Les IPC sont disponibles pour l’ensemble de la filière AVC – depuis la suspicion d’AVC en situation d’urgence jusqu’à 1 an de rééducation – chaque profession ou spécialité médicale est concernée par un nombre limité d’indicateurs.

Ainsi 12 IPC parmi les 41 élaborés avec la SOFMER et les autres professionnels de santé et sociétés savantes concernent directement la médecine physique et de réadaptation.


Version anglaise

CO41-001–EN
Letter of intention to cooperate
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Keywords: Physical and rehabilitation medicine education; Quality of care; Field of competence

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:
– Syfmer, President Dr Jean Segler;
– 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 Franchignon and Pr Jean-Michel Viton.

In the framework of this agreement, Sofmer has organized three bilingual European 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 (W APIE PRM)”
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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, pediatriy, 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 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 educational log book and enriched electronic supporting documents are important additions, allowing the validation of the reference frame of speciality 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 now 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 Analogues 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 several 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 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.

doi:10.1016/j.rehab.2011.07.806

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. 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).

References

Further readings.

Access to the current edition of the Quality Indicators for Hospital Care, HYPERLINK “http://www.has-sante.fr/portail/jcms/c_436520/chemin-clinique” Indicateurs pour l’amélioration de la qualité et de la sécurité des soins, 2, avenue du Stade de France, 93218 cedex Saint-Denis La Plaine, France

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