

# Global Physical & Rehabilitation Medicine\* Education: The Prague 2003 ISPRM Educational Summit

**M.A. Young<sup>1</sup>, P. Disler<sup>2</sup>**

<sup>1</sup>*Chair, Department of PM&R, The Maryland Rehabilitation Center/ Workforce & Technology Center, State of Maryland Division of Rehabilitation. Department of Education, U.S.A.*

<sup>2</sup>*Professor of Rehabilitation Medicine, Director, Rehabilitation Programme & Victorian Rehabilitation Research Institute, Royal Melbourne Hospital & University of Melbourne, Australia*

On behalf of (in alphabetical order):

*G. Akyuz (Professor of Rehabilitation Medicine, Marmara University Hospital, Dept of PM&R, Turkey); H. Nunez Bernadet (President of The Uruguayan PMR Society And Cono Sur Organization, Physical Medicine & Rehabilitation Department, Republic University, Uruguay); C. Dziri (Professor in PRM. University of Tunisia, Tunisian Public Health Ministry, Tunisia); A. Eyadah (Head of the Department, Physical Medicine and Rehabilitation Hospital, Ministry of Health, Kuwait); M. Imamura (University of Sao Paulo, Brazil); S.-I. Izumi (Professor and Chairman, Tohoku University Graduate School of Medicine, Japan); Z. Omar (Associate Professor, University of Malaya, Kuala Lumpur, Malaysia); B.J. O'Young (Clinical Associate Professor, New York University, The Rusk Institute of Rehabilitation Medicine, U.S.A.); H. Stam (Professor & Head of Department, Erasmus University Medical Center Rotterdam, Holland); J. Vacek (Department Of Rehabilitation Medicine, Postgraduate Medical School, Prague, Czech Republic)*

Participating Attending Delegates: (partial listing)

*G. De Sena (Naples, Italy), P. Gow (Middlemore Hospital, Auckland, New Zealand), A. Juocevicius (Assoc. Professor, Vilnius University, Head of the Physical Medicine and Rehabilitation Center, Lithuania), F. Khan (University of Melbourne, Australia), S. Kemerov (Medical University Plovdiv, Bulgaria), P.K.W. Lee ( Professor & Chair, Samsung University Hospital, S. Korea), A. Ohry (Professor and Director, Reuth Rehabilitation Center, Tel Aviv, Israel) T. Toe (Myanmar), B. Phoumindr (Lao PDR)*

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\*P&RM= By international convention, the specialty known as Physical Medicine & Rehabilitation (PM&R) in the USA is referred to as Physical & Rehabilitation Medicine (P&RM), internationally.

Participating Nations in Congress:

*Argentina, Australia, Austria, Belgium, Bangladesh, Bosnia & Herzegovina, Brazil, Bulgaria, Canada, Chile, China, Croatia, Czech Republic, Korea, Denmark, Egypt, England, France, Germany, Greece, Hong Kong, India, Iran, Ireland, Israel, Italy, Japan, Kuwait, Korea, Latvia, Lithuania, Malaysia, Mexico, Mongolia, Myanmar, Netherlands, Panama, Philippines, Poland, Portugal, Qatar, Russia, Romania, Serbia, Slovenia, Spain, Sweden, Switzerland, Tunisia, Thailand, Turkey, UAE, USA, Venezuela, Uruguay, Yugoslavia*

## Summary

Across the oceans, P&RM education continues to grow in importance. An international seminar dedicated to the international experience in postgraduate rehabilitation physician training was convened in Prague, Czech Republic in May 2003 as part of the 2<sup>nd</sup> World Congress of the ISPRM. The aim of the session was to promote global co-operation and information exchange in P&RM<sup>1</sup> education. The content reflected the input of P&RM teaching physicians from six continents (Africa, Australia, Asia, Europe, North America and South America) including both developing and developed nations, as well as plenary delegates from over fifty countries. The agenda included nation-specific presentations on P&RM educational systems, reviews of teaching strategies and didactic “best practices”. The discussion was augmented by background sources of information from an international symposium on P&RM training held in Washington in 1999 under the auspices of the American Board of PM&R (Brandstater 2000, De Lisa 2000, Disler 2000, Ring 2000, Chino 2000, Ward 2000). Sharing of rehabilitation knowledge among nations will serve to solidify physiatry’s role in fostering international benevolence. This paper provides a review of this historic convocation.

## Introduction

Educator and disability luminary, Helen Keller once said: “Alone we can do so little; together we can do so much”. For educators and academics in Physical & Rehabilitation Medicine internationally, this philosophy has special meaning since collaboration and teamwork are often the key to successful teaching. As populations grow older and survive life-threatening disease, the importance of improving quality of life through dissemination of rehabilitation knowledge continues to be an international priority. In contemporary rehabilitation education terms, Dr. Howard Rusk of the New York University Medical Center is credited with monumental contributions to rehabilitation education. As founder of the world-renowned Rusk Institute of Rehabilitation, Dr. Rusk rec-

ognized the importance of team work and tenacity in his forward approach to Physiatry education.

Based on the concept that learning from “each other” can be a potent and effective vehicle for promoting knowledge and global goodwill, an interactive collaborative session composed of members of the international rehabilitation educational community met in Prague in May of 2003. Chaired by Mark Young and Peter Disler, the dialogue was conducted in concert with the 2<sup>nd</sup> World Congress of the International Society of Physical and Rehabilitation Medicine.

At the designation of the ISPRM scientific committee, an appointed sample of rehabilitation physicians from six continents (Africa,, Australia, Asia, Europe, North America, and South America) were invited to serve on the panel. To further the goal of international cooperation and education, representatives of “developing” and “developed” countries agreed to participate. Plenary delegates from over sixty additional countries were encouraged to contribute to the dialogue, and details of the meeting were posted on the ISPRM Congress web page.

The purpose of the convocation was to serve as a candid forum for exchange of information, views and insights about educational programs, rehabilitation resources and teaching strategies in P&RM. Each panelist was invited to present a five-minute presentation, profiling the rehabilitation medicine educational system in his/her country with an emphasis on learning resources and teaching strategies. Additional information elicited included: whether each participating country had a written curriculum in place (either at the national, local or program level), whether trainees are provided with web access and or an e-mail account, as part of their job, whether or not trainees employ web based access to rehabilitation learning resources (eg. Journals, Textbooks, or database access (eg, Cochrane Library), whether trainees must conduct a research project as part of their training requirements, whether programs would benefit from visiting lecturers (regional and international) in order to augment the learning experience. Each nation provided an overview of helpful learning resources (text-books, review books, handbooks, internet web sites and other learning tools) supportive of resident training. Common teaching tools, methods and strategies were also highlighted.

## **Results**

An interval analysis of data is described below. Several generalizations are made and select highlights are provided. The authors plan a more comprehensive analysis of this data set acquired in the near future. A post-summit survey input of congress attendees is included.

### **Select Data Analysis-Highlights**

Questionnaires were e-mailed to ten countries and nine responded.

Also included is the post-summit survey input of delegates and attendees.

### *Residency Program Demographics*

All panelists responding to the survey reported at least one residency-training program in their country of residence (Brazil, Turkey, Japan, Tunisia, Holland, Malaysia, USA, Australia, Uruguay). One country reported the existence of a program in the evolutionary stages (Kuwait). The number of programs in a given country varied widely from 82 (USA) to 1 (Tunisia, Malaysia). In general, residents in a specific program rotated through a variable number of hospitals, clinics and institutions. (Range=2-8). The number of trainees per program differed widely from program to program (range 2-32) The gender composition of programs (male vs. female) differed widely according to country, the percentage of female trainees varying from 100% in Turkey, to 25% in Japan. In most countries women predominate in this specialty. The number of physicians with training in Rehabilitation who serve as teachers in the PRM programmes ranged widely according to country. The distribution of Physical or Rehabilitation Medicine as part of the curriculum, differed according to the country, as did key areas of emphasis.

### **PRM Books & Learning Resources Cited: (not in ranked order)**

PM&R Secrets, DeLisa; Braddom ; Grabois; Krusen; Medicina de Reabilitacao: Lianza (Brazil); PM&R Secrets (Portugese edition), Encyclopee medico-Chirurgicale, Kinesitherapie et de Reeducation (Paris, Elsevier); Trait de medecine Physique et readaptation, sous la direction de JP, PM&R SECRETS (Portugese Translation, English version), Fiziksel Tip ve Rehabiltasyon (Turkey-3000 pages with 170 contributors), Gunes,Kitabevi, Ankara, 2000.

PM&R Secrets is the most commonly cited book from different nations including U.S.A, Australia, Brazil, Bulgaria, China/Hong Kong, Egypt, France, India, Israel, Italy, Japan, Lithuania, Malaysia, Philippines, Thailand, Tunisia, Turkey, Uruguay, Venezuela

### *Journals Read*

Archives of PM&R; American Journal of PMR; Clinical Rehabilitation; Acta Fisiatrica (Brazil); Revists medicina de Reabilitacao (Brazil); Romatoloji & Tibbi rehabilitayson Dergisi (Turkey)

### *Specialty Books*

Orthopedics: Hoppenfeld; Travell & Simons; Electrodiagnosis: Kimura, Dimitru; Stroke Rehabilitation: Chino and Melvin (functional Revalua-

tion of stroke patients, Springer, Tokyo); Spinal Cord Injury: Bedbrook; Musculoskeletal: HollingsheadWH, Jenkins : functional Anatomy of Limbs and Back; Conservative Management of the Spine: Young MA, Lavin R (1995: Hanley & Belfus); Spinal Rehabilitation: Young MA, Lavin R (1995: Hanley & Belfus)

## **Summary of ABPM&R International Symposium, Washington 1999**

### *Training In Rehabilitation*

Among the 45 countries surveyed, 43 offer clinical training in the specialty of PM&R, with 4,217 doctors in training. The number of years required for training after graduation from medical school varies from 3 to 6, some countries requiring completion of a period of training in internal medicine before clinical training in PM&R can begin, and many countries demanding time be spent in the specialities of rheumatology, orthopaedics and neurology. All countries who responded prescribe training in inpatient rehabilitation (usually 12 to 24 months), with rotations in stroke and spinal cord injury rehabilitation units; a considerable number have some formal requirement in geriatrics, and 29/43 require a paediatric rehabilitation experience. Musculoskeletal medicine is required in 40 of 43 countries, and 28 require experience with pain management. Twenty-three countries require EMG training.

Specialty training is formalized in most countries, and some have established national training standards. Of the 45 countries surveyed, 41 provide for certification in the specialty of PM&R, either independently or in collaboration with other countries. The number of candidates taking annual national certification examinations varies from very few to >400, the median being 13; many countries therefore have small training programs. Thirty countries provide a written examination, mainly comprising of multiple-choice questions, 31 have oral examinations, and 2 have an oral examination only. In 37 countries, formal training in PM&R that was completed in other countries is recognized and may satisfy prerequisites for admission to the certification examination.

### **Conclusions**

Across the world, Physical Medicine and Rehabilitation Medicine (termed PM&R in the USA or PRM, internationally) continues to be a very popular specialty among trainees. These interactive seminars described enabled the exchange of information among developed and developing nations in an unprecedented and historical format, and served to make the world "a smaller place" by bringing together rehabilitation

specialists from developed and developing countries. Convocations like the Prague Educational Summit will hopefully serve as a critical starting point for discussion of fundamental educational issues including training and certification in physical and rehabilitation medicine around the world.

## References

- Certifying and measuring competency in the United States. Joel A. DeLisa *Archives of Physical Medicine and Rehabilitation* 81: 1236, 2000
- International survey of training in PM&R Murray E. Brandstater, *Archives of Physical Medicine and Rehabilitation* 81: 1234, 2000
- Training and certifying in the United Kingdom and Europe. Anthony B. Ward *Archives of Physical Medicine and Rehabilitation* 81: 1242, 2000
- Certifying and measuring competency in Australia and New Zealand. Peter Disler *Archives of Physical Medicine and Rehabilitation* 81: 1245-7, 2000
- Certification and measuring competency in Japan, South Korea, and the Philippines. Naoichi Chino *Archives of Physical Medicine and Rehabilitation* 81: 1248 2000
- Certification and measuring competency in Israel. Haim Ring *Archives of Physical Medicine and Rehabilitation* 81: 1250, 2000
- Certification and measuring competency in physical medicine and rehabilitation in Canada. Hugh Anton *Archives of Physical Medicine and Rehabilitation* 81: 1253, 2000