

## EDITORIAL

*The European Respiratory Society (ERS) was born in 1990 from a merger between the Societas Europaea Physiologiae Clinicae Respiratoriae (SEPCR) and the Societas Europaea Pneumologica (SEP). Among its objectives were the harmonisation of training throughout Europe and the promotion of continuous education. From the second annual congress held in Vienna in 1992, these specific tasks were attributed to a standing ad-hoc Committee, the European School of Respiratory Medicine (ESRM).*

*ESRM started its educational activities at the Firenze congress in 1993, by organising post-graduate courses given in Italian, in cooperation with the Italian Association of Hospital Pneumologists (AIPO). With such an initiative, it was recognised that not all practitioners in a given country are fluent with English, the official ERS language. Such courses in European languages other than English have progressively extended to French, Spanish, Russian, and this year to Portuguese; all of them have been chosen and organised with the active participation of the corresponding national society.*

*To strengthen the liaison between ERS and the national societies, ESRM has also proposed to cooperate with the national societies by organising in common post-graduate courses during the national meetings; Viseu has been the first experience in Portugal, together with the SPP (Sociedade Portuguesa de Pneumologia).*

*The organisation of this ESRM-SPP course was bothered by the Portuguese Government, which had decided to organize a national poll on the same day! Nevertheless the session was quite well attended, with around 30 active participants; however we feel that above 50 participants the interaction between the speaker and the audience becomes difficult, more so when the participants are not all fluent with English the usual speaker's language. This is also a reason why it is critical to speak slowly (so that the translation, if present, can follow) and to show readable slides. A double projection could be used, with an English and a translated slide in parallel (of course this means much more work). Another possible way for improvement is to send well in advance to every participant a list of a few (maximum 5) key references, around which to the discussion will be centred. It should also be remembered that the main objective of a course is to discuss published material, and not ongoing research. Every time there is the possibility to organize fully interactive sessions, it should be used; our experience is clearly that such sessions stimulate the participant's interest and give them more fun, even if they give more work to the speaker.*

*To sustain the attention for a long time is nearly impossible; it is why a recommended format is a 3-hour session, with 4 speakers, each speaking no longer than 30 minutes with at least 15 minutes for discussion.*

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*Other ways of cooperation should be explored further. For instance, scientific journals written in non-English languages are not widely accessible, nor read. This certainly does not mean that they don't contain interesting clinical data; one way to make them known by a larger audience could be to publish a structured of above paper abstract in English in European Respiratory Topic, now edited by Professor Nikos Siafakas from Greece. Alternatively, if there would be no financial problem, Topic could be translated into Portuguese; at the present time, besides English, there is only an Italian translation. Such scientific material could reach other countries, like Brasil.*

*At the very end of the mandates I held at ERS and its journals, as well at ESRM, I formulate the wish that relationships with the national societies not only will be maintained, but that new links will be established, and that national and even regional peculiarities, that make the beauty of Europe, will continue to flourish.*

**Pr JC Yernault**  
Erasme University Hospital  
1070 Bruxelles