

Training for rehabilitation team workers in Hungary



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Aims of the presentation

- Survey present situation
 - data of training
 - literature
- Find common reasons for problems
- Make recommendations for improvement

Education of rehabilitation professionals in Hungary: duration and degree

	Years	Degree
PRM specialist	5	MA
Nurse	2-5	skilled nurse / BA / MA
PT	4	BA
OT	2-3	OT BA
Speech/language	4-5	BA MA
Social worker	4-5	BA MA
Psychologist	5	MA

*More data at e. g. Eldar R, Marincek C, Kullmann L.
Training for rehabilitation teamwork. Croatian Med J 2008; 49: 352-57.*

PRM specialists in some CEE countries

Data of UEMS-PRM Session 2005

Country	PRM specialist	In PRM training	PRM and trainees / 100,000 inhabitants
Austria	134	85	3.0
Czech Republic	483	130	6.0
Croatia	299	40	7.4
Hungary	140	27	1.7
Italy	2200	350	4.3
Romania	690	164	3.8
Serbia-Montenegro	610	120	6.9
Slovenia	71	16	4.4
Europe	13917	2194	2.8

Team members and their competences

professional	key competencies
PRM specialist	medical diagnostics, treatment of primary and secondary health conditions, secondary prevention, team management
nurse, RN	nursing diagnostics, nursing care, support of ADL, communication
PT	assessment of mobility, establishment of co-ordinated movement, with emphasis on gait and exercise tolerance
OT	assessment of disability, training in ADL, support of self-management, improvement of quality of life
psychologist	psychological assessment, improvement of self-esteem, support of acceptance of the health condition, training
speech/language therapist	assessment and treatment of speech and language disorders, swallowing therapy
conductor (Pető's method)	treatment of mobility, communication and swallowing, disorders, ADL training
social worker	assessment of environment/social situation, support at home, workplace and other adaptations, assistance in provision of benefits/care

Characteristics of training

- Differences between and within countries
- Limited or no training in rehabilitation in different professions
- Application of ICF in training scarcely done
- Team-training missing in almost all curricula

Common problems in PRM having influence on training

- Low prestige of the speciality, few high rank teachers at universities
- Scarce human resources
- High work load on rehabilitation team workers, exhaustion – does not help on the job training

*Bakheit AOM:
Creating the optimal conditions for rehabilitation research.
Int J Rehabil Res 2009; 32(3):185-188.*

Recommendations – 1 and 2

ICF may serve as basic common language of all rehabilitation team workers

- increasingly also of clients as well (course on ICF at the National Institute of Blind and Visually Impaired Persons), recognition by the Hungarian Federation of Associations of Persons with Physical Disabilities
- utilization in non medical fields as well

Training in the use of ICF should be strengthened

Evidence on needed number of specialists be studied

Recommendations – 3

Interdisciplinary team work is essential for effective rehabilitation

No evidence of long-term effectiveness of the usually applied team-simulation trainings has been produced so far

Joint training sessions of future rehabilitation team workers in real clinical situations may have longer effects

University PRM chairs may have better chances in developing clinical team training opportunities

Thank you for your kind attention

