METHODS:

36 newborns were collected From 2003 to 2007 retrospectively and from 2008, 08 newborn admitted to neonatal unit were followed prospectively.

RESULTS:

2696 infants were hospitalized for jaundice, 44 (l .63%) are affected by bilirubin encephalopathy (kernictenus) with a mean annual incidence of 6.2. There was a marked male predominance (sex ratio=3.5). The average age for admission is 3.5 days jaundice appeared on average 1.9 days (l 2H- J4) with an average time from onset of Jaundice and hospitalization of l .6 days. In one third of cases, kernicterus occurs on a low birth weight (weight <2 500g). Hyperbiliru binemia is an average of 275 mg/l, Rhesus D incompatibility (28%) and ABO incompatibility (25%) account for almost half. the cases, subgroups Incompatibility in (2 cases) G6PD deficiency (l case), Criggler Najar disease (1 case).
Jaundice in not labeled in 36% of case, in 78% of cases, the first-line intensive phototherapy (l -3 session) was performed, whereas exchange transfusion has been used in 19% of case, the average hospital stay is 4.8 days the hospital case fatality was 22% (because of the land or neurological disorders), Among 30 infants followed l 0 Infants (23%) were lost to follow : the installation of cerebral palsy was observed in 2/3 of cases.

CONCLUSION :

Although the prognosis of neonatal Jaundice has greatly improved his last years with the help of intensive phototherapy, the prognosis for infants with bilirubin encephalopathy requires early detection of Jaundice prlor discharge maternity and monitoring of newborns with Jaundice (Transcutaneous bilirubinometry interest). Efforts should be strengthened in terms of prevention and treatment of maternal-fetal in compatibility Rhesus D whose frequency remains high in our country.

Research and education in Algeria

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INTRODUCTION:

Continued Medical Education and Continued Profession Development are applied in voluntary accreditation.

Usually hospitals get a yearly budget to perform medical Education and professional development but it's still insufficient according to the important requirements of the different services .
In fact , all health professionnais (practitioners, specialists, nurses, physiotherapists, etc.) need to get more education, regarding there daily practice.

A fewyears ago, english teaching, computer science and economic course were planned in a large education program of specialists, however the number of those who enjoy that, was limited.

For now, the exigency of our daily practice and less financial means determine the tapies of continued education programs.

IN PRM, priorities considered, are patient management in a multidisciplinary team, improvement in activities using new technology, training in functional investigations as EMG, Cystomanometry, etc.

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EDUCATION METHODS :

- CME can be organized in hospitals, by a steering group composed by education director of the institution and leaders of different service which exist in that one. The concerned personnel don't pay anything.

- In an other way, scientific societies organize, once or twice a year, medical congresses which last two or three days, or more, and a part of this time is reserved to CME.

Registration to these scientific forums is, sometimes, free.

Specialists corne from all the territory, whatever s- of the institution where they practice.

The meetings are often sponsorized by pharmaceutic companies, or national firms (Sonelgaz, Sonatrach, etc.)

- In PRM, O.N.G often helps us in planning training for health professionals for rehabilitation.

«Handicap International» is present as a veritable partnership undertaking a project called «Rehabilitation and Autonomy of disabled patients».
The aim is to minimize the difficulties they meet when they must corne back home.

The outcome is not evident.
- At last, Continued Professional Development can be made abroad, and concern essentially researchers. It's possible, thanks to Public Health Ministry which gives allowance to the candidates, and cooperation between medicine faculty and foreign partners (France, Belgium).

That can be effective in Aigeria with training teachers from Europe or North America.

EVALUATION :

Regarding this important point, our system undertakes it differently.

In fact, assessment concerns, in first, students who submit to regular examination, and residents, until they obtain their certification (diploma of specialist).

Secondly, evaluation is intended for specialists who choose to practice in teaching hospitals as assistant professor.

Those, make research about a precise topic and prepare a prospective work.

Finally, they present a master thesis.
This book is mandatory before they submit to a high level competitive examination to be qualified teacher (professeur agrégé).

The latter comprises, besides thesis, practical and writing exams (pedagogic question), and all the scientific papers and works they present to congresses, etc., and ail activities they realized during their teaching career.

CONCLUSION :

In Aigeria, participation to CMEICPD is not compulsory, and evaluation concerns those who want to progress in their career. In that case, they try to benefit from a maximum education forums and scientific events to get certification.

However, we can resume, saying t h t assessment lack rigor in our land.