

# HCERES

High Council for the Evaluation of Research  
and Higher Education

Research units

HCERES report on research unit:

Handicap Activité Cognition Santé

HACS

Under the supervision of  
the following institution:

Université de Bordeaux

# HCERES

High Council for the Evaluation of Research  
and Higher Education

Research units

*In the name of HCERES,<sup>1</sup>*

Didier HOUSSIN, president

*In the name of the experts committee,<sup>2</sup>*

Thierry LEJEUNE, chairman of the committee

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Under the decree N<sup>o</sup>2014-1365 dated 14 november 2014,

<sup>1</sup> The president of HCERES "countersigns the evaluation reports set up by the experts committees and signed by their chairman." (Article 8, paragraph 5)

<sup>2</sup> The evaluation reports "are signed by the chairman of the expert committee". (Article 11, paragraph 2)

## Evaluation report

This report is the result of the evaluation by the experts committee, the composition of which is specified below.  
The assessments contained herein are the expression of an independent and collegial deliberation of the committee.

Unit name:	Handicap Activité Cognition Santé
Unit acronym:	HACS
Label requested:	EA
Present no.:	EA 4136
Name of Director (2014-2015):	Mr Pierre-Alain JOSEPH
Name of Project Leader (2016-2020):	Mr Pierre-Alain JOSEPH

## Expert committee members

**Chair:** Mr Thierry LEJEUNE, Université catholique de Louvain, Cliniques universitaires Saint-Luc, Bruxelles, Belgique

**Experts:** Mr Olivier REMY-NERIS, Université de Bretagne Occidentale (representative of the CNU)

Mr Jean-Louis VERCHER, Université d'Aix-Marseille

**Scientific delegate representing the HCERES:**

Mr Jean-Marie ZAJAC

**Representatives of the unit's supervising institutions and bodies:**

Mr Bernard BEGAUD (director of doctoral school SP2 n° 545)

Mr Pierre DOS-SANTOS, Université de Bordeaux

## 1 • Introduction

### History and geographical location of the unit

The premises of the research unit are located close to the CHU and the physical and rehabilitation medicine department of the MDs involved in the unit, and close to the University especially to the building of INRIA where a part of the permanent researchers are working.

### Management team

The team is coordinated by a professor of physical and rehabilitation medicine. Regular meetings are organized. A weekly meeting is scheduled with the junior and senior researchers to organise their scientific activities. A scientific seminar is scheduled monthly. Once a year, a general meeting is scheduled, bringing together all the team. No technical or administrative meetings are organized but the size of the team is small and communication is easy between researchers of the same site. The research unit is active on two sites, requiring a coordination.

### HCERES nomenclature

Primary SVE1 - LS7

Secondary SHS4-2, ST6

### Unit workforce

<b>Unit workforce</b>	<b>Number as at 30/06/2014</b>	<b>Number as at 01/01/2016</b>
<b>N1:</b> Permanent professors and similar positions	5	6
<b>N2:</b> Permanent researchers from Institutions and similar positions		
<b>N3:</b> Other permanent staff (without research duties)	4 [1,7]	5 [1,9]
<b>N4:</b> Other professors (Emeritus Professor, on-contract Professor, etc.)	5	5
<b>N5:</b> Other researchers from Institutions (Emeritus Research Director, Postdoctoral students, visitors, etc.)	2 [1,5]	2 [1]
<b>N6:</b> Other contractual staff(without research duties)		3 [1,1]
<b>TOTAL N1 to N6</b>	<b>16 [13,2]</b>	<b>21 [15]</b>

Unit workforce	Number as at 30/06/2014	Number as at 01/01/2016
Doctoral students	4	
Theses defended	12	
Postdoctoral students having spent at least 12 months in the unit	4	
Number of Research Supervisor Qualifications (HDR) taken	4	
Qualified research supervisors (with an HDR) or similar positions	5	7

## 2 • Overall assessment of the unit

### Global assessment of the unit

The research unit, Health Activity Cognition Handicap (HACS) is composed of around fifteen researchers with varied backgrounds (Human sciences, Health sciences, Technology Sciences). Their good connexions between the University and the Hospital allow them to perform fundamental and clinical research in the field of adult and geriatric neurorehabilitation. More specifically, they cover two domains: on one hand “motor action, action and posture”; and on the other hand “cognition, communication and interaction”.

Their research fields are particularly relevant to the society and for the rehabilitation’s world: how to improve the participation of disabled persons? Their approach is also interesting: building a multidisciplinary team, and combining laboratory and ecological intervention and assessment.

The HACS unit established strong national and several international collaborations (e.g. Canada), for research and teaching activities. They also established many collaborations with the industry and with the local and regional community.

During the last five years, they published about fifty papers in national (40%) and in international journals (60%).

During the last five years, about ten PhD theses were concluded, while about ten PhD theses projects are on-going. The mean PhD theses duration is 44.5 months.

### Strengths and opportunities in relation to the context

This multidisciplinary research unit gathered researchers around a strong research theme related to disability. All completed projects aim to improve the knowledge, the treatment and compensation means of the disabled persons, with the final aim being to improve their social participation.

Their activities concern the world of the health sciences, human sciences and technology sciences.

The strong link between clinical research in the rehabilitation unit of faculty hospital of Bordeaux and INRIA gives the opportunity to develop high quality level technological projects in the field of disability.

The small size of the group enables simple and reactive ways of working.

The strong relationship with clinical activities of medical researchers who collaborate with fundamental researchers creates the emergence of innovative projects directly related to clinical problems.

Involving non-physician rehabilitation specialists (occupational therapist, physical therapist, psychologist...) is of great interest to improve the knowledge in their field and to improve the quality of care.

The laboratory has access to several well-equipped technological platforms.

The number and the quality of publications improved. They presented many oral and poster communications at national and international congresses.

Research projects are regularly funded at local or national level.

They collaborate at national and international levels for research and teaching activities.

### Weaknesses and threats related to the context

This unit is composed of a small number of researchers with no full time senior scientist. They currently do not have their own technological support team. They have a very limited administrative support.

The research unit addresses a large number of topics, performed on several sites, which requires a strong coordination.

### Recommendations

Maintain the close collaboration between the clinicians and the researchers.

Maintain the global patient's approach: in the laboratory and in the community.

Maintain the national and develop the international collaborations.

Maintain a good team organisation and collaboration. Maintain the coherence of the team despite the fact that the team is active in several sites, and that their members collaborate with other research organisation (e.g. INRIA). Insure that all the members are fully involved in the research unit activities, maintaining its identity.

Maintain the publications rate, but try to publish in higher rated journals, to enhance the visibility of the group.

Try to develop international collaborations and to apply to European research funds.

Try to focus research activities in some specific subdomain to develop expertise and avoid dissipation.

Develop a strategy concerning the future of the research unit within the context of the evolving university's policy.