

International Psychiatry and Professional Organizations

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DeLisa's **Physical Medicine & Rehabilitation**

PRINCIPLES AND PRACTICE

Fifth Edition

Volume I

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Wolters Kluwer
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Generalities

- Our lives and work are increasingly global, interconnected and unpredictable
- Diseases cross borders, and people move freely throughout the globe
- World is “flat”
- Globally, populations aging
- Disparities and inequities in health care deepening

Issues

- International Graduates
- International education experience
- Walter Frontera's talk last year
- Visa's
- Journal of Rehabilitation Medicine
- ISPRM
- Multiple Models
- Exhibit Booth

Core Values of the Field of Physical Medicine and Rehabilitation

- **Functional** improvement is as important as treatment or cure of impairment.
- We respect all who can help provide care and help our patients improve, including our patients themselves, and their families and friends.
- **Teams** can accomplish much more than individuals.
- **Physical agents** may be as useful as chemical ones for the treatment and management of diseases.
- **Education** is a key to improving health and function.
- Our obligation to our patients compels us to **change** not only the patient, but also our community and environment.
- Our roles as physiatrists include **social advocacy**. Also, organized medicine.

Issues to Address

- What is our common ground?
- Physical Medicine, Musculoskeletal Medicine and/or Rehabilitative Medicine
- Interprofessional collaborations?
 - Other physicians
 - Allied health

Strategic Questions for ISPRM and its Member PM&R Societies/Countries

- How do we serve our members in a way that promotes the public good?
- Who are our **stakeholders**?
- Where is our **focus**?
- How should we **balance** our focus on patient care, education, research and advocacy?

Observations about International Physiatry

- We must deal with **differences**: language, race, culture, economics, politics and geography. There are many differences, but we can work together within them.
- We must **recognize** that people are more alike than they are different. If we work together we can make a difference.
- If there were recognized worldwide **benchmarks** for undergraduate and graduate medical education, we should see results in an elevation of medical care, health status and medical educations – including raising awareness of physical medicine and rehabilitation – throughout the world.
- I think this needs to be our **goal**: globalization of medical education.

Observations about International Physiatry (cont'd)

- **Assessment drives student learning**, regardless of our intents. Our trainees have learned to study what they need to know to pass our examination.
- We should **evaluate** our trainees within these **domains**: knowledge, skills, values and attitudes.
- We have a shared understanding – working together for common goals and specific advantages. However, if we can determine how to do this, we must not destroy **local incentives**, local culture, local language, or education requirements that are responsive to contextual realities. We need to identify what is global and what is local – and not assume that the balance should be the same everywhere. I believe we could adopt a **common curriculum** – one we can all agree upon over time, recognizing that there will be some differences between the various geographical areas.

Issues

- No international PM&R curriculum
- No international accreditation standards
- No international certification standards
- No international medical specialty license
- Sub-specialization, maintenance of certification

History of ISPRM (Website: (<http://www.isprm.org>)

- Result of merger
 - International Federation of PM&R – 1950, 1952
 - International Rehabilitation Medicine Association – 1968, 1970
- Founding organization differed
 - Membership, programs
 - Finances

Missions of the ISPRM

The missions of ISPRM are fourfold:

- To be the pre-eminent scientific and educational international society for practitioners in the field of physical and rehabilitation medicine.
- To improve the knowledge, skills and attitudes of physicians in **understanding the pathodynamics** and management of impairments and disabilities.
- To help **improve quality of life** for people with impairments and disabilities.
- To provide a mechanism for **facilitating rehabilitation medicine** input to international health organizations with special emphasis on those dedicated to the physical and rehabilitation field.

Goals of the ISPRM

The **goals** of ISPRM are:

- To influence rehabilitation policies and activities of international organizations interested in the analysis of functional capacity and the improvement of individual's quality of life.
- To help national professional organizations influence local and national governments on issues related to the field of physical and rehabilitation medicine.
- To encourage and support the development of a comprehensive medical specialist in Physical and Rehabilitation Medicine.
- To develop appropriate **models** for physician training and, therefore, increase involvement and participation in the physical and rehabilitation medicine process, ensuring that physicians' level of training is optimal for the needs of the community.

Goals of the ISPRM (cont'd)

- To encourage an interest in physical and rehabilitation medicine among all physicians.
- To provide a means for **facilitating research activities** and communication at the international levels.
- To provide a mechanism for **facilitating international exchange** regarding different aspects of rehabilitation, including the dissemination of information regarding rehabilitation-related meetings.

ISPRM Agenda

- Establishing a conceptual definition of PRM and a definition of its field of competency
- Sharing knowledge about daily clinical practice with developing and industrialized nations
- Developing standardized international PRM curricula
- Establishing cross-cultural, **pan-international exchange programs** for residents, educators and researchers within the domains of teaching, patient care, and humanitarianism
- **Enhancing rehabilitation research capacity**

ISPRM Agenda (cont'd)

- Supporting the establishment of rehabilitation services worldwide
- Developing rapid **rehabilitation response to natural and man-made disasters**
- Developing PRM societies in low-resource settings
- Contributing to **Who guidelines** and glossaries relevant to disability and rehabilitation
- Implementing the **International Classification of Functioning**, Disability and Health to assist in standardizing the classification of health components of function and disability
- **Fighting discrimination** against the disabled

Present Phase

- 2008-2010 – Program Challenges
 - Moving to programmatic phase
 - Operational challenges persist
 - Central office functions
 - Website, budgets
- Defining ISPRM – other PRM society roles
 - Regional, national, ISPRM
- Defining member categories
- Individual, society, joint indiv-society
 - Rights & responsibilities of each

Present Phase (cont'd)

- Resources for expanded programs
 - Greater central office activity
 - Support of members, e.g. travel
- Finding leaders
 - Programmatic interests & expertise
 - Increased numbers for more activities
- Modifying operational procedures
 - For more effective program support
 - By-laws / Policies & Procedures changes

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- JRM:47(10), Sept 2009
 - Developing the International Society of Physical and Rehabilitative Medicine

International Congresses

- The Society has held five international congresses:
 - 2001 in Amsterdam, Netherlands,
 - 2003 in Prague, Czechoslovakia,
 - 2005 in Sao Paolo, Brazil,
 - 2007 in Seoul, Korea, and
 - 2009 in Istanbul, Turkey.
 - The next three Congresses will be held in Puerto Rico, U.S. in 2011, Beijing, China in 2013, and Berlin, Germany in 2015.

International Congresses (cont'd)

- Rotating World Congresses between these areas
 - Asia-Oceania
 - Americas
 - Africa, Eastern Mediterranean, Europe
- Membership
 - Active
 - National
 - Italian Model
- Dues
 - 1 year: 35 Euros
 - 2 years: 60 Euros

Benefits of the Individual Active Member

- Entitled to vote for representatives to the Board of Governors who will have the right to vote
- Eligible to be elected or appointed to any position in the Board and Executive Committee
- Receipt of the News and Views on the individual proper e-mail address
- Eligible to a reduced registration fee for the ISPRM World Congresses and Endorsed Conferences
- Eligible to reduced subscription fee of official journal(s) of ISPRM

Benefits of the Individual Active Member (cont'd)

- Access to rich educational materials, professional forums and special interest groups through members-only parts of the ISPRM web site
- Free access to electronic version of Journal of Rehabilitation Medicine
- Eligible to publish announcements or articles in N&V about their own congress or activity
- Provision of membership card and diploma
- Eligible to permanent support from the Central Office

Rehabilitation Representatives to the World Health Organization (WHO)– 5 Subcommittees

- International Relations and the implementation on the Rights of Persons with Disabilities
- Implementation of WHO's Report on Disability and WHO SCI-specific report – International Perspectives in Spinal Cord Injury
- ICF Implementation
- Rehabilitation Disaster Relief
- Strengthening Medical Rehabilitation – health strategy, policy

ISPRM Membership

• Argentina	61
• Australia	363
• Brazil	215
• Canada	11
• China	53
• France	271
• Hong Kong	41
• Italy	1540
• Japan	26
• Korea	28
• Mexico	24
• Portugal	393
• Puerto Rico	11
• USA	76

Conclusions

- ISPRM has had and will always have challenges
- Its founding was an unlikely dream
- Its early successes have exceeded those of its predecessors
- Its future successes will depend upon an energetic and dedicated leadership

References

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