge and practical skills in a coherent way.

27. A variety of assessment methods and forms may be used, such as an exam, colloquium, paper, oral presentation, project report, essay, reflection, "portfolio", self-assessment, peer assessment, test, internship log (report, diary), coursework, final thesis, and others.

28. The assessment of students' knowledge and skills must be reliable and based on clearly formulated and predetermined criteria, considering the conditions in which the work is carried out and the resources available. Students must be given opportunities to participate in decisions regarding the ways and criteria for assessing the achievement of learning outcomes, the quantity and volumes of assignments.

CHAPTER V

REQUIREMENTS FOR THE IMPLEMENTATION OF STUDY PROGRAMMES

29. Study programmes in the Rehabilitation field must be continuously developed and updated, reflecting innovations in biomedical science and the rehabilitation field by supplementing, expanding and/or reconstructing the content. Emerging topics must be included in the study programme to encourage students to anticipate developments in the field of study.

30. Rehabilitation studies are completed:

30.1. when the completion of the study programme results in a qualification (of an occupational therapist, physiotherapist) and a qualification degree – by means of a final examination and a publicly defended thesis (project);

30.2. when only a qualification degree is awarded upon completion of the study programme – by a publicly defended thesis (project);

30.3. Second cycle studies are completed with a final thesis (project).

31. The Assessment Board for the final examination shall be constituted in accordance with the procedures laid down by the higher education institution. The Board must be composed of at least 3 professionals with appropriate professional qualifications. It is recommended that one member of the Board should be a social partner.

32. The final thesis (project) Assessment Board is formed in accordance with the procedures established by the higher education institution. The Board must be composed of at least 5 members –

at least one scholar, practitioner, social partner – with relevant qualifications in the field of Rehabilitation.

33. The requirements for the internship are as follow:

33.1. professional internship (hereinafter referred to as “Internship”) is an integral and compulsory part of studies in the field of Rehabilitation. It is understood as an activity to develop a student’s practical skills in a real workplace;

33.2. the minimum volume of the internship at the first cycle studies must be 40 credits;

33.3. the internship shall be organised in accordance with the higher education institution’s internship organisation procedure, which defines the requirements for the internship, the specific tasks of the internship, the learning outcomes and the system for assessing the student’s performance, the support provided to the student during the internship, and the criteria for assessing the level of skills acquired by the student during the internship;

33.4. when organising an internship, opportunities must be provided for experiential learning by the way of combining professional activity, education and personal development;

33.5. the reflective nature of the internship tasks (writing an internship diary, reflective analysis of the internship experience in the internship report, etc.) is recommended;

33.6. at least 0.5 hours each week of the internship are intended to assess the student’s practical skills under real working conditions. The internship supervisor (clinical instructor) assesses the practical skills demonstrated in a specific work situation, communication and teamwork, responsibility, and professional ethics;

33.7. internship supervisors at the higher education institution and at the placement site (clinical instructors) are involved in the process of improving the content of internship tasks and the organisation of internship;

33.8. the higher education institution is responsible for organising training for internship supervisors (clinical instructors) to ensure the quality of cooperation and the integrity of the development of rehabilitation theory and practice;

33.9. internship tasks are selected in the direction of professional development, linking the student’s academic preparation with practical competence. In college and the first cycle of the university programmes, internship is organised in such a way that the student is exposed to a wide range of practical activities during the course of the study and is able to develop professional competences ranging from the role of an observer to the independent performance of functions under the supervision of the internship supervisor (clinical instructor);

33.10. the higher education institution must offer students a list of potential internship bases with which cooperation agreements are in place. Students can find an internship institution on their own, but it has to be approved by the higher education institution. Once the internship institution has been chosen, a tripartite agreement is concluded between the student, the higher education institution and the internship institution.

34. The requirements for teachers are as follow:

34.1. the competence of teachers should be assessed on the basis of their scientific, pedagogical and practical experience: participation in applied research, experimental research, use of advanced teaching methods, recognition in professional and scientific communities, participation in professional development programmes, traineeships, conferences and seminars;

34.2. at least 10 per cent of subjects (modules) of college study programmes and at least 50 per cent of subjects (modules) of the first cycle of the university study programmes shall be taught by scientists holding a doctoral degree and conducting applied research, experimental research, publishing their results in scientific publications and participating in national and international scientific and practical events. More than half of the teachers in the college study field must have at least 3 years of practical work experience in the subject (module) they teach;

34.3. teachers of first cycle study programmes must have at least a Master’s degree or equivalent higher education qualification and rehabilitation research experience. Professional internship placements in a real-life (clinical) setting can be supervised by professionals with a Master’s degree and at least 3 years of experience in the field;

34.4. at least 80 per cent of the teachers in all subjects (modules) of the second study cycle must hold a doctoral degree, of whom at least 60 per cent must have a research focus relevant to the subjects (modules) they teach, and the others may be practitioners who have acquired professional experience relevant to the applied subjects (modules) they teach of at least 3 years in the last 7 years. At least 20 per cent of the subjects (modules) in the second study cycle must be taught by professors.

35. A higher education institution implementing study programmes in the Rehabilitation field must have sufficient academic and study staff, as well as material and information resources belonging to the institution, to carry out the study programme in a quality manner. The studies must be organised in such a way that the number of students in a group during the practical training is no more than 14 when teaching subjects (modules) in the field. The following facilities are essential for the successful delivery of the study programme in the premises owned by the higher education institution:

35.1. classrooms that comply with hygiene and occupational safety requirements, equipped with state-of-the-art audio-visual equipment;

35.2. sufficient computers with word processing, quantitative and qualitative data processing and innovative teaching software;

35.3. the tools needed to teach the subjects (modules) in the field of Rehabilitation:

35.3.1. visual aids, educational posters, multimedia, models;

35.3.2. functional assessment devices and instruments;

35.3.3. facilities for practical work (equipped with medical couches (1 couch for 2 students), equipment suitable for group work and development of communication skills; modern rehabilitation equipment and facilities;

35.3.4. disability equipment and facilities;

35.3.5. equipment and apparatus that will enable the student to acquire the competences provided for in the specified Lithuanian medical standards;

35.3.6. equipment and apparatus for scientific research;

35.4. libraries and reading rooms must have sufficient quantities of scientific literature, textbooks, methodological publications, reference books and other publications in Lithuanian and foreign languages to implement the study programme. Libraries must be equipped with computers with the internet access to international databases;

35.5. study information (study plans, course (module) descriptors, timetables, etc.) must be published on the higher education institution's website;

35.6. the higher education institution and the study environment must be adapted to meet the accessibility requirements for people with disabilities.

36. The higher education institution must enable teachers and students to benefit from academic mobility opportunities.
