A letter of intention to cooperate in the fields of education, quality of care and field of competence was signed during the Sofmer PRM congress in Mulhouse, between the Section and Board of PRM/UEMS and the main French PRM associations.

The French PRM associations were:
- Syferm, President Dr Jean Sengler;
- Sofmer, President Pr Alain Yelnik;
- Cofemer, President Pr Pierre-Alain Joseph;
- Fedmer, President Dr Francis Le Moine;
- Annals of PRM, Editor in Chief Pr André Thévenon;

For UEMS:
- PRM Section, Pr Alain Delarque, Pr Christoph Gutenbrunner and Dr Georges De Korvin;
- PRM Board, Pr Franco Franchignoni and Pr Jean-Michel Vion.

In the framework of this agreement, Sofmer has organized three bilingual Euro-

version sessions per year, focusing on the topics of education, quality of care and field of competence.

A new teaching programme for PRM trainees has been set up during the Sofmer congresses. Together with European School Marseille, it gives trainees another opportunity to create links and discover PRM research activities.

Educational papers supervised by academic PRM professors have been published in the Journal of Rehabilitation Medicine.

French PRM programmes of care have been accredited by the UEMS PRM section.

Papers on the fields of competence of PRM have been published by French authors.

PRM SOFMER Congress Nantes 2011 will continue to be organized on these lines.


CO41-002–EN

Educational activities of the UEMS board of physical and rehabilitation medicine: “World Action Plan for Initial Education in PRM (WAPIE PRM)”


∗ UEWS PRM Section and Board, UEMS PRM Section and Board

Keywords: Education; PRM; WAPIE

Introduction.– Attracting gifted PRM trainees and offer them high quality education is crucial for the future of PRM in Europe, but many problems remain to be addressed:
- the board’s recent survey showed that many medical schools in Europe do not offer teaching programmes on disabled persons and on basic PRM knowledge. Hence our speciality is hardly known to medical students;
- access to the evidence-based advances in PRM is often difficult for our trainees;
- PRM trainees are rarely involved in research;
- information and teaching on rehabilitation and disability management is often lacking.

Aim.– Action plan to improve undergraduate and postgraduate PRM training and the recruitment of trainees.

Method.– The PRM Board, collectively with national and international PRM Societies, initiated and developed an action plan for initial education in PRM with the following objectives: propose a specific minimal undergraduate curriculum on PRM including the issues of disability, participation and handicap, to be taught all over Europe as a basis for general medical practice and postgraduate rehabilitation training.

Create high quality, low-cost training material and courses dedicated to PRM trainees including disability management, team management, rehabilitation methodology, evidence based practice in rehabilitation, etc.

Teach trainees the research methodology specific to PRM and involve them in research activities.

Results and conclusion.– The PRM Board proposes a specific undergraduate curriculum to be taught all over Europe as a basis for general medical practice and postgraduate rehabilitation training; an increasing number of educational documents is available on the website of the PRM Board (http://www.euro-prm.org); international and national PRM Congresses offer reduced fees for PRM trainees and organize specific educational sessions for them; educational papers are published regularly in Journal of Rehabilitation Medicine, European Journal of PRM and Annals of PRM; the PRM Summer schools supported by the board have become very popular amongst trainees.

Stimulated by the board’s WAPIE the educational offer for PRM trainees in Europe has significantly increased over the past years.


CO41-003–EN

University teaching of physical and rehabilitation medicine (PRM)

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Keywords: Education; Physical medicine and rehabilitation

Teaching specialized studies in PRM is a national programme organized by the French college of the university teachers of PRM (Cofemer) in the form of 15 modules from two to three days distributed over two academic years.

The teaching objectives of each module are defined in accordance with the official program (decree published in the OJ in 2001) and with the field of competences of the PRM physician. They relate to all fields of PRM including physiological, functional, therapeutic means, readjustment, equipment, PRM practises, neuropsychological rehabilitation and locomotor apparatus, and other specific aspects in various fields: nervous system power station and peripheral, cardiovascular and respiratory pathologies, geriatry, pediatry, pain, oncology or podology.

Teaching is delivered in the form of lectures, of clinical cases and practical workshops. Certain objectives are treated by regional or interregional teaching forums or are to be studied by self-training.

Complementary themes and optional lessons can be proposed. The interns moreover are invited to take part in the scientific congresses organized by Sof-
mer, in particular with the meetings concerning themes organized for young specialists in training (advanced courses, European lesson).

Each module is held in a different university town depending on the organizing teacher for the module.

The program is accessible on the Cofemer web site (www.Cofemer.fr) where the interns must be registered. The documents used for teaching can be downloaded from the Cofemer site. During the four-year course, interns must follow the entire of the cycle of teaching modules. Participation must be consigned in the booklet of the intern.

The field of activity of our speciality is vast. The majority of our current teaching methods remain traditional but the introduction of an individual electronic log book and enriched electronic supporting documents are important additions, allowing the validation of the reference frame of specialty PRM.

Any board certified PRM doctor can participate in the accreditation of PRM programmes of care organized by the UEMS PRM Section. The participant must describe one part of his/her PRM clinical activity with respect to the following items: 1) scientific foundations and local context; 2) target population; 3) aims and goals; 4) structured content, with details about the timetable, diagnosis, assessment and, interventions; 5) human and material means; 6) discharge criteria and final report; 7) outcomes and improvement project. A peer review procedure checks the programme consistency with scientific evidence.

This approach is a good starting point for the “Deming Wheel” process: Plan, Do, Check, Act. Indeed, it is similar to the “Clinical Pathway” procedure defined by the French High Authority of Health as one allowed for the “Professional Practice Assessment”, which is mandatory in France.

Further reading

Site HAS: http://www.has-sante.fr/portail/jcms/c_436520/chemin-clinique.

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Generalization of quality indicators in rehabilitation care hospitals

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Keywords: Quality indicators; Healthcare organisations; Data collection; Results; Improvements

Objective.– The French national authority for health generalizes quality indicators (QIs) in healthcare organisations to improve the quality and the safety of care. Rehabilitation care hospitals have collected data on 4 mandatory QIs relating to medical record for two successive years (2009 and 2010).

Methods.– Each rehabilitation care hospital collects retrospective data on 80 random medical records for all 4 QIs. Analysed period is the first semester of the year. Rehabilitation care hospitals use standardized tools to perform the data collection. Each rehabilitation care hospital gets its results accompanied by references (national, regional, and by type of hospital) in order to compare each other. Evolution data are also available.

QI1 measures the medical record conformity and is given by a score. The other 3 QIs are expressed as proportions. QI2 assesses the time elapsed before sending the discharge letter, QI3 the traceability of pain assessment and, QI4 the screening for nutritional disorders.

Results.– The national mean score of QI1 amounts to 64 in 2009 versus 71 in 2010. This score has increased by 7 points between the 2 collections.

The national mean rate for QI2 amounts to 60% in 2009 versus 67% in 2010 (plus 7 points).

The national mean rate for QI3 amounts to 42% in 2009 versus 57% in 2010 (plus 15 points).

The national mean rate for QI4 amounts to 53% in 2009 versus 63% in 2010 (plus 10 points).