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 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.

CO41-004–EN

International Teaching Program

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No abstract provided.


CO41-005–EN

Continuing Professional Development


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After the years of initial training, the medical student enters the professional world, then quickly comes to contact with continuing education called Continuing Professional Development: CPD. This continuing education pathway is primarily an ethical obligation: article 11 of the code of medical ethics. On April 25, 1996 the French national health authorities set the rules for continuing medical education. Then, for 15 years a succession of laws and decrees has tried, in vain, to organize this training. Nevertheless, PRM physicians and hospital staff members did not wait for the final regulatory documents to start their continuing medical education. Our specialty is even regarded as exemplary in this process (see the audit report of the WSF at the conference SOFMER ROUEN 2006). In many regions of France a regional association organizes excellent quality PRM post-graduate training. PRM practitioners hold many meetings to help and advise general practitioners. SOFMER the ANMSR, the Analysts of Montpellier, Garches Days and many others are part of this process. Developments in recent years have focused on improving knowledge and assessment practices. The overall trend of continuing education towards a concrete and objectified improvement of professional practice is an issue that affects the evolution of CME.

Today the HPST law by article 59 established the Continuing Professional Development as a process of continuous improvement of medical practice that is statutorily substituted to both the CME and CPE. Continuous Professional Development aims are: PPE, knowledge development, improving quality and safety of care, taking into account the priorities of public health, medical control of health spending.

SOFMER has been participating in the Federation of Medical Specialties for nearly 20 years. Two decrees of application of CPD should be released in the coming weeks.


CO41-006–EN

PRM programs of care: A form of continuing professional development to promote in France and in Europe

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Keywords: Continuing medical education; Professional practice; Quality of care; Continuing medical development; UEMS; SYFMER; PRM; European accreditation

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 examines 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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CO41-007–EN

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 assesses the medical record conformity and is given by a score. The other 3 QIs are expressed as proportions. Q2 assesses the time elapsed before sending the discharge letter, Q3 the traceability of pain assessment and, Q4 the screening for nutritional disorders.

Results. – The national mean score of Q11 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 Q12 amounts to 60% in 2009 versus 67% in 2010 (plus 7 points).

The national mean rate for Q13 amounts to 42% in 2009 versus 57% in 2010 (plus 15 points).

The national mean rate for Q14 amounts to 53% in 2009 versus 63% in 2010 (plus 10 points).
Discussion.– These 4 QIs are included in the French national accreditation procedure for hospitals which will be able to implement improvements and to measure the impact by collecting data every year for generalization.


CO41-008–EN
Impact of PRM care on outcome of severe traumatic brain injury (TBI) patients: Use of a propensity score
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Keywords: Traumatic brain injury; Outcome; Rehabilitation

Background.– Decision to refer TBI patients to PRM after acute care depends on several factors, including TBI severity. As patients referred to PRM are more severe, they suffer higher later disabilities. Propensity score is a useful tool to correct this bias.

Objectives.– To assess the impact of referral to PRM (vs. discharge home) on one-year outcome for severe TBI patients. It is part of a larger regional prospective inception cohort study, the París-TBI study.

Methods.– All adult patients with severe TBI (initial Glasgow Coma Scale score of 8 or less) in the Parisian area were recruited prospectively by mobile emergency services. Between July 2005 and April 2007504 patients were recruited, 134 survivors (83% males, mean age 35 ± 16 years) were assessed at one year with the Glasgow Outcome Scale–Extended (GOSE) and the Dysexecutive Questionnaire (DEX). After acute care, 93 patients (70%) were referred to PRM, 40 (30%) were directly discharged home. Propensity score for referral to PRM used 38 initial severity and early evolution variables. Patients discharged home or to PRM were compared in terms of one-year outcome, in univariate tests and with adjustment on propensity score.

Results.– Before adjustment, outcome on GOSE and DEX was significantly worse for patients referred to PRM (P < 0.001). Propensity score predicted referral to PRM with a 80% accuracy. After adjustment on propensity score, no significant difference was found on outcome between the two groups.

Discussion.– Use of propensity score enabled us to correct bias when studying the impact of PRM care on outcome in this epidemiological study. A similar methodology could be used in a larger population to show a beneficial effect of PRM in TCS.


CO41-009–EN
Indicators of clinical practices in terms of efficiency, security and access to care to improve treatment of Stroke
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