

SPECIALITY TRAINING PROGRAM FOR PHYSICAL MEDICINE AND REHABILITATION

Title of the residency study program	State code
Physical Medicine and Rehabilitation	733A30062

Academic awarding institution	Language
Lithuanian University of Health Sciences, Medical Academy, Department of Rehabilitation, A. Mickevičiaus g. 2, LT-44307 Kaunas, Lithuania	Lithuanian

Kind of studies	Cycle of studies	Level of qualification according to Lithuanian Qualification Structure (LKS)
University studies	Non-degree studies	7 th level

Mode of the studies and length in years	Volume of the program in ECTS credits	Total amount of student work	Formal teaching and practice hours	Independent self-direct learning hours
Continuous, 3 years	198	5280	4586	694

Area of studies	Main field of the study program	Parallel study program (if available)
Biomedical Sciences	Medicine	-

Professional qualification awarded
Physical Medicine and Rehabilitation physician

Study program director	Director's contact information
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Institution of accreditation	Accreditation until
Study Quality and Evaluation Center	2014 m.

Aim of the residency study program
The main physical medicine and rehabilitation residency program aim is to develop a specialist having a physical medicine and rehabilitation doctor's professional qualifications, who have an interest in scientific innovations, and reaching a higher scientific qualification studies.

The profile of residence studies program		
Disciplines/subject areas	Orientation of the program	Distinctive features of the residency study program
The program consists of required and optional cycles, involving theory, practical work and self-contained work. Required cycles are focused on physical medicine and doctor of rehabilitation knowledges and skills deepening and skills development in the areas of physical medicine and rehabilitation, social	Applying format program is focused on practical activities and evolving research work skills and providing physical medicine and rehabilitation professional qualification.	The program is prepared according to the legislation of the Republic of Lithuania, the European Parliament and Council Directive 2005/36/EC, White Book on Physical and Rehabilitation Medicine in Europe. Produced by the Section of Physical and Rehabilitation Medicine, European Board of Physical and Rehabilitation Medicine in conjunction with European Society for Physical and Rehabilitation Medicine, September 2006. European Union of Medical Specialists requirements for medical specialists in physical medicine and rehabilitation physician training (European Union of Medical Specialists. Chapter 6, Charter on Training of Medical Specialists in the EU. Requirements for the Speciality of Physical and Rehabilitation Medicine, amended April 2008. Available at: http://www.euro-prm.org . World report on disability. Available at:

<p>rehabilitation of the disables, strategies and management of rehabilitation, functional and clinical research in rehabilitation, sport rehabilitation, rehabilitation of all age groups of patients with internal diseases, nervous system diseases and traumas. Optional cycles are committed for deepening in one narrow area of physical medicine and rehabilitation (eg. Rehabilitation of pregnant women or illing with gynecological diseases).</p>		<p>http://www.who.int/disabilities/world_report/2011/en/index.html Cumming AD, Ross MT. The Tuning Project (medicine) – learning outcomes / competences for udergraduate medical education in Europe. Edinburgh: The University of Edinburgh, 2008. Available at: http://www.tuning-medicine.com Bulajeva T., Lepaitė D., Šileikaitė-Kaishauri D. Studijų programų vadovas. Vilnius, 40 p., 2012 (prepared by the project „national phylosophy Preparation of European credits transfer and accumulation system (ESCT): credit harmonization and methodology of studies program based on learning results creation and installation (Nr. VP1-2.2-ŠMM-08-V-01-001). The program is based on theoretical studies and practical work integration of the first year of studies. Practical skills are learned and theoretical courses are absorbed supporting by professors of university – professionals of residency database. Physical medicine and rehabilitation residency program for individual cycles is accredited by LSMU hospital Clinics of Kaunas detachment Viršūžiglio hospital of rehalibilitation, LSMU hospital’s public institution of Clinics of Kaunas body Children’s rehabilitation hospital „Lopšelis“, LSMU institute’s of Psychophysiology and Rehabilitation, Clinic of internal diseases of Kaunas clinical hospital, Rehabilitation hospital of Palanga, AB „Ortopedijos technika“, Hospital of Panevėžys. The main base of residency of physical medicine and rehabilitation is the hospital of university – Clinics of Kaunas. There are a department of neurorehabilitation, offering rehabilitation – III level services mainly for neurological patients, department of ambulatory rehalibilitation, department of physical medicine and rehabilitation. The base of residency is selected according regulation of University residency of medicine. Scientific work skills are exercised at the scientific work at the university clinic of rehabilitation. There is a possibility a part of residency (up to one year) dispense in the selected foreign clinic.</p>
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Admission requirements	Recognition of previous learning
<p>Master’s of medicine degree and qualification of medical doctor (physician) are required. The general admission is being organised. Competitive grade structure indicates acceptance of the terms of LUHS residency programs . The main competitive grade components are: average grade of all subjects studied in University, the final exam , exam of clinical medicine, evaluation of student's scientific performance (researches, articles, etc.) and motivation. Motivational interview is conducted according to a predefined schedule with motivation commission of pofessors of Rehabilitation clinic and resident of Physical and Rehabilitation Medicine representatives . A motivational letter addressed to the Commission has to be presented one day before the scheduled motivational interview. Contest open and place separately in each residency program of study in two stages (main and auxiliary) . The second phase , or an additional step can be organized in advance of vacancies after the main reception .</p>	<p>Subjects studied previously are acknowledged individually in accordance with regulations established by the Senate LUHS. It depends on competence that have been educated, as well as the aims of the programme and how it fits the residency programme of „Physical and Rehabilitation Medicine“.</p>

Access to further education
<p>Degree-awarding tertiary doctoral studies (choose 5-10% having acquired physical medicine and rehabilitation doctor's professional qualification).</p>

Access to professional activities (employability)
Physical Medicine and Rehabilitation physician practical work can work both in public and private health care facilities with a licensed to provide rehabilitation services. Physical medicine and rehabilitation physician's license gives the State authority for the accreditation of health care activities to the Department of the Ministry of health, the medical study program graduation diploma, a certificate of internship and residency completion certificate. Also, physical medicine and rehabilitation physician can work with scientific-research and educational work in higher education institutions. Residency certificate of completion gives professional qualification recognised by the countries of the European Union. Employed all graduated in physical medicine and rehabilitation residency program.

Learning and teaching approaches	Methods of assessment (of learning achievements)
<p>Learning and teaching includes formal teaching and work-based experiential learning. Formal teaching includes lectures&seminars, consultations, case presentations, journal clubs, grand rounds, clinical skills demonstration and teaching using simulators, research projects.</p> <p>Activities of independent self-directed learning may include reading, maintenance of personal portfolio (log-book, self-assessment, reflective learning, personal development plan), research projects, reading journals.</p>	<p>Participation in lectures, activity in seminars, consultations and group discussions has identified in separate sheet. Required according to annual lectures, seminars and group discussions scheduled be settled up of at least 75% of the theoretical sessions explored themes. Possible settlement equalization with previous year residents or individual schedule.</p> <p>Settlement of oral and / or written way proceed on every end of the cycle. Settlement in writing takes place in the test form, submitted open and closed type questions / tasks, clinical situation. Residents writes essays. Graded ten-point grading system.</p>
<p>Abilities and skills are acquired through the assessment of patients' functional status, through rehabilitation plan, assessing the effectiveness of rehabilitation accredited physical medicine and rehabilitation residency databases; participation in daily and weekly clinics, department managers visitation and patient discussions, mentoring patients resident care manager, being on duty in Neurorehabilitation section under the residency database needs residency manager or a licensed physician neurologist supervision.</p>	<p>Permanent clinical work proper execution and / or interpretation evaluation every week reviewing the daily activity diary and task doing approved residency head seal.</p> <p>Individual clinical cases analysis and presentation evaluation on weekly visitations, ticking it in weekly Daily activity diary and confirming residency head seal.</p> <p>Residency Database staff (doctors and junior medical staff, other employees) reviews (written in free form or questionnaire-based) on the activities of a resident physician independent work written in the end of each cycle. Reviews recording as additions to the daily activity diary.</p> <p>Cycle time gained practical skills and abilities assessed by a mark of ten-point grading system, and recorded it in the daily activity diary and resident credits booklet.</p> <p>Literature reviews and clinical cases examination with review of the literature presentation preparation and presenting in the eastern medical conferences by individual schedule. Presentation presentations recorded in daily activity diary and approved resident manager once every six months.</p> <p>Scientific-research work theme can offer same doctor resident or the resident manager has to do it. Preliminary scientific subject, the subject of research and methods are discussed and approved in Profiled clinic meeting. Scientific-research work results are presented in Rehabilitation clinics organized meeting before the final exam.</p> <p>Residency study program concludes in practical and theoretical examinations. The practical examination</p>

	takes place at the patient's bed. The theoretical examination takes place in written answering to the ten questions.

General competencies (knowledge, abilities, values and attitudes)		Outcomes (results) of residency study program	
1.	Professional qualities	1.1	Be honest and honorable with patients , who have biosocial dysfunction,comply with medical ethics and the requirements of good medical practice, be critical for yourself and others, be able compassionate the patients, be creative and initiative.
2.	Profession activity	2.1	Be able to assess your skills of rehabilitation and other similar specialities and if you need ask for a help, work of new health and emergency medical conditions and adapt to them, work all alone , solve problems and make decisions , communicate and work in a team with other specialist(neurologists, neurosurgeons, traumatology, etc.), organize and plan (including time).
3.	Medical expert activities	3.1	Be able to analyze the patient's biosocial dysfunction, always improve your's skills of rehabilitation , apply theoretical knowledge in practice, transfer knowledge and skills for younger colleagues, plan and carry out scientific study.

Subject-specific competences (knowledge, abilities, values and attitudes)		Aims (results) of residency study program	
4.	Consulting of patient, formation of the rehabilitation plan	4.1	Be able to evaluate the patient's biosocial dysfunction, determine goals of rehabilitation, form the team of rehabilitation professionals and coordinate activity, make individual rehabilitation programs for patients with various biosocial dysfunctions, choose measures and methods of rehabilitation according to individual rehabilitation programs, apply physical factors for patients, prescribe physiotherapy, occupational therapy, nursing items, adapt technical measures, orthopedic products, value efficiency of rehabilitation.
		4.2	Be able to explain the purpose and essence of the performed actions for patient (and his relatives), explain biosocial dysfunctions and discuss further actions, calm and motivate patient.
		4.3	Be able to communicate with patient and his relatives in case of critical conditions; be able to gain confidence, communicate in writing (medical documentation), communicate with an aggressive patient.
5.	Provision of emergency medical care	5.1	Be able to identify health conditions which require emergency medical care, provide first medical aid, provide initial intensive care support according to current recommendations, provide initial support in case of trauma.
6.	Participation in health preservation, propagation and promotion of healthy life	6.1	Be able to value the risk for patient's health and apply appropriate and rational measures for reducing of this risk, adjust ways of infections control, evaluate the risk of professional activities for physician's health and take action to avoid this risk.
		6.2	Participate in health programs at the level of individual and population.