



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

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

26 November 2025 No. V-1218  
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 2026.
3. I recognise Order No V-811 of the Minister of Education and Science of the Republic of Lithuania of June 8 2023 “On Approval of the Descriptor of the Study Field of Rehabilitation” as invalid.

Minister of Education, Science and Sport

Raminta Popovienė

APPROVED  
by Order No V-1218 of the Minister of  
Education, Science and Sport of the  
Republic of Lithuania of 26 November  
2025

## 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 *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” (hereinafter referred to as the *General Requirements for the Implementation of Studies*).

2. The Descriptor has been prepared on the basis of the Law of the Republic of Lithuania on the Recognition of Regulated Professional Qualifications, and the orders of the Minister of Health of the Republic of Lithuania: Order No. V-544 of 28 April 2016 “On the Approval of the Lithuanian Medical Norm MN 125:2022 ‘Occupational Therapist’”; Order No. V-184 of 5 February 2016 “On the Approval of the Lithuanian Medical Norm MN 124:2016 ‘Physiotherapist. Rights, Duties, Competence and Responsibility’”; Order No. V-388 of 23 February 2022 “On the Approval of the Description of Requirements for the Professional Activity of a Clinical Speech and Language Therapist”; as well as 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), the European Standards for Adapted Physical Activity, the professional descriptions of speech and language therapists approved by the European Speech and Language Therapy Association (ESLA) and the American Speech-Language-Hearing Association (ASHA), as well as the recommendations of the professional and academic network on quality standards for the education of speech and language therapists in Europe (NetQues).

3. The requirements of the Descriptor apply to first- and second-cycle college and university study programmes. College and university first-cycle (hereinafter referred to as *first-cycle*) studies shall be organised only in the full-time mode of study, as the professional skills required for the qualification of occupational therapist and physiotherapist may be acquired only through practical classes and clinical placements. University second-cycle (hereinafter referred to as *second-cycle*) studies may be organised in full-time and part-time modes of study, with the exception of clinical speech and language therapy studies, which shall be organised only in the full-time mode of study.

4. Specialists may be trained under double-field or interdisciplinary study programmes to provide personal health care services and other health-related activities as established by the Ministry of Health of the Republic of Lithuania. Where qualification, professional activity or other requirements are laid down, they shall be followed together with the General Requirements for the Implementation of Studies and the descriptors of the relevant study fields approved by the Minister of Education, Science and Sport.

5. There are no specific admission requirements for college and first-cycle university studies laid down in the Descriptor.

6. It is recommended that persons who meet the following criteria be admitted to second-cycle studies in accordance with the procedure established by the higher education institution:

6.1. completed first-cycle studies in the field of Rehabilitation;

6.2. completed college studies in the field of Rehabilitation and additional (bridging) studies,

the content and scope of which are determined by the university, provided that the volume of such studies does not exceed 60 credits;

6.3. for admission to second-cycle studies in Clinical Speech and Language Therapy – completed studies in Special Pedagogy within the field of Pedagogy and obtained a Bachelor's degree and a teacher qualification.

7. Upon completion of studies in the field of Rehabilitation, the following qualification degrees shall be awarded:

7.1. A Professional Bachelor's degree / Bachelor's degree in Health Sciences, or a Professional Bachelor's degree / Bachelor's degree in Health Sciences together with the qualification of occupational therapist or physiotherapist, corresponding to Level 6 of the Lithuanian Qualifications Framework and the European Qualifications Framework for Lifelong Learning, and to the first cycle of the Qualifications Framework of the European Higher Education Area, as certified by a Professional Bachelor's / Bachelor's diploma and its supplement issued by the higher education institution;

7.2. a Master's degree in Health Sciences, corresponding to Level 7 of the Lithuanian Qualifications Framework and the European Qualifications Framework for Lifelong Learning, and to the second cycle of the Qualifications Framework of the European Higher Education Area, as certified by a Master's diploma and its supplement issued by the university.

8. 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.

9. Graduates of studies in the field of Rehabilitation will be able to restore, maintain and compensate for impaired biopsychosocial functions of an individual, to apply medical, social, educational, professional measures in a coordinated and comprehensive manner, and to achieve the highest possible level of functional activity, independence and social integration of an individual.

## **CHAPTER II CONCEPT AND SCOPE OF THE FIELD OF STUDY**

10. 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 from social, biomedical and physical sciences involve 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.

11. The subject matter of the studies in the Rehabilitation field is related to the study fields of Medicine, Public Health, Nutrition, Education, Management, Biology, Genetics, Biochemistry, Sociology and Psychology. Rehabilitation professionals provide personal health care services, including examination, assessment and treatment of an individual's functional and physical condition and capacities, disability compensation, prevention, promotion of healthy lifestyle and education.

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

12.1. 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;

12.2. 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;

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

### 13. Areas of activity for rehabilitation professionals:

13.1. studies providing the qualification of an occupational therapist shall 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;

13.2. studies leading to the qualification of a physiotherapist shall be oriented towards the training of professionals who are able to practise physiotherapy independently, in a team of rehabilitation specialists and/or general practitioners and in collaboration with other health care service 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;

13.3. studies leading to the qualification of a clinical speech and language therapist shall be oriented towards the training of specialists who are able to work independently and as members of a team of rehabilitation professionals, in cooperation with other health care service providers. Clinical speech and language therapy services are intended for the identification, management and prevention of speech (including voice), language, hearing, feeding and swallowing, cognitive and social communication disorders in individuals of all ages, as well as for the restoration or compensation of impaired functions and the provision of counselling to patients and relevant stakeholders. These services require a level of skills and competences necessary to understand the causes, course, prognosis and evidence-based management of congenital and acquired pathologies, grounded in scientific evidence, clinical experience and clients' expectations, with the aim of ensuring the right to successful communication, social participation and quality of life.

14. In college and first-cycle study programmes designed to train physiotherapists and occupational therapists, no fewer than 30 study credits (excluding the final thesis) shall consist of study subjects aimed at developing the relevant competences. In second-cycle study programmes, competences shall be developed to critically evaluate and interpret patient examination data, analyse such data, identify causal relationships between problems, select the most appropriate intervention methods and, where necessary, refer the patient to other health care professionals; to conduct research; and to develop theoretically grounded and practically tested programmes and/or methodologies applicable to various biopsychosocial situations, ensuring the effectiveness of rehabilitation and an 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 manage 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 the results of professional activities in cooperation with the patient and the patient's representatives;

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. to complete and maintain physiotherapy practice documentation;

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;
- 17.5.7. organise their professional activities independently in the health care system;
- 17.5.8. independently organise private activities.
- 18. Upon completion of second-cycle studies in physiotherapy, occupational therapy and clinical speech and language therapy, the following learning outcomes shall be achieved:
  - 18.1. knowledge and its application. A person shall be able to:
    - 18.1.1. apply the latest medical and health sciences knowledge when addressing professional situations in an interdisciplinary environment, through the implementation of innovations;
    - 18.1.2. critically and independently analyse situations in medicine, health sciences and clinical practice, and to identify the need for new scientific research;
    - 18.1.3. critically and systematically analyse and apply the latest specialised knowledge in rehabilitation practice and scientific research on:
      - 18.1.3.1. the development of rehabilitation professions, rehabilitation theories, and assessment and treatment methods related to biopsychosocial impairments and activity across all stages of the lifespan;
      - 18.1.3.2. the principles of research methodology and ethics, research planning and implementation, qualitative and quantitative research methods, data collection, systematisation and analysis, as well as scientific communication and dissemination of information;
      - 18.1.3.3. the critical evaluation of theories and principles of behaviour and communication;
      - 18.1.3.4. human rights and national health care and rehabilitation policy, the organisation of professional activities, and the principles of social justice and management;
    - 18.1.4. to transmit scientific knowledge to students and colleagues and to supervise students' practical training;
    - 18.1.5. to identify intercultural characteristics and take into account the cultural development of different social groups and nationalities;
  - 18.2. the ability to conduct research. A person shall be able to:
    - 18.2.1. critically analyse scientific sources of information in seeking evidence-based solutions to problems;
    - 18.2.2. anticipate, initiate, plan and coordinate (multidisciplinary and interdisciplinary) scientific research and innovative projects, and to update research methodologies in compliance with bioethical requirements;
    - 18.2.3. conduct and lead scientific research and to interpret research results from an interdisciplinary perspective in a national and international context, taking into account the latest research findings;
    - 18.2.4. model solutions to health care, rehabilitation and social integration problems, implement innovative services, and influence the development of the health care and social protection system and policy;
    - 18.2.5. initiate and develop cooperation with academic and professional institutions at the national and international levels;
  - 18.3. special abilities. A person shall be able to:
    - 18.3.1. create a creative working environment for personal healthcare professionals that empowers the members of the healthcare team to solve patient, staff and management problems;
    - 18.3.2. 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;
    - 18.3.3. 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;
    - 18.3.4. 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;

18.3.5. 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;

18.3.6. 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;

18.3.7. 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;

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

18.4.1. 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;

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

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

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

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

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

18.5.1. critically evaluate one's own and others' professional practice, continuously develop professional competence, and adhere to the principles of lifelong learning;

18.5.2. independently make decisions in situations requiring the demonstration of an understanding of the intersection of different fields of science, a deep and critical evaluation of scientific knowledge and experience, when addressing health care, rehabilitation and the integration of persons with disabilities, and to model problem-solving strategies;

18.5.3. make well-founded and innovative decisions, to assume moral responsibility for one's professional activity and career, and to recognise and appropriately respond to manifestations of corruption.

19. 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:

19.1. graduates of college and first-cycle university studies who have acquired the qualification of an occupational therapist shall be able to provide personal health care services, including the restoration, maintenance or compensation of patients' abilities and impairments through purposeful (daily, occupational and leisure) activities, with the aim of enabling patients to lead independent lives, taking into account their wishes, needs and societal demands. Upon obtaining the qualification of an occupational therapist, a person shall be able to:

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

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

19.1.3. collect, analyse and critically evaluate information related to an individual's health condition;

19.1.4. apply occupational therapy at appropriate stages of treatment in the fields of health prevention and protection, in close cooperation with individuals and/or the community;

19.1.5. select, adapt and apply appropriate theories, practice models and methods in order to meet the activity and health needs of individuals and/or the community;

19.1.6. design and adapt environments that promote an individual's activity and independence;

19.1.7. actively seek, critically evaluate and use diverse information in order to ensure that practice is based on the best available scientific evidence;

19.1.8. orient professional practice towards the patient's activity needs;

- 19.1.9. complete and maintain occupational therapy practice documentation;
- 19.1.10. comply with local and regional, national and European policy professional standards and employer regulations;
- 19.1.11. identify and prioritise occupational therapy services;
- 19.1.12. actively participate in the development and improvement of occupational therapy services;

19.1.13. take into account developments in health and social care and the legislation affecting society and the provision of occupational therapy services at the national and local levels;

19.2. 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:

19.2.1. plan and carry out goal-oriented physiotherapy examination and assessment, select and apply appropriate techniques, tools and methods for assessing an individual's functional and physical condition, identify potentially dangerous pathologies, and formulate a physiotherapy diagnosis and prognosis;

19.2.2. demonstrate appropriate decision-making skills, assess when the competences of a physiotherapist are sufficient to treat a patient and when the patient must be referred to another health care professional;

19.2.3. be guided by evidence-based physiotherapy clinical practice;

19.2.4. develop an individual physiotherapy plan based on a physiotherapy diagnosis, taking into account the needs of the patient (group or community);

19.2.5. systematically and independently perform physiotherapy procedures, including positioning therapy, therapeutic exercises, therapeutic massage, physical agents, hydrotherapy and compression therapy;

19.2.6. independently make decisions, assess their impact and act under various conditions, applying acquired practical knowledge;

19.2.7. complete, maintain and analyse professional documentation, guided by ethical, deontological and legal principles;

19.2.8. analyse, evaluate and substantiate the results of professional activities;

19.2.9. be guided in professional practice by the principles of ensuring equal opportunities, recognising diversity and professional responsibility, and to build relationships of mutual trust with the patient;

19.2.10. promote a healthy lifestyle, apply health-preserving measures and carry out preventive activities.

20. Graduates of second-cycle clinical speech and language therapy studies shall be able to carry out health promotion activities aimed at managing congenital or acquired speech (including voice), language, communication, feeding, swallowing and/or secondary disorders in individuals of all ages, reducing the manifestation of disorder-related symptoms or compensating for impaired functions. The professional profile of a specialist who has completed second-cycle studies in clinical speech and language therapy is characterised by the following professional features and specific competences:

20.1. by applying evidence-based screening and comprehensive speech and language assessment methods and tools, to assess risk factors, causes and characteristics of speech (including voice), language, communication, feeding and swallowing disorders in individuals of all ages, and to identify the disorder and its impact on an individual's functioning;

20.2. based on the assessment results of a patient with speech (including voice), language, communication, feeding and swallowing disorders, to select and apply strategies grounded in the latest scientific evidence in order to manage disorders, reduce the manifestation of symptoms or compensate for impaired functions;

20.3. evaluate the effectiveness, in terms of an individual's functioning, of applied speech and language therapy methods and tools intended to manage speech (including voice), language, communication, feeding and swallowing disorders, reduce the manifestation of symptoms or

compensate for impaired functions;

20.4. clearly discuss with the patient, the patient's relatives and other members of the specialist team the outcomes of the methods and tools applied to manage speech (including voice), language, communication, feeding and swallowing disorders, reduce the manifestation of symptoms or compensate for impaired functions, and to provide counselling to patients and relevant stakeholders, taking into account the diversity of their needs and expectations;

20.5. cooperate with members of an interdisciplinary team of specialists in accurately interpreting the results of a patient's comprehensive assessment and planning directions of intervention;

20.6. carry out preventive activities by selecting and applying measures and methods for the prevention of speech (including voice), language, communication, feeding and swallowing disorders, and by disseminating information about the profession and roles of the (clinical) speech and language therapist, with the aim of promoting the social well-being of individuals with speech (including voice), language, communication, feeding and swallowing disorders and their relatives;

20.7. be guided by the principles of equal opportunities, social justice, human rights, recognition of sociocultural diversity, data protection and professional ethics.

## **CHAPTER IV TEACHING, LEARNING AND ASSESSMENT**

21. 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.

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

23. 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.

24. 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.).

25. The following study methods may be used:

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

25.2. 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);

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

26. 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.

27. 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.

28. 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.

29. 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**

30. 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.

31. Rehabilitation studies are completed:

31.1. 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);

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

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

32. 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.

33. 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.

34. The requirements for the internship are as follow:

34.1. 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;

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

34.3. 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;

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

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

34.6. 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;

34.7. 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;

34.8. 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;

34.9. 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);

34.10. 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.

35. The requirements for academic staff are as follow:

35.1. the competence of academic staff 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;

35.2. 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 academic staff in the college study field must have at least 3 years of practical work experience in the subject (module) they teach;

35.3. academic staff 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;

35.4. at least 80 per cent of the academic staff 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.

36. 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:

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

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

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

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

36.3.2. functional assessment devices and instruments;

36.3.3. 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;

36.3.4. disability equipment and facilities;

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

36.3.6. equipment and apparatus for scientific research;

36.4. 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;

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

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

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

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