A comprehensive assessment of the symptom fatigue and its impact, but also the preferences and goals of individuals with MS-related fatigue, facilitates the understanding and management of fatigue [3–5].

In the presentation the content and efficacy of therapeutic strategies to support individuals in managing their life with fatigue will be reviewed, from the perspective of optimizing preferred occupational performance [1].

References


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Training of nursing staff in the care of stroke patients and relational benefits

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Keywords: Stroke-relational approach; Neurologic evolution

Introduction.– This study aims at showing that a specific training in relational approach can improve caregivers’ knowledge and so reduce their fears and doubts when interacting with hemiplegic patients. A relational proper care of the patient can influence his psychological and adaptive states. The literature shows indeed that the psychological well-being promotes patient’s neurological outcome. Anxiety, stress and the psychosocial factors are more and more studied because psychological well-being promotes the patient’s neurological outcome. Anxiety, stress and the psychosocial factors are more and more studied because of their impact on the neurological outcome.

Method.– The proposed training was a theoretical course, it gave advices and reported ideal consensus attitudes when facing patients’ questions, especially regarding their recovery chance. The study was conducted with a convenience sample (n = 33) composed of nurses, physiotherapists, occupational therapists and speech therapists. The training lasted 4 hours per group of 10 persons. A frequent form about knowledge and attitudes before and after the training was filled in.

Results.– The results show a significant improvement in staff’s knowledge, the t (student) gives a p < 0.0001. The attitudes were significantly improved (p < 0.01). Staff’s doubts were significantly reduced (p < 0.05) as well as their apprehensions (p < 0.001) at being faced to some patient’s questions.

Conclusion.– This training in relational techniques was positive for caregivers. It remains to evaluate the impact this training has actually had on the hemiplegic patients cared: the effects on their psychological adjustment, on their anxiety, on their stress and on the neurological outcome.

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Creation of a compatible tool GEVA for brain injured people: Presentation tool and methodology development

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Keywords: The right for compensation; A compatible tool GEVA for brain-injured people; The situation of cognitive and behavioral handicap

The right for compensation (law of February 11th, 2005), allocated by the MDPH (departmental handicapped homes) imposes precise evaluations around a unique document: the GEVA (Guide of evaluation of the needs for compensation of the disabled persons) which allows the implementation of the Plan Personalized by Compensation of the Handicap (PPCH). When the handicap is the result of cognitive and/or behavioral disorders there is a major difficulty obtaining a right financial compensation (PCH: Compensatory disability benefit). The services in human assistants are often unsatisfactory in the case of a necessity of stimulation and/or supervision. A recent report (in January, 2010) of the CNSA (the national solidarity office for autonomy) on the appropriation of the GEVA shows the necessity of acquiring a “common vocabulary”. It would facilitate the exchanges between the teams of the sanitary, medical, social centers and the MDPH and would allow to improve the quality of the follow-up for the persons who suffer of brain injury.

At the beginning of 2011, the ARTIC IDF (association for brain injured people of Île-de-France) with the support of the Pitie-Salpêtrière Physical Medicine and Rehabilitation department made a commitment by convention with the CNSA:

– to realize a compatible tool GEVA for brain injured people and compatible with the practices of the sanitary and medical and social institutions.

A first version was experimented by 42 establishments at the national level which led to finalize a tool, the objectives of which are of:

– allow a better consideration of the situation of cognitive and behavioral handicap;

– highlight the limitations of activities and the limitations of participations for the brain injured people in their environment of life and so comprehend their real needs;

– allow the MDPH to adapt better answers to the requests of helps and to shorten the treatment cases delay.

The PAAC proposes a more objective and complete profile of the persons who suffer brain injury, centered on the situation of handicap. It should improve the support of brain-injured people by optimizing collaborations between the sanitary, medical and social services and the MDPH.

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