



## **Haim Ring Memorial Award - required information for Institution applicants**

**You are kindly invited to include the following information – please send to [isprmoffice@aimgroup.eu](mailto:isprmoffice@aimgroup.eu)**

Nominee's name (Rehabilitation department/division of the Institution name):

Institution's contact and access data:

Name of the Chair/Director of the Institution and contact information:

Person of contact and contact information (different of the Chair/Director of the Institution), if applicable:

Please confirm that you fulfil the following requirement: the Institution has accepted foreign Physical and Rehabilitation Medicine (PRM) trainees and physicians for overseas PRM education and/or learning programs.

Yes/No.

Please provide information related to:

### **Competence**

#### **1. The applicant's competence in PRM**

##### **1.1. Affiliation (hospital/other healthcare centre; University; other affiliation, if applicable)**

Answer: specify the affiliation.

##### **1.2. Available resources for health conditions related to diseases, disorders, and injuries (DDI) and dysfunctions (DDID); available techniques, regarding instrumental assessment tools\*, and therapeutic techniques and participation-**



**aimed interventions\*\*, at the Institution**

\*Instrumental assessment tools considered as assessment techniques of body structure



and function, such as echography, EMG, video fluoroscopy, gait analysis.

\*\* Therapeutic techniques and participation-aimed interventions considered as invasive techniques, technology for persons with disability (i.e. assistive technology, orthotics, prosthetics, environmental adaptations), Ancillary Rehabilitation techniques and counselling (i.e. Physical, Occupational, Speech, Psychology and Neuropsychology Therapy, Vocational Rehabilitation).

**1.2.1. Neurological DDI. 2. Musculoskeletal DDI. 3. Pediatric DDI. 4. Acute and chronic pain. 5.- Cardiovascular DDI. 6. Loss or agenesis of limb. 7.- Respiratory DDI. 8.- Oncological disease. 9.- Pelvic floor DDI, dysfunction (DDID). 10. Vestibular DDID. 11. Phoniatic DDID. 12. Burned injury.**

Answer: Yes, if there are available techniques for health conditions associated with at least one of the above-mentioned items. No, if there is none of them. If “yes”, please specify which of them.

### **1.2.2.- Techniques**

#### **1.2.2.1.- Instrumental assessment.**

Answer: Yes, if there are available techniques regarding the above-mentioned items \*. No, if there is none of them. If “yes”, please specify which of them (included or not included in this text).

#### **1.2.2.2.- Therapeutic techniques and participation-aimed interventions.**

Answer: Yes, if there are available techniques regarding the above-mentioned items\*\*. No, if there is none of them. If “yes”, please specify which of them (included or not included in this text).



### **1.3. Accreditation of the institution or of PRM education or clinical programs or programs of care**

National accreditation of the institution.

National accreditation of PRM education or clinical programs or programs of care.

International organization accreditation of PRM education or clinical programs or programs of care.

Answer: Yes, if there is accreditation of at least one of the above-mentioned items. No, if there is none of them.

In case of “yes”, specify the name of each accredited program.

### **1.5. Award/s or recognition**

Answer: Yes, if there is at least an award. No, if there is none of them.

In case of “yes”, specify the name of each award, according to the following list of options:

- ISPRM award/s or recognition
- National institution or organization award/s or recognition
- Other international academic, scientific or health organization/s award/s or recognition

### **Contribution to international exchange:**

**2. Number of international students \*\*\*, number and duration of the PRM education or learning programs, courses, schools, with international or national teachers, number of international professional visits**

**\*\*\* international students/ international professional visits: foreign learners/ visits of foreign professionals, any of them living abroad.**



**2.1. Number of international students of the PRM education or learning programs, courses, schools, with international or national teachers, number of international professional visits**

Answer: Yes, if there is any of them. No, if there is none of them.

Please include number, name, affiliation, town, country of current residence, and country of origin of the international students (available information).

**2.2. Number of PRM education or learning programs, courses, schools, with international students, with international or national teachers**

Answer: Yes, if there is any of them. No, if there is none of them.

Please include the title of the grant-aided PRM education or learning programs, courses, schools (available information).

**2.3. Duration of PRM education or learning programs, courses, schools, professional visits, with international exchange academic observers or participants**

Answer whenever at 2.2. the answer is “yes”.

Duration in weeks, or in days, if the duration is 0-6 days. Report 1<sup>st</sup> day and last day (available information).

**3. Number of grant-aided registrations and accommodation, and free or reduced cost of meals for international students attending education or learning programs, courses, schools**

**3.1. Number of grant-aided registrations of international students attending education or learning programs, courses, schools**

Answer: Yes, if there is any of them. No, if there is none of them.

Please include the annual number of grant-aided registrations, and along which period, of:

- Education or learning programs



- Courses



- Schools

(Available information).

**3.2. Number of grant-aided accommodations of international students attending education or learning programs, courses, schools**

Answer: Yes, if there is any of them. No, if there is none of them.

Please include the annual number of grant-aided accommodations, and along which period, of:

- Education or learning programs
- Courses
- Schools

(Available information).

**3.3. Available free or reduced cost of meals for attendees to at least 50 % of the education or learning programs, courses, schools, professional visits (included/not included).**

Answer: Yes, if there is free or reduced cost of meals. No, if there is no reduced cost of meals.

**Content of the program, including of the Postgraduate (PG) PRM education or learning programs.**

Description of the program(s), including duration.

Attending physicians in the inpatient ward, 5 mornings per week.

Attending physicians in outpatient ward, 3-4 hours per week.

Nominee's direct interaction with the academic observer, following his/her progress and



discuss progress, not less than 2 hours every week.





Participating in practical lessons (“hands on”), not less than 5 hours per week.

Resident lecture not less than 4 hours per week.

One grand round not less than every 2 weeks.

Resident’s journal club, not less than 1 hour, every week.

Post training evaluation.

Duration of the program 2 weeks or more.

Duration of the program 4 weeks or more.

**Impact of the program on the observer or participant:**

**The observers’ or participants’ feedback on the visit program, or the observers’ or participants’ achievements afterwards, that may be attributed to the program.**

Description of the feedback, including number of observer’s or participants’ report, such as letters, emails, if available.

**Other initiatives:**

**Initiatives to strengthen LMICs, Undergraduate Medical School students, PG PRM physicians, physiatrists, and allied professionals’ learning, in the field of Rehabilitation.**

Specify, if any.

**Statement on the Institution contribution to international learning exchange.** (Not to exceed 200 words)