

# THERAPEUTIC PATIENT EDUCATION PATIENT (FTE)

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# ICE BREAKER

## IN A CIRCLE, WE ARRANGE OURSELVES BY

- ∞ alphabetical order by 1st letter of first name
- ∞ according to shoe color (gradient)
- ∞ Depending on the color of the T-shirts
- ∞ Depending on eye color
- ∞ By number of years in our last job
- ∞ By trade
- ∞ ...

## BALL GAME

## TO SET UP THE ETP...

What resources do you already have? And what would you need?

RESOURCES	NEEDS
Consultation IDE Motivation 7	

# PART ONE

## DAY 1

- WHAT IS ETP?
- SHARED EDUCATIONAL ASSESSMENT OR EDUCATIONAL

## DIAGNOSIS (1) DAY 2

- SHARED EDUCATIONAL ASSESSMENT OR EDUCATIONAL DIAGNOSIS (2)

DAY'S PROCEEDINGS  
TOILET  
BREAK  
TIMES

ANY QUESTIONS?

# DELPHI or DELPHES METHOD

**In 4 words: What does TVE mean to you?**

Alone: 5 min

then in pairs: 5 min then in

groups of 4: 5 min then in

groups of 8: 5 min then as a

whole group: 5 min

# BREAK



15  
MIN

# DEFINITION



INTO 2 SUBGROUPS

Each group uses the 4 words from DELPHI  
to develop a definition of TVE.



# In your opinion, patient education is...

1. Warn patients of the risks they are taking by adopting a particular such behavior harmful to their health.
2. Encourage patients to comply with prescriptions and medical advice.
3. Tell patients what they need to do to take care of themselves and protect their health.
4. Explain to patients the effects of treatment and lifestyle habits on their health.
5. Give patients clear information.
6. Passing on knowledge to patients about their disease and treatment.
7. Make patients aware of their responsibilities in the healthcare field.
8. Help patients reconcile their health needs and desires.
9. Teach patients to manage the risks they take.
10. Support the patients in their search information, in their acquisition of skills and in making choices about their health.
11. Work with patients to develop solutions tailored to their health and safety needs. their expectations.
12. Help patients express their symptoms, concerns, expectations and life plans

*According to B. Sandrin-Berthon*

1 to 3: Prescriptive approach

4 to 6: Cognitive approach

7 to 9: Empowering approach

10 to 12: Participatory approach

# WHO DEFINITION USED BY HAS

**Therapeutic patient education aims to help patients acquire or maintain the skills they need to best manage their lives with a chronic disease.**

**It is an integral and permanent part of the management of the patient.**

**Therapeutic patient education includes organized activities, including including psychosocial support, designed to make patients aware and informed about their illness, hospital care, organization and procedures, and health- and illness-related behaviors...**

**Oral or written information and preventive advice can be delivered by a healthcare professional on various occasions, but they are not équivalent to therapeutic patient education.**

WHO-Europe report, 1996

[http://www.has-sante.fr/portail/upload/docs/application/pdf/etp - definition finalites - recommandations juin 2007.pdf](http://www.has-sante.fr/portail/upload/docs/application/pdf/etp_-_definition_finalites_-_recommandations_juin_2007.pdf)

**Information** focused on  
content

**Advice** is centered on  
the person giving it  
*"if I were in your shoes,  
this is what I'd do..."*

## **Patient-centered education**

*Brigitte Sandrin-Berthon*

# PARADIGMS AND DEFINITION

## WHAT IS CARE?

- caring for the sufferer is not the same as caring for the sufferer (W.Hesbeen)
- what consideration do we have for human beings? (anecdote C. Bernard)

## WHAT PARADIGM ARE WE EVOLVING INTO?

(S. K rouac, J. P pin, F. Ducharme, (3rd edition), 2010) the 3 paradigms of care:

- categorization
- integration
- transformation

**ETP CONCEPTED BY BRIGITTE SANDRIN BERTON** in "L' ducation du patient au service de la m decine".

When the patient is no longer the **object** but the **subject of** the care delivered, the aim is no longer to **combat disease** but to **promote health**, and the **prescription** approach gives way to an **educational one**.

# ETP ACCORDING TO PHILIPPE LECORPS

- Health involves a body, but a body that cannot be reduced to its biological dimension. The body presented to the caregiver is a body-subject, an inhabited body, a body shaped by a culture, by a singular history, a body that bears a name, an identity.
- Taking the patient seriously as a desiring-subject means accepting, as a caregiver, the subsidiary nature of the educational function, i.e. recognizing the subject's position as the "author" of his or her own life and, as a result, placing ourselves in a simple position of support, of auxiliary. It means abandoning the position of expert, i.e. someone who knows what's good for the other person and would strive to lead him or her towards it. Instead, the educator is expected to contribute to creating the conditions of possibility that enable the human subject, whatever his or her pathology, to unfold his or her life.
- This shows that, for a caregiver, education means accepting the patient as a desiring subject, accompanying him step by step in his efforts to reappropriate life, which suffering or illness have momentarily or forever disrupted. It is the patient, in his or her own blindness, who is the guide, for only he or she can show the way and give meaning to life.

*Lecorps P., 2004, "Education du patient : penser le patient comme "sujet" éduicable ?", Pédagogie médicale, mai 2004, volume 5, numéro 2, p.82-86*

*Psychologist, research lecturer at the National School of Public Health in Rennes on issues of prevention, health education and, more broadly, health ethics.*

# LEGISLATION

## REGULATORY CONTEXT

- **HPST law** on hospital reform and patients, health and territories (no. 2009-879 of July 21, 2009), published in JO no. 167 of July 22, 2009.
- **DECRETS** of 2010 repealed by order of January 14, 2015
  - n° 2010-904 of August 2, 2010 on the conditions for authorization of therapeutic patient education programs
  - n° 2010-906 of August 2, 2010 on the skills required to provide therapeutic patient education
- **DECREE** of 2013
  - n° 2013-449 of May 31, 2013 on the skills required to provide or coordinate therapeutic patient education.
- **ARRETE** of January 14, 2015 skills required for the coordinator and 40-hour training requirement for program participants team members who have 2 years to train

# LEGISLATION

## ORDER TO ESTABLISHMENTS

- The plant certification process

## LEGITIMATION

- 3<sup>rd</sup> Cancer Plan 2014/2019: "*The autonomy and involvement of patients in their own care can be reinforced by therapeutic education programs*" and "*Ensuring comprehensive, personalized care (Objective 7) and Promoting the development of therapeutic patient education programs (Action 7.14)*"
- Authorization by the Regional Health Agencies (ARS)

## FUNDING AND FTE

- outpatient-oriented
- migac 21500 euro per program per year
- 250 euro per patient included per year



# BRAINSTORMING

WHAT DO YOU THINK CAN HELP A PATIENT TAKE CARE OF THEMSELVES?

1 POST IT = 1 WORD or 1 IDEA

# HEALTH DETERMINANTS

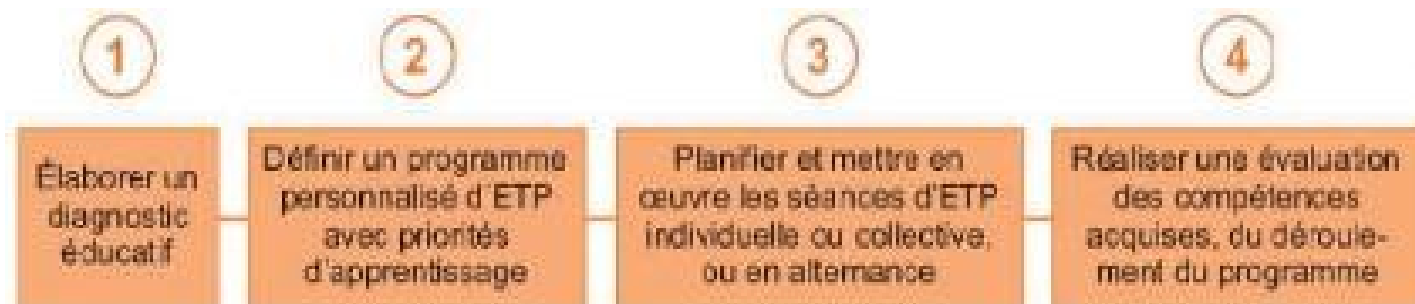
# THE EDUCATIONAL APPROACH: 4 STAGES

Educational diagnosis or shared educational assessment (J1

and J2) Definition of pedagogical objectives (J3)

Teaching techniques (J4 and J5)

Patient/Program assessment (J6)



# A TABLE!!!



# SHARED EDUCATIONAL ASSESSMENT

## BRAINSTORMING

WHAT IS THE SHARED EDUCATIONAL ASSESSMENT /  
DIAGNOSIS  
EDUCATIVE?



# SHARED EDUCATIONAL ASSESSMENT

- Getting to know the person
- Take stock of her knowledge and beliefs about his illness, treatment and experience, his plans...
- Identify your needs, expectations and potential.
- Determine learning objectives.

REPEAT  
HEALTH DETERMINANTS FOUND THIS  
MORNING

# THE COMPONENTS OF THE BEP

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?

What's wrong with it? What is his health problem?

level of severity, current treatments

What do they know? Knowledge, skills, representations and beliefs about the disease and its treatment

How does the patient cope with his or her health problem?  
Level of adaptation, impact on quality of life...

What does he do? Profession, hobbies, family circle, social life

What are his projects and other sources of motivation?

# THE 5 DIMENSIONS OF THE BEP

## Dimension cognitive

*ce que le patient sait*

ses connaissances, ses représentations, ses croyances sur sa maladie et les traitements....

## Dimension biomédicale

*ce que le patient a*

ses problèmes de santé, la manière dont il les vit.

## Dimension psycho-affective

*qui est le patient*

son environnement familial, conjugal, amical, ses ressources, ses soutiens, sa manière de les mobiliser, ...

## Dimension projet de soin, priorités d'apprentissage

*ce que le patient projette*

Son projet et ses priorités de santé, ses priorités d'apprentissage en lien avec son projet de vie...

## Dimension socio- professionnelle

*sa profession, ses activités*

dans ce qu'elles interfèrent avec les soins, les traitements, la maladie.



# METAPLAN



WHAT ARE THE ELEMENTS OF A  
QUALITY?

1 POST IT = 1 WORD or 1  
IDEA

# QUALITY MAINTENANCE

Environment conducive to exchange (time and place)

Empathy = "understanding emotions" No

SOLUTIONS, don't give your opinion

Patient-centred: active listening + time for expression

- Open questions
- Reformulation
- Enhancement, encouragement
- Taming the silences



La sympathie



La compassion



L'empathie

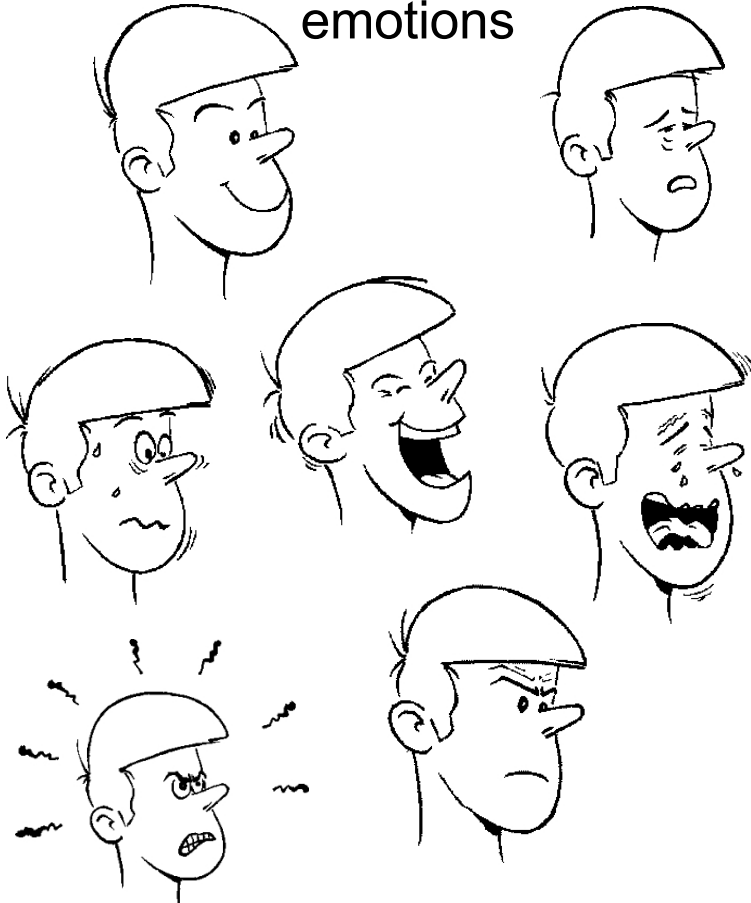
# BREAK



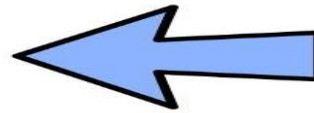
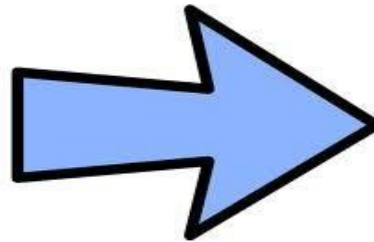
15  
MIN

# THE CARE RELATIONSHIP

SENDER  
emotions



message



Feed back

RECEIVER  
Active listening



# ACTIVE LISTENING



## WHEN IS IT NEEDED?

What is the difference  
between

a complaint  
and  
a request?

# ACTIVE LISTENING

## THE REQUEST:

- claire
- explicitly addressed to others
- calls for a simple, practical answer
- have it confirmed to be sure
- e.g. Can I have a glass of water?

## THE COMPLAINT:

- does not elicit a sufficiently clear response or no response at all
- represents the bulk of the questions asked
- the answer is not up to us
- the caregiver's technique: active listening
- e.g.: am I going to die?

# 4 COMPONENTS OF ACTIVE LISTENING

**LISTEN**

**QUESTION**

**REFORM**

**ENABLE  
ACT**

**FOR**

move from complaint to  
**explicit request** and/or  
**the decision to act**





# LISTEN

## LISTENING GAME

Two by two

A tells, B listens and remains silent : 5 min.

Then

B tells, A listens and remains silent: 5 min.



## **LISTENER**

### **IDEAL LISTENING INDICATORS**

*you can receive without expecting anything*  
*we mobilize our non-verbal language*  
*we think the other is capable of*  
*try to understand*  
*deals with the frustration of not being able to answer or*  
*ask questions*  
*discover the person*

- *as a subject*
- *what's important to her*
- *its internal logic mechanism*
- *his intimacy*
- *his beliefs*
- *the trust placed in us*

*we receive*  
*we imagine*  
*we*  
*visualize*  
*we get emotional*

### **DISTURBING INDICATORS LISTENING**

*seek to meet our own objectives*  
*be afraid to receive*  
*put yourself in the*  
*position of judge*  
*escape*  
*think about our history*  
*pick up the phone*  
*thinking about worries*  
*losing track*  
*lose non-verbal contact*  
*imagine the story*

## **LISTEN**

### **BEGIN**

*frustration of not answering, wondering if he understands*  
*does it pick up and if so what?*  
*it's lonely*  
*feeling of speaking in a vacuum*

### **LIBERATORY PHASE :**

*the freedom to say what you want the*  
*freedom not to feel judged or limited*  
*body liberation: non-verbal language used more than usual*  
*we become aware of what we're saying*  
*we find links*  
*we're focused on the story we're telling*



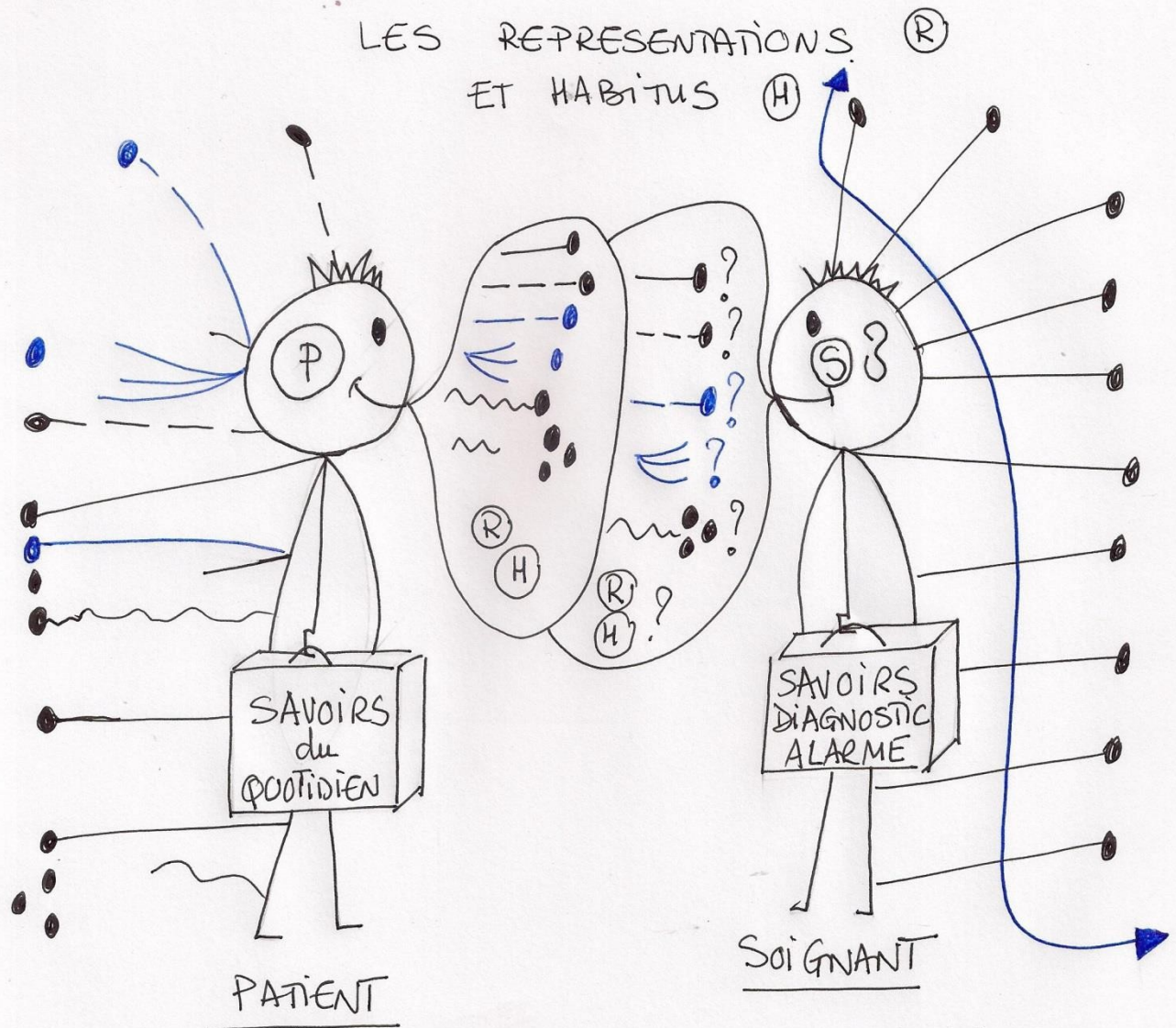
# LISTEN



- TAMING SILENCES
- LISTENING TO THE NON-VERBAL 80% OF COMMUNICATION  
(Verbal: 7%, Vocal: 38% (tone, voice inflection, related sounds), Non-verbal: 55%)
- HAVE AN ADAPTED PHYSICAL POSTURE
- FOCUS ON THE PERSON, REMAIN SILENT, CURB CURIOSITY
- SET YOUR OWN REPRESENTATIONS ASIDE (diagram of representations)
- TRY TO UNDERSTAND

REPERESENTATIONS

LES REPRESENTATIONS (R)  
ET HABITUS (H)



~~~~~ (R) ou (H) Ebranlés par la maladie

—● nouvelle (R) ou (H) en création ou crée par l'arrivée de la maladie

WHAT BELIEFS (representations) HAVE YOU HEARD  
FROM SICK PEOPLE?



# 4 COMPONENTS OF ACTIVE LISTENING

**LISTEN**

**QUESTION**

**REFORM**

**ENABLE  
ACT**

**FOR**

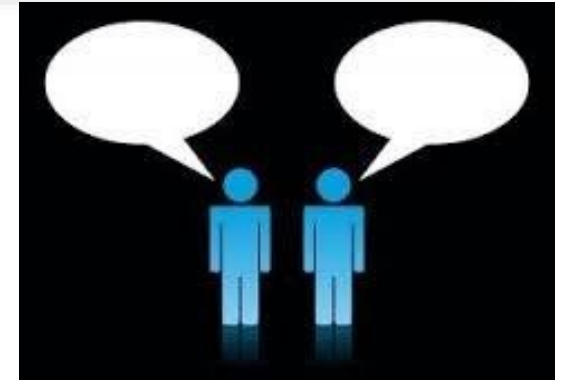
move from complaint to  
**explicit request** and/or  
**the decision to act**



# REFORM

## MIRROR

REDIRE LE MOT, LES MOTS VOIRE LA PHRASE ET  
SURTOUT CONSERVER L'INTONATION (le mot pour mot)



## SIMPLE

REFORMULATING AN IDEA IN OUR OWN WORDS, OR REFORMULATING BY  
CHANGING THE INTONATION

## COMPLEX or RESUMING

USE OF SEVERAL IDEAS EVOKED BY THE PERSON AND CREATE LINKS  
BETWEEN THEM WHILE RESPECTING THE MEANING GIVEN BY USING  
PHRASES SUCH AS "therefore ...", "otherwise ...", "therefore ...", "therefore  
...". otherwise  
says...", "If I understand correctly...", images



**WHAT DID YOU LEARN TODAY?**



DAY 2

HELLO!  
HOW ARE YOU?



# 4 COMPONENTS OF ACTIVE LISTENING

**LISTEN**

**QUESTION**

**REFORM**

**ENABLE  
ACT**

**FOR**

move from complaint to  
**explicit request and/or  
the decision to act**



# QUESTION

## ∞ YES, WHAT?

- 1 THE FACTS: what happened?
- 2 FEELINGS: what do you feel?
- 3 VALUES: what's important to you?
- 4 ACTION INTENTIONS: what is



on in tense and verb (cf: the prochaska wheel)

## ∞ YES, HOW?

OPEN-ENDED QUESTIONS THAT QUESTION THE "ALLANT DE SOI" OR HABITUS

what is an open question?

QUESTIONS CLOSED ONLY TO QUESTION THE FACTS

what is a closed question?

# QUESTION



FILL IN THE FORM

OPEN OR CLOSED QUESTION?

# OPEN AND CLOSED QUESTIONS

## CLOSED QUESTIONS

### YES/NO

- subject/verb inversion
- is that...?

### SHORT ANSWER

- where...?
- when...?
- how much...?

### MCQS

- multiple-choice questions

## OPEN QUESTIONS

how do you open up  
to narration...?

which which

which....? of

which...?

to what...?

what is...?

of what...?

on what...?

by what...?

in what...? at

what....? with

what...?

WHY...?

we answer because...

justification

feelings of guilt

promotes lying



LET'S OPEN UP THE QUESTIONS!

**IN A CIRCLE**

ASKED A FIRM QUESTION THAT HE IS WONT TO ASK  
AT WORK

AND

**B** TURNS IT INTO AN OPEN QUESTION

# BREAK



15  
MIN

# QUESTION AND REFORMULATE



PICK A QUESTION  
AND ASK YOUR NEIGHBOR

for 3 min you  
explore the subject  
using open-ended questions  
and rephrasing



# 4 COMPONENTS OF ACTIVE LISTENING

**LISTEN**

**QUESTION**

**REFORM**

**ENABLE  
ACT**

**FOR**

move from complaint to  
**explicit request** and/or  
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# THE ACTION



∞ RIEN DE VISIBLE, DE PALPABLE, JUSTE DU CHEMINEMENT (diagram brain zones)

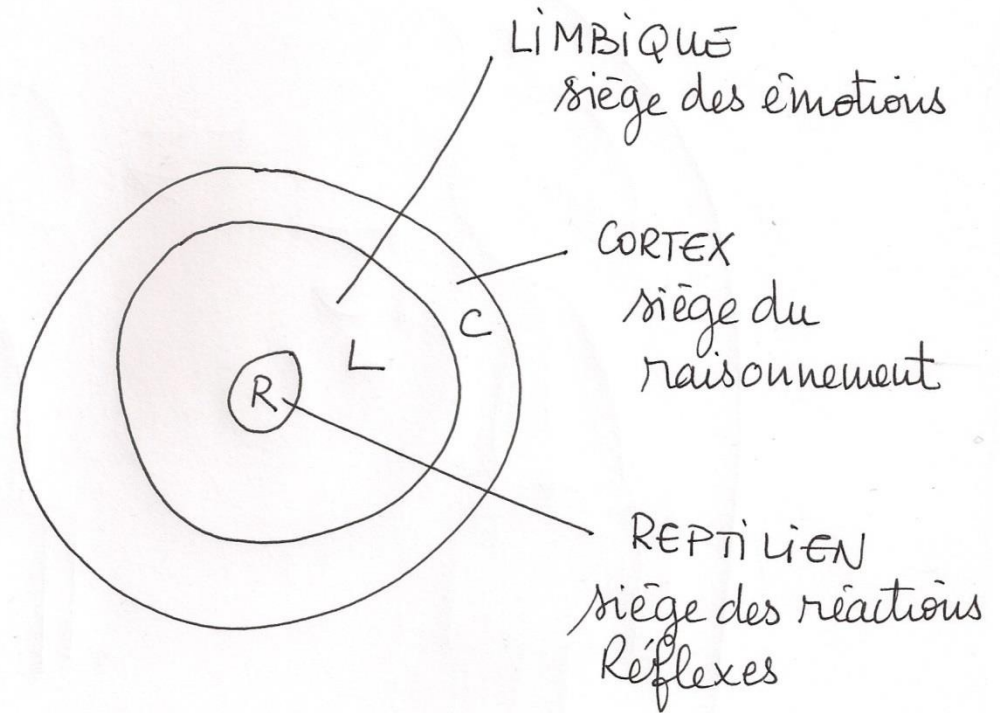
∞ THE PATIENT FINDS HIS SOLUTION

∞ IT RESPONDS TO AN EXPLICIT REQUEST:

- you can ask: "How can I help you?"
- recourse to other professionals
- workshop proposals
- external recourse: prof., assoc., network, relatives...

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3 AIRES du CERVEAU



CHEMINEMENT = AMENER L'AUTRE PAR QO et REFOR.  
À SORTIR DU LIMBIQUE POUR ACCÉDER AU CORTEX  
ET TROUVER SA SOLUTION RAISONNÉE

# A TABLE!!!



# BARRIERS TO EXPRESSION

|                                  |                                                                              |                                                                                       |
|----------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Evaluation of moral judgment     | This attitude expresses reproach, warnings and sometimes threats.            | <i>Inhibition, guilt, revolt, anxiety</i>                                             |
| Interpretation personal          | Accent placed on a judged point as essential                                 | <i>Incomprehension, astonishment, not concerned by the answer, defensive blocking</i> |
| Support, consolation             | Encouragement, consolation, reassurance: paternalistic                       | <i>Desire to maintain friendship<br/>Hostile refusal; Waiting</i>                     |
| Investigation                    | Questioning, leads to details desired by the receiver                        | <i>Hostile reaction to the Inquisition</i>                                            |
| The solution                     | Plated solution, that of the receiver                                        | <i>Must choose this solution when it doesn't suit them</i>                            |
| Information, technical education | We explain objectively, doctorally. Emotionally neutral attitude (defensive) | <i>Low message impact</i>                                                             |

## For example...

You are treating a patient with capecitabine. Today, you decide to add treatments to manage side effects and you explain why.

She replies:

*"I really can't, it's just too much all these drugs! I'll never make it."*

- A. I'm sure you'll make it. Don't worry (support/trivialization/consolation).
- B. Why is it so hard? (investigation)
- C. You could do as the majority of my patients do, take your medication at a set time. This will become routine.
- D. Medications to manage your side effects are just as useful as HCV treatments. (convince)
- E. If you don't make an effort, I won't be able to help you. (judgment)
- F. Maybe you're afraid you'll forget them?

# DRAWING UP THE INTERVIEW GRID



## IN SUB-GROUP

Draft your interview guide with open-ended questions covering the 5 dimensions of the BEP / DE

### **Dimension cognitive**

#### ***ce que le patient sait***

ses connaissances, ses représentations, ses croyances sur sa maladie et les traitements....

### **Dimension biomédicale**

#### ***ce que le patient a***

ses problèmes de santé, la manière dont il les vit.

### **Dimension psycho-affective**

#### ***qui est le patient***

son environnement familial, conjugal, amical, ses ressources, ses soutiens, sa manière de les mobiliser, ...

### **Dimension projet de soin,**

#### **priorités d'apprentissage**

#### ***ce que le patient projette***

Son projet et ses priorités de santé, ses priorités d'apprentissage en lien avec son projet de vie...

### **Dimension socio- professionnelle**

#### ***sa profession, ses activités***

dans ce qu'elles interfèrent avec les soins, les traitements, la maladie.



## EXEMPLES DE QUESTIONS PERMETTANT

### LA RELANCE ET L'EXPLORATION DES 5 DIMENSIONS

Que savez vous de votre maladie ?

Que savez vous de votre traitement ?

Comment vivez vous au quotidien ?

Que pouvez vous dire de votre entourage ?

De quels soins avez vous besoin ?

Après de qui pouvez vous recourir en fonction de vos besoins ?

Quels sont vos projets ?

En quoi pouvons-nous vous aider ?

Que faisiez vous avant que vous ne faites plus aujourd'hui ?

Quels liens faites vous entre les événements de votre vie et cette maladie ?

Pouvez-vous me raconter dans quelles circonstances tout ceci est arrivé ?

Qu'avez-vous ressenti ?

Que ressentez-vous en ce moment ?

Que s'est-il passé quand on vous a annoncé ....?

Que savez-vous actuellement... ?

Avez-vous été informé(e) de cette éventualité ?

Est-ce que quelque chose vous laissait présager... ?

Que pensez-vous pouvoir faire... ?

Qu'est-ce que votre entourage en pense ?

Quel est votre plus grand problème dans la situation actuelle ?

Qu'est-ce qui est le plus difficile ?

Que faites-vous en ce moment ?

Qu'avez-vous envie de faire ?

Quelles solutions avez-vous trouvées ?

Qu'avez-vous déjà essayé ?

Que voudriez-vous essayer d'autre ?

Face à des situations difficiles, qu'avez-vous l'habitude de faire ?

Quand vous êtes tendu que faites-vous ? Parlez-vous de .... ?

Quelles sont les personnes autour de vous susceptibles de vous aider ?(qui ?lieu ?)

Etes-vous prêt à les solliciter pour vous aider ?

A qui faites-vous appel lorsque vous avez du chagrin, des difficultés ?

Enfants ? Mode de garde ?

Appartenance à des groupes ?

# THE SYNTHESIS

themes

|                        |                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------|
| brakes/levers          | validated by the patient, obstacles and levers for action                                    |
| Skills to be acquired  | Express my feelings about my follow-up, assert my rights, maintain my quality of life        |
| Operational objectives | Setting up the program (resources available to meet needs, individual interviews, workshops) |

# THE SYNTHESIS



ATTENTIVE TOGETHER!!!

2 PEOPLE READ MR V'S BEP

As the other people read,  
they pick up on the elements  
of the synthesis

# BREAK



15  
MIN



## TEST YOUR GUIDES IN PAIRS MAINTENANCE AND MAKE A SYNTHESIS

A participant takes on the role of a patient. He imagines the difficulties posed by his illness and his needs.

The other participant follows the interview guide and, at the end, must know the patient's educational needs.

Needs: obstacles - levers / skills to be acquired / Operational objectives

THEN SWAP ROLES

FOR NEXT TIME...

## MAKING A BEP WITH A PATIENT

Record Type interview +  
summary

Send to [claire.lambrichmoline@curie.fr](mailto:claire.lambrichmoline@curie.fr)

**BUBBLE MAN**

**WHERE WERE YOU YESTERDAY MORNING?  
AND  
WHERE DO YOU STAND TODAY IN RELATION TO  
ETP?**

# THERAPEUTIC PATIENT EDUCATION PATIENT (FTE)

Claire LLAMBRICH MOLINES

Trainer - Advanced Practice Nurse Clinician

Master ETP- UPMC Paris VI / Master advanced practice - UVSQ

MAY 28TH AND 29TH, 2018



# PART TWO

DAY 3 :

- ∞BACK TO BEP
- ∞ AWARENESS OF THE MOTIVATIONAL APPROACH
- ∞WHAT IS COMPETENCE?
  - ∞BATIR UN REFERENTIEL DE COMPETENCE

DAY 4 :

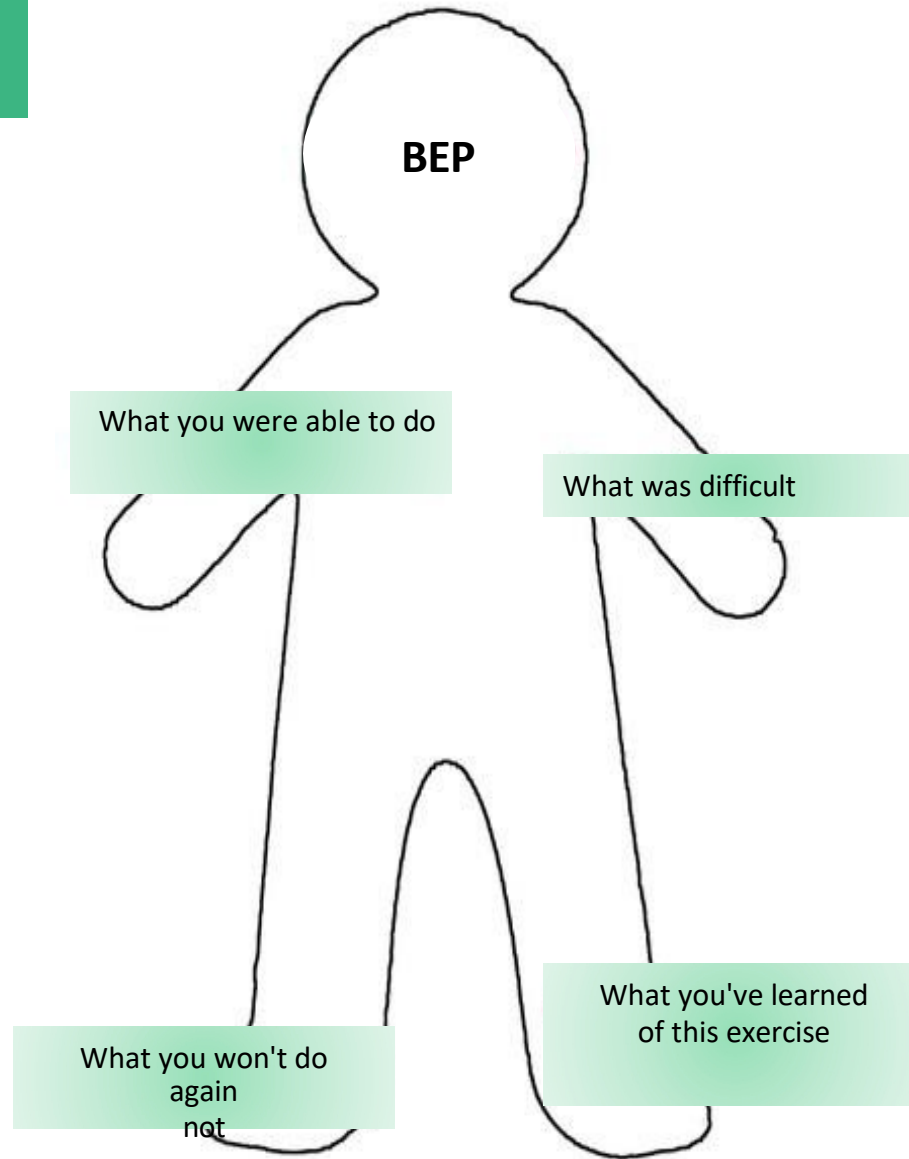
- ∞TEACHING TECHNIQUES
  - ∞BUILDING A WORKSHOP/SESSION

TOILET  
BREAK  
TIMES

ANY QUESTIONS?

# BENDY MAN

IN 4 GROUPS



# PEPITES

# THE MOTIVATIONAL APPROACH



# DEFINITION

Motivation is a dynamic state which has its origins in a learner's perceptions of himself and his environment, and which prompts him to choose an activity, commit to it and persevere in its achievement in order to reach a goal.

according to Schunck (1990) and Zimmerman (1990) socioconstructivist researchers and educators

"La motivation en contexte scolaire", R. Viau, 1994, 3rd ed. 2003, De Boeck

# MOTIVATION AND COMPLIANCE

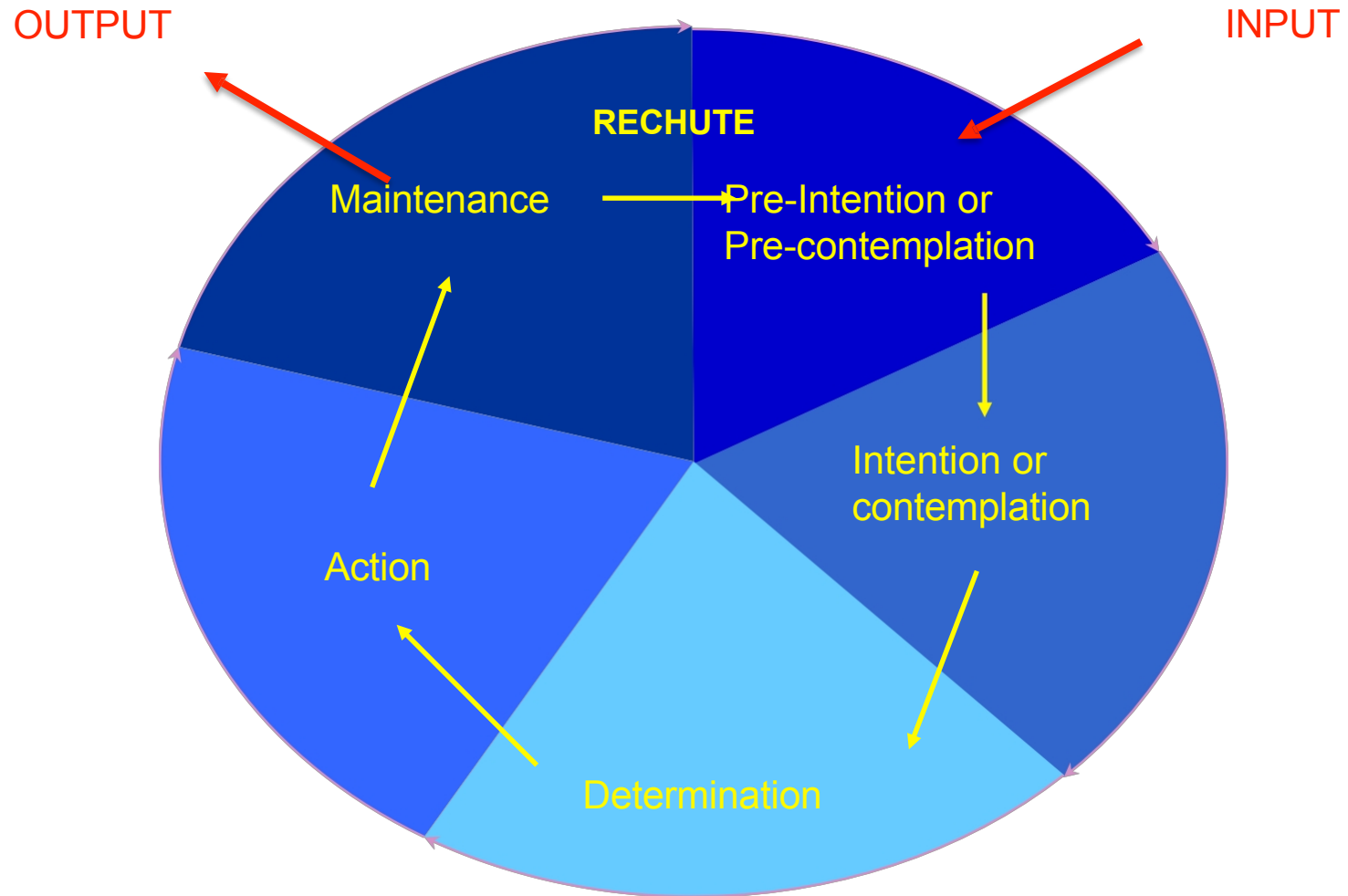
## WHAT IS COMPLIANCE?

- ∞ Compliance = The act of complying with a desire, suggestion or request for coercion.

## WHAT ROLE DOES MOTIVATION PLAY IN ETP?

- ∞ Motivation for care and treatment = the set of forces that determine entry, commitment and persistence in a specific care project.
- ∞ Motivation for change = the set of forces that determine the decision to change a behavior, the implementation of change strategies and the maintenance of the new behavior.

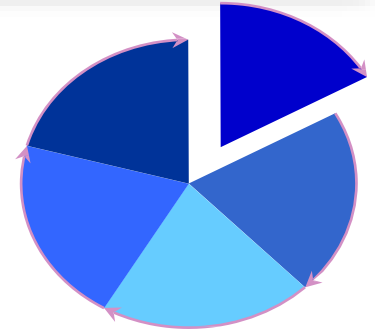
# THE WHEEL OF CHANGE



Transtheoretical model of change Prochaska and DiClemente 1982



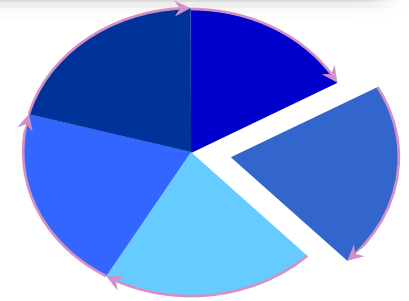
# PRE-INTENTION OR PRE-CONTEMPLATION



- ∞ It's not a question of refusal,
- ∞ The person is not yet planning to change their behavior...
- ∞ But she brings you material:
  - ∞ *I've been told I need to stop smoking...*
  - ∞ *that I had to come and see someone in your institution,*
  - ∞ *I didn't understand why...*
  - ∞ *the judge forced me to come here...*
  - ∞ *a doctor told me it was serious...*

general verbatim from outside the company

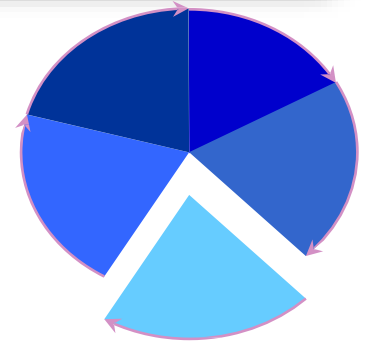
# INTENTION



- ∞ The person begins to ask questions and formulate a desire to see the positive aspects of change...
- ∞ But in general she is reluctant to give up the advantages of a given situation
- ∞ *"I'm a bit worried, I'd like to get away from it, that's for sure, but I can't see myself giving up my lifestyle... I'd like to stop but I really enjoy it... yes I go out every night, I might drink too much...but going out does me good..."*

use of "I" and "yes ... but" ambivalence

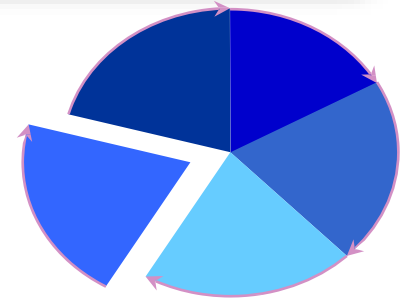
# DETERMINATION



- ∞ The person is actively considering change,
- ∞ It begins to examine available solutions, including alternatives
- ∞ ***"I've been thinking about it, I want to do something and I think I can start by trying this... I need to stop, I know it will be difficult but surely there are several ways to do it... what do you think? Actually, I thought my sister might be able to help me, if not I've got a friend too..."***

use of "I" + verb of will in the present tense

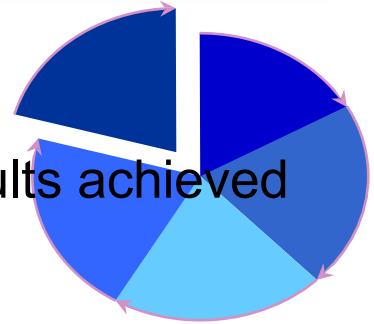
# ACTION



- ∞ The person has been taking their treatment for several months and has carried out successful actions over a period of 1 to 6 months.
- ∞ Need to acquire or better master certain skills
- ∞ Coping with the unexpected
- ∞ Self-efficacy and learning to be highlighted
- ∞ Exploring new needs
- ∞ Talking about her daily experience, despite the inconveniences, she was able to turn her motivation around.

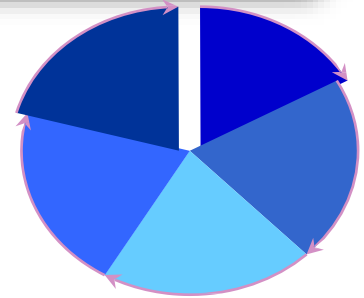
use of "I" with action verbs in the present or past tense

# MAINTAIN



- ∞ The patient perseveres because he is satisfied with the results achieved
- ∞ Self-esteem support
- ∞ Risk of rupture
- ∞ Awareness of change can bring a new outlook on other spheres of one's life
- ∞ *"I've changed, I'm taking care of my HIV, my HCV, but as I'm rethinking/questioning my care plan, I'm also discovering that I'm living alone and that it doesn't suit me anymore. Treatment is good, it works, but in the end, what about the other components of HIV that have nothing to do with treatment and because of which I suffer every day (stigmatization, rejection, difficulties in meeting new people because of my HIV status, side effects...)"*

# RELAPSE



- ∞ Negative emotions, stressful life events, reduced sense of efficacy are factors that precipitate... a relapse
- ∞ Relapse is not the opposite of abstinence! It represents successive attempts and should not be approached as a failure.
- ∞ The risk at this stage is that the person may revert to the pre-intention... then you have to start all over again!
  
- ∞ every relapse is a trial from which we learn

# EXERCISE

POST / PHRASES / URINES

By groupe

Put the sentences on the board relating to the stages you think the patient is in.



# PROCHASKA STAGES

| Stade                | Types of intervention                                                                                                        |
|----------------------|------------------------------------------------------------------------------------------------------------------------------|
| Pré-intention        | Welcome all reluctance without discussing it, leave the door open, identify ambivalence, accept denial, avoid confrontation. |
| Intention            | Using the "decision balance"                                                                                                 |
| Détermination        | Set the scene (willing, able, ready) Present existing resources                                                              |
| Action               | Define an action plan with easy-to-achieve milestones (avoid failure at all costs).                                          |
| Maintien             | Identify what has been learned, consider relapse prevention strategies                                                       |
| Rupture, « Relapse » | Reinforce self-esteem, rebuild motivation, reduce guilt                                                                      |



# BREAK



15  
MIN

# MOTIVATIONAL INTERVIEWING

MOTIVATIONAL INTERVIEWING  
FOCUSES ON  
CO CONSTRUING  
SOLUTIONS WITH THE PERSON.

# THE FOUNDATIONS OF EM



- No one is completely devoid of motivation
- The way you talk to patients about their health can significantly influence their personal motivation to change their behaviour.
- We often think that caring means providing patients with what they lack, whether it's medication, knowledge, understanding or skills. ME, on the other hand, seeks to elicit from patients what they already have.
- There's something in human nature that resists the idea of doing things that are imposed on us. On the contrary, it's the knowledge of other people's rights and freedom not to change that makes change possible.

# STRUCTURING PRINCIPLES

## 1 AVOIDING THE CORRECTION REFLEX

We tend to believe what we hear ourselves say. The more the patient verbalizes the disadvantages of change, the more committed they are to maintaining the status quo.

## 2 EXPLORE AND UNDERSTAND THE PATIENT'S MOTIVATIONS

You're better off asking the patient why and how he or she would like to change, rather than telling him or her that he or she should change.

## 3 LISTENING TO THE PATIENT

With a person-centered relationship in a reassuring, supportive, non-directive atmosphere, the patient can openly describe what he or she is experiencing and solve problems. (Carl Rogers)

## 4 ENCOURAGING THE PATIENT

A patient who plays an active role during the consultation, thinking aloud about the whys and wherefores of change, is more likely to evolve favorably.

# THE 3 COMMUNICATION STYLES

|               | Purpose?                                                                                                          | When suitable??                                                           | When not suitable??                                                                                             |
|---------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>DIRECT</b> | Get clear, precise information<br>Préciser et précises                                                            | To clarify the anamnesis, in emergencies, for explanations...             | To evoke a change in behavior or express emotions<br>Évoquer ou lors d'expression d'émotions                    |
| <b>FOLLOW</b> | Letting the patient express an emotional experience<br>Laisser le patient exprimer une expérience émotionnelle    | When a person is going through a difficult, emotionally-charged situation | In medical emergencies and to address behavior<br>En situation d'urgence et pour adresser le comportement de co |
| <b>GUIDE</b>  | Evoke and reinforce motivation to change behavior<br>Évoquer et renforcer la motivation à changer le comportement | In the presence of ambivalence about change                               | In an emergency, when you need to obtain information, when you need to explain...                               |



# THE TECHNIQUES

- ∞ Expressing empathy
- ∞ Supporting self-efficacy
  - ∞ Roll with the resistance, never confront
- ∞ Reflective listening: making reflective responses to what the patient expresses.
  - ∞ Use of open-ended questions of various kinds.
  - ∞ Expression of motivating statements.
  - ∞ Frequent synthesis of what is expressed.
- ∞ Bring her to act on her own rather than through external stimulation from caregivers.
- ∞ Restore patients' self-esteem, reinforce their self-control and put them back on track.  
control over his life.
- ∞ Develop discordance and explore the patient's ambivalence to change, and overcome it by adopting an open and respectful approach to the patient's experience and feelings about his or her problem: use of the decisional balance.

# LOOK AT

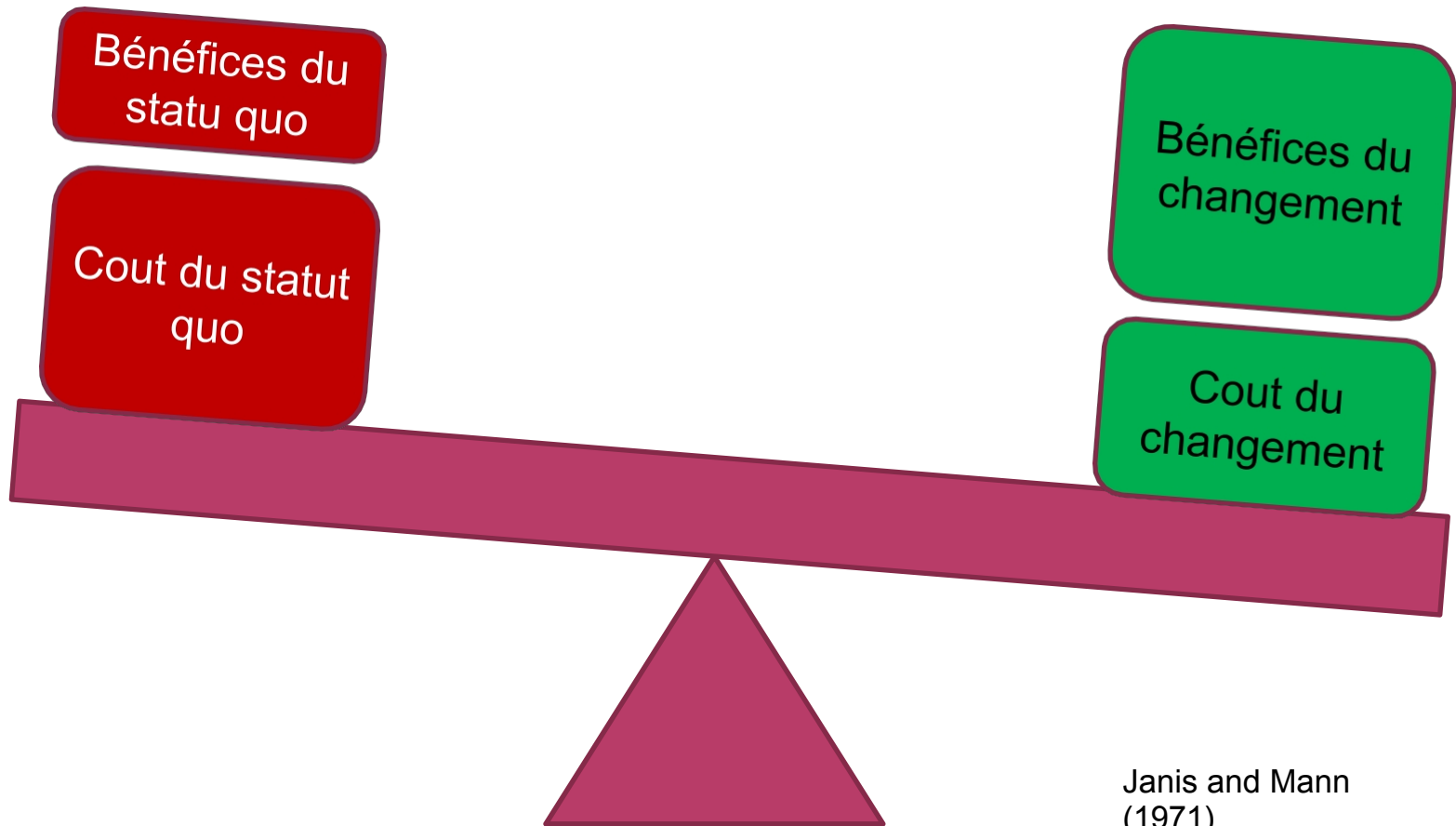


FILM1 vs FILM2

IDENTIFIER LES TECHNIQUES DE  
MOTIVATIONAL INTERVIEWING

# THE DECISION BALANCE

Decision-making tool



Janis and Mann  
(1971)



# THE DECISION BALANCE



If I change

Benefits

- 
- 

Disadvantage

- s
- 
- 

If I change nothing

Benefits

- 
- 

Disadvantages

- 
-

# A TABLE!!!





**FOR YOU, WHAT IS  
COMPETENCE?**

# DEFINITIONS

D'Hainaut (1988), considers it to be a combination of knowledge, know-how and interpersonal skills that enable the proper performance of a role, function or activity.

Meirieu (1991) considers that it refers to knowledge involving one or more capabilities in a given field.

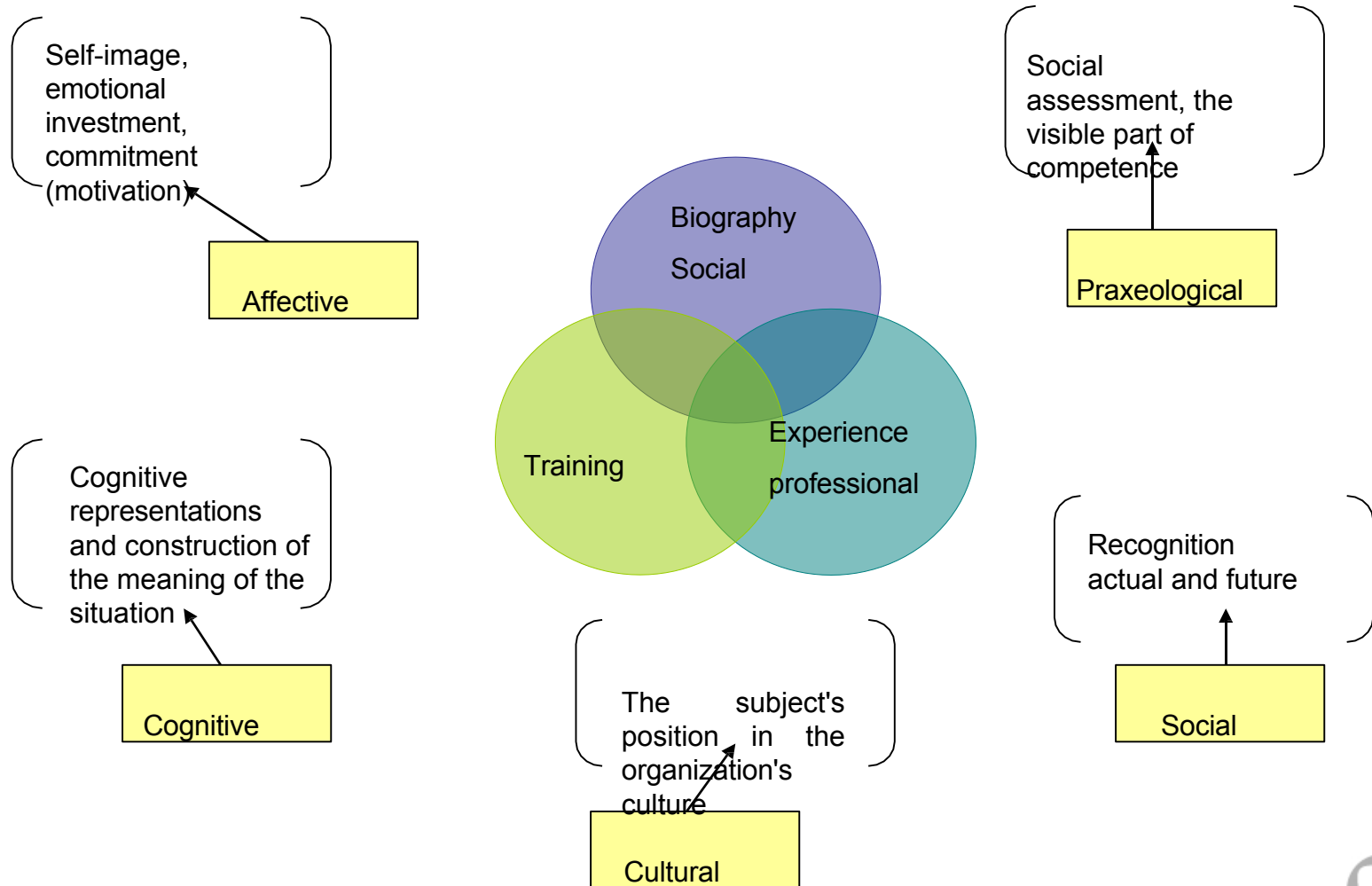
Wittorski (1997) Competence corresponds to the mobilization in action of a certain amount of knowledge combined in a specific way according to the framework of perception constructed by the author of the situation."



We could therefore say that it's "knowing how to act"  
for a defined purpose.  
in a given situation

# Competence

combination of 5 components and intersection of 3 fields



# THE SKILLS NEEDED BY PATIENTS

Psychosocial  
skills

How to be

Experiencing  
illness, integrating  
illness

"living with it",  
adjust

Psychoaffective

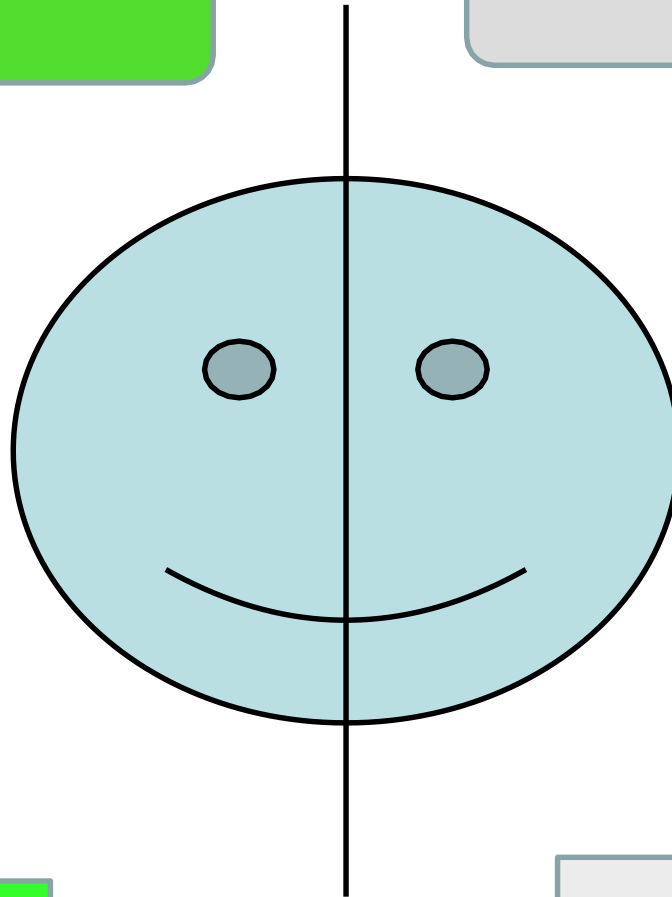
Self-care  
skills

Knowledge and  
know-how  
go to

Knowledge,  
knowledge about  
the  
disease

Know-how  
Self-care and safety  
procedures

Cognitive



# PSYCHOSOCIAL COMPETENCIES OR PREVIOUS INTERPERSONAL SKILLS ACTION.

WHAT DO YOU THINK?

# HEALTH BELIEF MODEL

To accept and persevere with treatment, a patient must :

Be convinced that you have the disease

What does it mean to you to have this disease?

To think that this disease and its consequences may be serious for him/her

What impact do you think this health problem may have on your quality of life and future health?

Thinking that following your treatment will have a beneficial effect

What are the advantages and disadvantages of regular treatment?

Thinking that the benefits of treatment outweigh its side effects & constraints

How would you rate your ability to follow the treatment regularly?

*Health Belief Model (HBM)*



# HISTORY OF THE PSYCHOSOCIAL SKILLS

∞ The concept of psychosocial skills first appeared in France for health promotion initiatives in the 1990s.

∞ It refers, in general, to the work of the WHO and U.N.E.S.C.O., which have defined 10 skills to be developed during education, to enable the adoption of health-promoting behaviors.

"Psychosocial skills are a person's ability to respond effectively to social change. to the demands and trials of everyday life.

It's a person's ability to maintain a state of mental well-being, by adopting appropriate and positive behavior in their relationships with others, their own culture and their environment. They have a particularly important role to play in promoting health in its broadest sense.

When health problems are linked to behavior, and that behavior linked to an inability to respond effectively to the stresses and pressures of life, improving psychosocial skills could be an influential element in promoting health and well-being, as behaviors are increasingly implicated in the origins of health problems".

*WHO. Programme on Mental Health. Life Skills Education in School. Geneva (Switzerland): WHO ; 1994 : 54 p. [WHO Reference: WHO/MNH/PSF/93.7A.Rev.2]*



institutCurie

# 10 HAS PSYCHOSOCIAL SKILLS

- ∞ Problem-solving skills
  - ∞ ability to make decisions
  - ∞ Knowing how to make yourself understood
- ∞ be able to relate to others
- ∞ Critical thinking
- ∞ creative thinking
- ∞ Know yourself
  - ∞ experience empathy
- ∞ How to manage stress
  - ∞ be able to manage your emotions

FRANCE

## 5 NORTH AMERICAN PSYCHOSOCIAL SKILLS

Over the past 20 years, North American research has demonstrated the links between various psychosocial skills and the modification or maintenance of behaviours such as abstinence, physical activity and access to care. These include

- ∞ self-esteem,
- ∞ empowerment,
- ∞ coping strategies,
- ∞ motivation,
- ∞ sense of self-efficacy

# SELF-ESTEEM

"self-esteem as a favorable feeling born of a good opinion of one's own merit and worth. It is the value an individual places on himself as a whole. Self-esteem appeals to a human being's fundamental confidence in his or her own effectiveness and worth".

*Duclos G. Self-esteem, a passport for life. Montreal (Canada): Les éditions de l'Hôpital Sainte-Justine, coll.Parents; 2000: 115 p.*

# EMPOWERMENT

"It is because the individual is confronted with an alienating situation or environment, which gives him a sense of loss of control or reduces him to a condition of real incapacity (powerlessness), that he is led to react to reinforce his capacity and sense of control (empowerment as a process) or is encouraged by others to reinforce his capacity to act (empowerment as an educational intervention strategy). Or, it is because he has transformed the alienating situation or environment, that he has become an individual able to act, with a sense of control over his life (empowerment as a result)".

*I. Aujoulat. L'empowerment des patients atteints de maladie chronique. Doctoral thesis in public health, January 2007.*

# COPING STRATEGIES

"All efforts aimed at reducing the adverse effects of stress on an individual's well-being".

*(Edwards, 1988).*

Coping strategies are combinations of stress-motivated thoughts, beliefs and behaviors that can be expressed independently of the stressor.

# THE MOTIVATION

The psychology of motivation concerns the exploration of the subject's accomplishment of one or another well-defined activity, in which all the modalities of action are underpinned by the pursuit of an as yet absent or non-existent goal.

They are also the goals pursued to reach an ideal of the self.

*Joseph Nuttin*

# SENSE OF SELF-EFFICACY

An individual's belief in his or her ability to produce or not.

The greater the sense of self-efficacy, the higher the self-imposed goals and the greater the commitment to pursuing them.

*(Bandura, 1982, 1993)*





# INTERDEPENDENCE OF THE 5 COMPETENCIES

## SELF-ESTEEM

I feel good about myself

## EMPOWERMENT

and feel capable of

## COPING

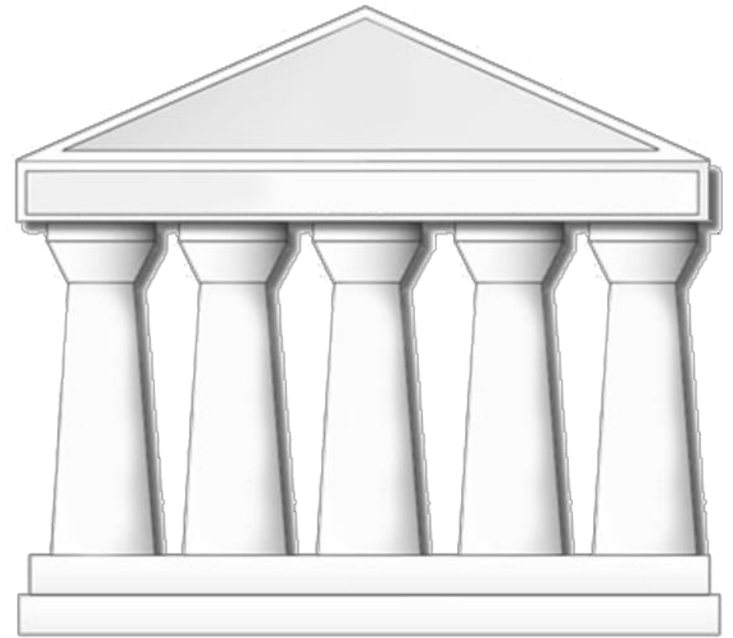
adapt to this new situation

## MOTIVATION

so I'm motivated to do, be...

## SENSE OF SELF-EFFICACY

and I know I can do it and that it will work.



## IN SUMMARY...

Psychosocial competence is

- ∞ **savoir-agir**, which consists in knowing how to mobilize and combine relevant resources in a given situation,
- ∞ of **willingness to act**, which overlaps with motivation to act,
- ∞ **power to act**, which refers to the existence of a favorable (possible and legitimate) context for decision-making.

# PATIENT SUPPORT STAGES

| Savoir                                                                                                                    | Savoir-faire<br>= compétences<br>d'auto-soins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Savoir-être<br>= compétences<br>psychosociales                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Information<br>« Je sais de quoi je parle »                                                                               | Application<br>« Je sais agir »                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Aptitude<br>« Je sais réagir »                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Le savoir correspond aux connaissances intellectuelles.                                                                   | Le savoir-faire correspond à des compétences pratiques, à la maîtrise par l'expérience de l'exercice d'une activité artisanale, artistique, domestique ou intellectuelle. Ces compétences s'acquièrent par la pratique d'une activité et par l'apprentissage d'automatismes moteurs.                                                                                                                                                                                                                                                                                                                                                        | Le savoir-être correspond à la capacité de produire des actions et des réactions adaptées à son bien-être, à la société humaine et à l'environnement.                                                                                                                                                                                                                                                                                                                                                                             |
| Connaître sa maladie, les symptômes, les facteurs déclenchant des crises, le nom des médicaments, les parties du corps... | <p>Surveiller par exemple sa tension, son poids, son alimentation : auto surveillance/auto mesure.</p> <ul style="list-style-type: none"> <li>- Adapter les doses de médicament, initier un auto-traitement.</li> <li>- Réaliser des gestes techniques et de soins dans sa vie quotidienne</li> <li>- Repérer les symptômes (œdèmes, effets secondaires)</li> <li>- Effectuer les auto-soins de confort de première intention</li> <li>- Conduire des observations cliniques de première ligne et les noter ( douleurs, fatigue, intensité, durée, chutes de tension)</li> <li>- Savoir adapter l'intensité de l'effort physique</li> </ul> | <ul style="list-style-type: none"> <li>- Se connaître soi même/ avoir confiance en soi/s'affirmer</li> <li>- Savoir gérer ses émotions et maîtriser son stress.</li> <li>- Développer un raisonnement créatif et une réflexion critique.</li> <li>- Développer des compétences en matière de communication et de relations interpersonnelles.</li> <li>- Prendre des décisions et résoudre un problème.</li> <li>- Se fixer des buts à atteindre et faire des choix.</li> <li>- S'observer, s'évaluer et se renforcer.</li> </ul> |

# EXAMPLE 1

- Inform and educate those around you
- Explain your illness and the constraints it entails; train those around you on what to do in an emergency... .
- 
- Express your needs, seek help from those around you
- Express values, projects, knowledge, expectations, emotions (BEP/DE)
- Involve family and friends in treatment, including diet, and care;
- Involving family and friends in the changes to the living environment made necessary by the disease... .
- 
- Using the resources of the healthcare system - Asserting your rights
- Knowing where and when to seek help, who to call; asserting your rights at work, at school, with regard to insurance, etc. ...
- )
- Participate in patient associations... .
- 
- Analyze the information you receive about your illness and its treatment
- Know how to search for useful and specific information; compare different sources of information; check their veracity... .
- 
- Asserting your health choices
- Justify own choices and priorities in the conduct of treatment; explain reasons for adherence or non-adherence

to treatment; express limits of consent.

# EXAMPLES 2

- **Express feelings about illness and implement adjustment behaviors**
- Verbalize emotions; tell your story; report your feelings about your illness;
- Expressing fatigue from the daily effort of taking care of yourself;
- Mobilize your personal resources and adjust your response to the problems posed by illness;
- Adapting to the way others see you;
- Managing feelings of uncertainty regarding the evolution of the disease and the results of actions taken.
  
- **Establish links between your illness and your life story**
- Giving meaning - Explaining the occurrence of the disease in one's life history ;
- Describe what the illness has taught us about ourselves and about life.
- 
- **Formulate a project, implement it Identify a feasible project, reconciling the requirements of the treatment ;**
- Gather the resources to implement it ;
- Talk about future projects.

# WRITING A SKILL

## FOR THE TEACHER:

Think Madame Michu is capable of..... Action verb

## FOR THE PATIENT :

The objective is written in the first person, in positive, affirmative terms, and focuses on what the patient wants, not on what they don't want.

## SMART

- ∞ Specific: how and when with a time limit
- ∞ Measurable: determine the criteria for measuring it
- ∞ Acceptable: actions that the patient thinks he can do consistently during the set period.
- ∞ Realistic: most likely to guarantee patient success
- ∞ Temporally defined: specifies when the action will take place and for how long over time.

# Action verbs to use when formulating objectives according to bloom's six cognitive levels

## KNOWLEDGE

Choose Cite Check Center Copy Cut  
Describe Define Designate Tell Give  
Enclose Enunciate Epelerate Sketch  
Exclude Provide Identify Insert Locate  
Mark Show Name Note Place Pronounce  
Raconter Recite Relate Repeat Select  
Separate Locate Underline Find Check

## UNDERSTANDING

Construct Criticize Demonstrate  
Differentiate Discriminate  
Distinguish Estimate Explain  
Formulate Integrate Interpret Solve  
Use

## APPLICATION

Adapt Administer Apply Apply  
Complete Employ Exercise Illustrate  
Pose Practice Put into practice  
Interpret Prescribe Report Translate  
Transfer Transpose Use Popularize

## SYNTHESIS

Allier Assemble Compile Construct  
Create Edify Shape Form a whole  
Integrate Put together Produce  
Gather Recombine Reconstruct  
Regroup Put in order Reorganize  
Structure Systematize

## ANALYSIS

Decompose Disassemble Dissect  
Divide Examine Extract Part Search  
Separate Simplify

## JUDGMENT EVALUATION :

Appreciate Determine the value Give  
according to order List in order of  
frequency Estimate Evaluate Evaluate  
according to criteria Appraise Judge  
Select Verify by testing





# WHAT IS THE PURPOSE OF A COMPETENCY FRAMEWORK?

# SKILLS REFERENTIAL

It's a tool that provides a frame of reference

Written and developed by the team in collaboration with patients

It details the self-care and psychosocial skills needed to adjusting to illness/disability.

It enables :

- ∞ building relevant workshops

- ∞ from determine the content of the program and the activities proposed.

- ∞ from write of educational request by bodies/homogenization of practices between professionals

∞ evaluate the action

# BREAK



15  
MIN

# COMPETENCY FRAMEWORK



By group

Build a skills repository with specific objectives and by integrating the components of a chronic pathology.

KNOWLEDGE    KNOW HOW TO DO    KNOW HOW TO  
BE



DAY 2

HELLO!  
HOW ARE YOU?



**A WORD FROM YESTERDAY  
A WORD FOR TODAY'S EVENT**

# ANGLING

EDUCATING IS...

OK

PAS

OK



# PEDAGOGICAL ELEMENTS



THE LEARNER



THE PEDAGOGUE



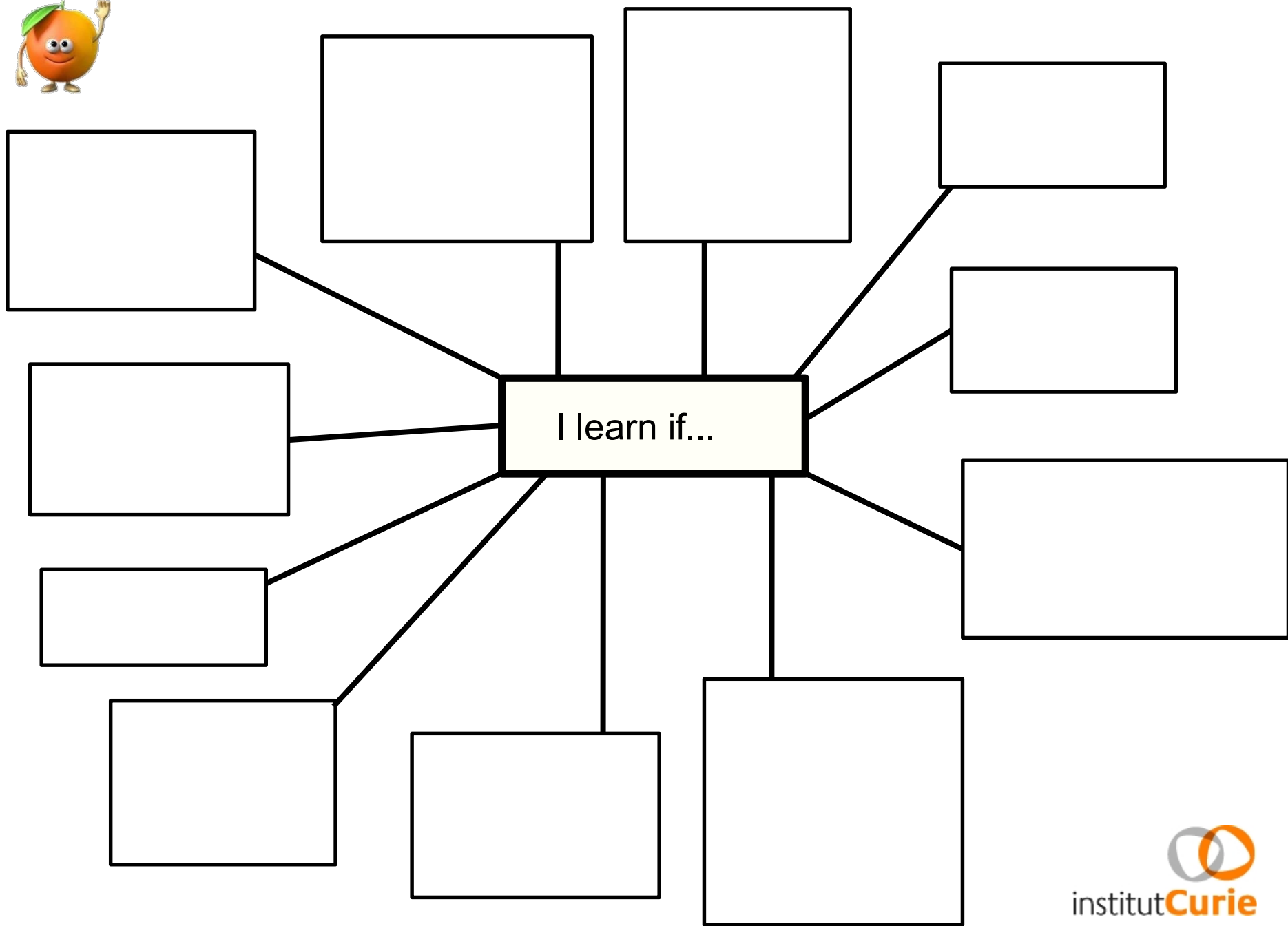
THEORETICAL MODELS



GROUP ANIMATION

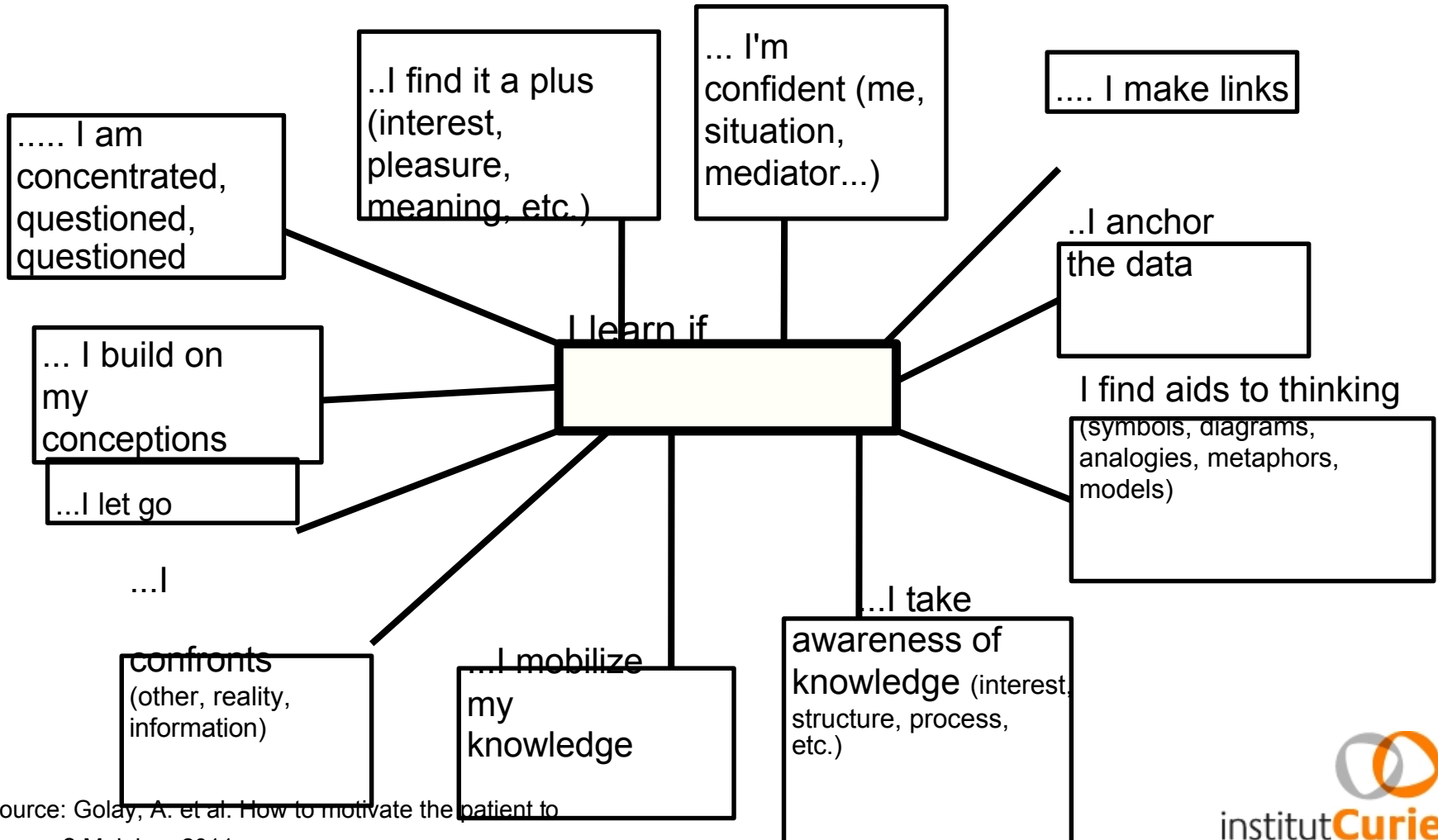


WORKSHOPS AND SESSIONS





# I LEARN IF...



Source: Golay, A. et al. How to motivate the patient to change? Maloine, 2011



# LEARNING: A MAJOR UNDERTAKING

P  
R  
O  
C  
E  
S  
S  
E  
S  
S  
E  
S  
S  
E  
S

## Assumes :

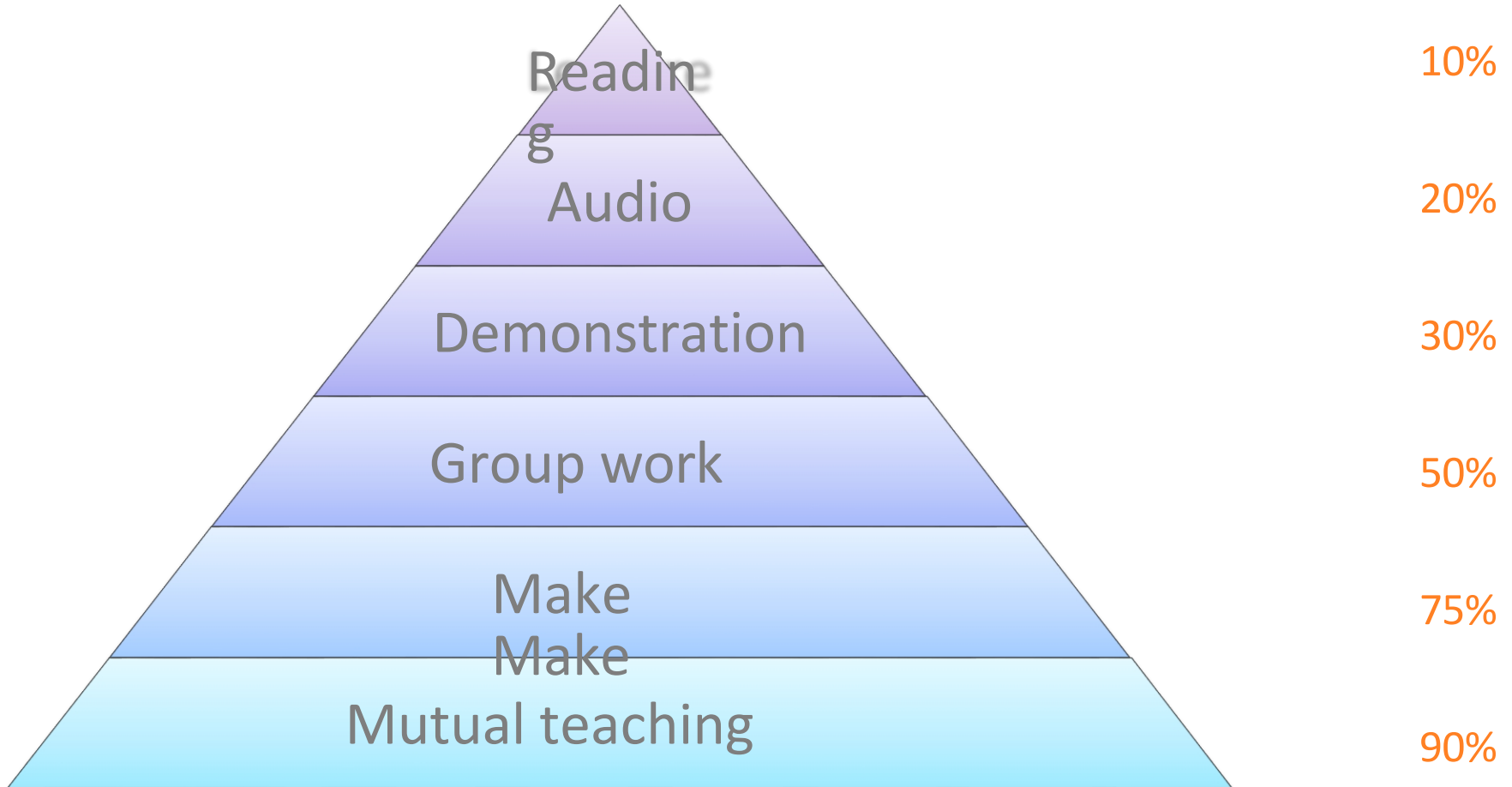
- Deconstructing knowledge and behavior and rebuild
- Stepping out of your comfort zone, your frame of reference
- Integrate new data into a structure of thought

## It's :

- Intimately linked to motivation, emotions and the perceptive, social
- Very destabilizing for the patient



# THE LEARNING PYRAMID



Source: Dr Sousa

Book: "A brain for learning" by David A. Sousa, published by Chanelière



# AN ADULT HOLDS



20%  
of what he hears



80%  
what he says



90%  
When he does something  
and comments on it at the same time



# WHAT ARE THE NEEDS OF AN ADULT TRAINEE?

## TO BE RECOGNIZED

- frequently cited
- watch
- called by its first name
- involved in the exercises



## TO UNDERSTAND

- program and objectives
- appropriate vocabulary and examples
- short, structured presentations

## THE NEED TO ACT

- take part in work and exercises
- play a part



# ANDRAGOGIE

|                                                                                                        |                                                                                   |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <p>PHASE 1</p> <p>II</p> <p>UNCONSCIOUS<br/>INCOMPETENCE</p> <p>I DON'T KNOW THAT I DON'T<br/>KNOW</p> | <p>PHASE 2</p> <p>IC</p> <p>CONSCIOUS INCOMPETENCE</p> <p>I KNOW I DON'T KNOW</p> |
| <p>PHASE 4</p> <p>CI</p> <p>UNCONSCIOUS<br/>COMPETENCE</p> <p>I DON'T KNOW WHAT I KNOW<br/>ANYMORE</p> | <p>PHASE 3</p> <p>CC</p> <p>CONSCIOUS COMPETENCE</p> <p>I KNOW I KNOW</p>         |





# THE PHASES OF A TRAINING LAUNCH

CONVENIENCE

PRACTICAL INFORMATION

INTRODUCING THE PARTICIPANTS

INTRODUCING THE SPEAKER THE

DIDACTIC CONTRACT

EXPECTATIONS

PEDAGOGY AND TEACHING TOOLS

PROGRAM, CONTENT





# TEACHING CONTRACT

## TO FUNCTION, A GROUP NEEDS RULES

### RESPECT

- ∞ Each participant is asked to respect the point of view of the other. of others,
- ∞ let everyone express themselves as they wish
- ∞ not to cut people off when they try to speak.

### PRIVACY

- ∞ Information exchanged within the Group must not be communicated outside the Group.



# THE 3 STAGES OF PEDAGOGY

## HDA SET UP BY THE PEDAGOGUE

- **THE HEURISTIC ACTIVITY**      discovery exercise
  - ∞ work in sub-groups
  - ∞ individual test
  - ∞ thinking in pairs
  - ∞ tour de table...
- **DEMONSTRATIVE ACTIVITY**      presentation
  - ∞ exposed
  - ∞ film
  - ∞ machine demonstration
  - ∞ visit a site...
- **THE APPLICATION ACTIVITY**      training exercise
  - ∞ application exercise
  - ∞ use tools...





# THE TRAINER'S QUALITIES

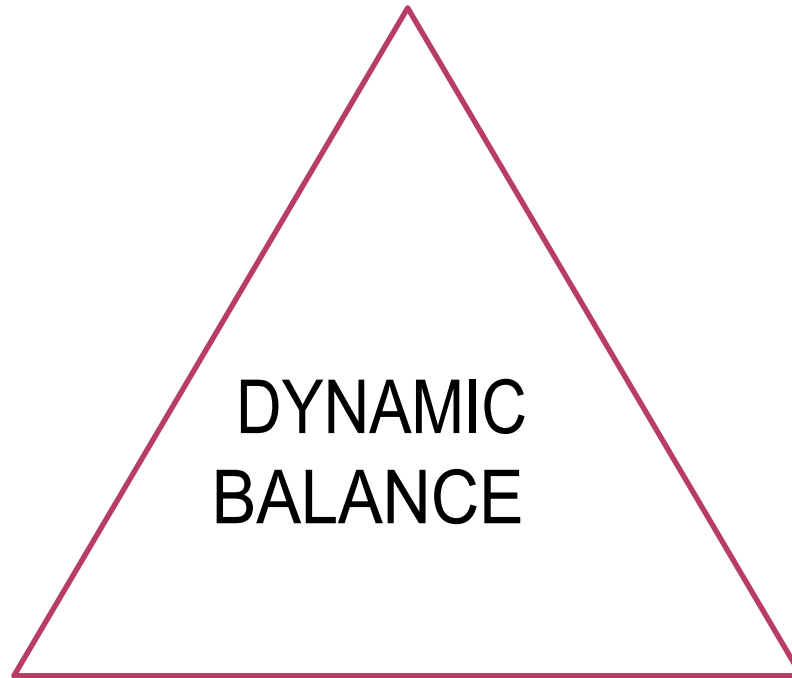
Being a leader means being constantly confronted with others, their reactions, their ways of thinking and acting.

- ∞ Being psychologically ready means 4 things for the animator:
  - ∞ Coping with stage fright
  - ∞ Establishing a healthy relationship with your audience
  - ∞ Developing empathy
  - ∞ Maintain responsiveness
- ∞ Knowing how to have fun
- ∞ Attach as much importance to pedagogy as to content
- ∞ Alternating to create rhythm
- ∞ Encouraging participation
- ∞ Adapting to the attention curve
- ∞ Adapting content to the audience
- ∞ Innovate, simplify



# HOUSSAYE DYNAMIC TRIANGLE

NURSE  
TRAINER



DYNAMIC  
BALANCE

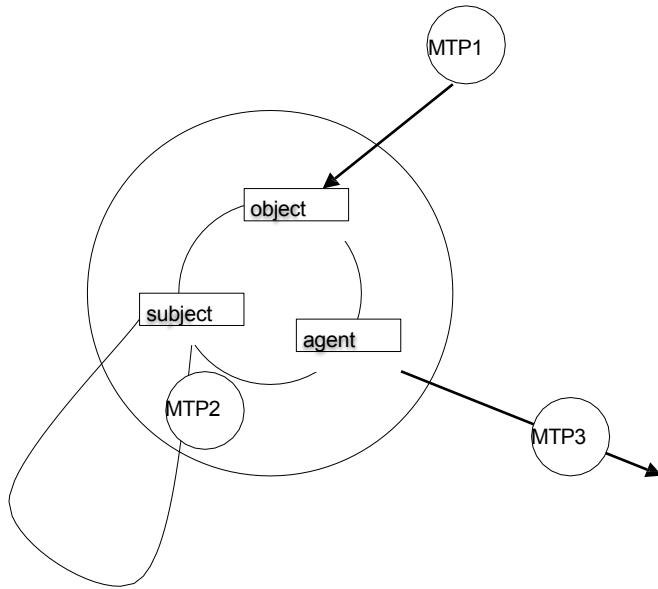
PATIENT  
LEARNER

KNOWLEDGE  
CONTENTS



# LESNE MODEL

How do you transmit?



## MTP1 transmissive teaching method

The social effects of this type of pedagogy are to prepare individuals for given roles, to bridge the gap between the behaviours of individuals and those of society as a whole, and the general requirements of society.

## MTP2 incentive-based pedagogical work method

this type of pedagogy shapes socially adaptable individuals.

## MTP3 appropriative teaching method

As an agent, the learner develops the ability to modify the conditions under which he carries out his daily activity.

*M Lesne , Travail pédagogique et formation d'adultes : éléments d'analyse, PUF, 1977*

the teacher's posture  
believe that the other is capable of ... (non-blind trust, visible trust)



# BREAK



15  
MIN



# THE 4 PHASES OF GROUP LIFE

## 1 DEPENDENCE CREATION

PARTICIPANTS :  
I LOVE YOU  
I ACCEPT ALL  
I DON'T SAY WHAT YOU DON'T WANT TO  
KNOW

TRAINER / TOPO LAUNCH  
FRIENDLINESS  
FRAME

## 3 CO-DEPENDENCE

### MATURITY

PARTICIPANTS  
WE LOVE EACH OTHER  
THE GROUP OPERATES ALONE

TRAINER = GUIDE

## 2 AGAINST DEPENDENCE

### VOLTAGE

PARTICIPANTS  
CHALLENGE THE TRAINER  
ARRIVING LATE FROM BREAK  
MARKING YOUR TERRITORY

TRAINER / DOES NOTHING AND  
OBSERVES

## 4 INTER DEPENDANCE

### DESAGREGATION

PARTICIPANTS  
PREPARATION FOR GROUP OUTINGS  
THE GROUP HAS FOUND WHAT IT CAME  
FOR AND WANTS TO MOVE ON TO  
OTHER THINGS

TRAINER: FINAL SUMMARY OF  
OBJECTIVES





# CREATE A GROUP DYNAMIC

IS TO MEET 3 CONDITIONS:

## SELF-CONFIDENCE

thinking the other capable of ...

everyone has the capacity to develop, provided they are not dependent on others.

## EMPATHY

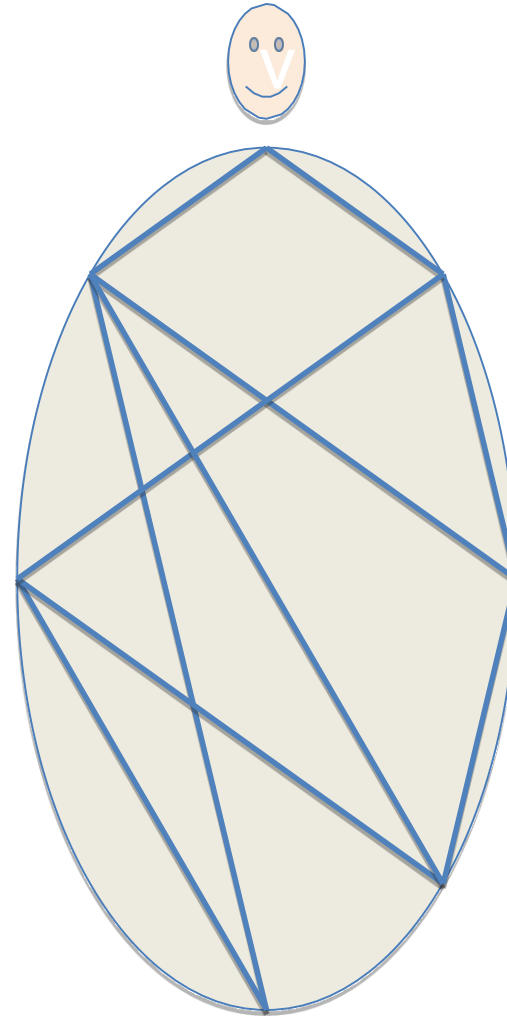
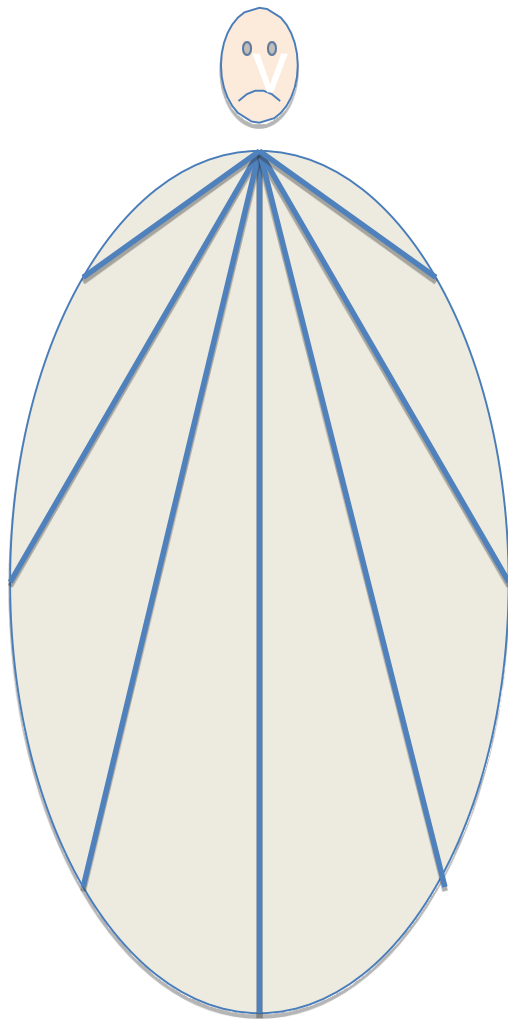
only an attitude of understanding and acceptance can enable the other to exist in the group.

## CONGRUENCE

congruence is the term used by [Carl Rogers](#) to indicate an exact correspondence between experience and awareness. only the trainer's ability to accept himself, his emotions, feelings and shortcomings can encourage the adult trainee to be himself and to express himself widely.



# GROUP DYNAMICS





# TYPICAL" ROLES

**THE LEADER'S COUNTER:** very useful if he is chairman or rapporteur of a group

**THE EXPERT:** to be valued for bringing complementary elements to the group

**THE PERFECTIONIST:** his thoroughness makes him the secretary of the meeting  
ideal

**LE RIGOLO:** an invaluable train set for meals and breaks LE

**BAVARD:** getting him to act rather than observe

**THE CRITIC:** the "conscience" of the group, his suggestions are often very judicious if he is put to contribution.

# EDUCATIONAL SEQUENCE

*Announce the objectives, the activity Describe the sequence of events Write down the instructions (the prepared in advance)*

## **LAUNCH THE TAKEOFF**

## **ANIMATION**



*Encourage individual patient expression and exchange (facilitation techniques and teaching tools)  
Take into account all suggestions made by patients  
Remain neutral, reinforce positively...*

*Summarize and reformulate the group's ideas in their own words Conclusion with key messages (prepared in advance, agreed upon by the team)*

## **LANDING SUMMARY**





# SOME TOOLS

metaplan  
méta-plan

angling  
pêche à la  
ligne

memory  
réactivation  
mémoire

explanation  
explicitation

plastic  
activités  
plastiques

artistic  
workshop  
artistiques

method of  
delphi  
méthode de  
delphes

setting  
mise en  
situation

auto  
confrontation

immersion

test trial  
essai  
erreur

concept  
map  
conceptuelle

scarf game  
jeu de foulard

vidéo

•brainstorming

test trial  
essai  
erreur

concept  
map  
conceptuelle

photo language

role-  
playing  
game  
jeu de rôle

vidéo

•brainstorming

balance  
decision-  
making  
étude de  
décisionnelle

case study  
étude de cas

tour de table  
tour de table

simulation  
simulation

introspection  
introspection

•e

•t

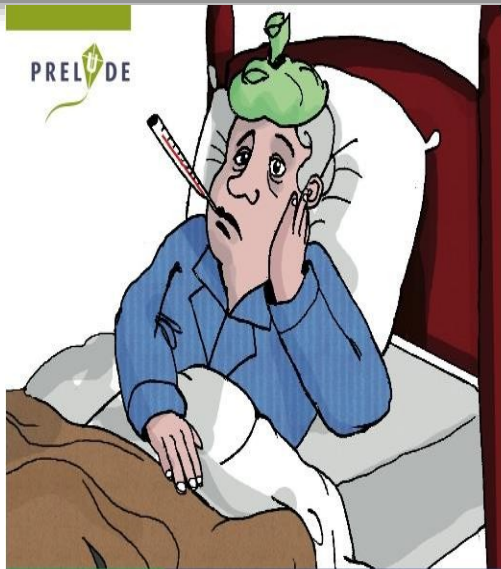
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# PROBLEM SOLVING



## Roger se sent mal

Roger, âgé de 65 ans, a du diabète depuis 12 ans. Il prend régulièrement sa glycémie et note consciencieusement les résultats dans son carnet. Son médecin lui a prescrit un comprimé matin et soir.

Depuis deux jours Roger a des courbatures diffuses, de la fièvre et n'a pas d'appétit. Dès qu'il prend ses comprimés, il les vomit. Un matin il se lève et prend sa glycémie : 3,5 g/L ! D'habitude elle est toujours inférieure à 1,5.

1. Quel est le problème de Roger ?
2. Qu'est-ce qui a favorisé l'hyperglycémie ?
3. Qu'aurait dû faire Roger dès les premiers symptômes ?
4. Quels sont les risques encourus par Roger dans une telle situation ?

## Case study:

Understand the benefits of blood glucose testing, learn to interpret results and take action in different situations.



# TEST AN EDUCATIONAL STRATEGY

In sub-groups, answer the question:

**What do you know about Eel Migration?**

List in 2 columns

everything you know on the left,  
and what you're not sure of or don't know on the right.

There must be as many items on the left as on the right

Reflection time: 10 min

# A TABLE!!!



# SESSIONS AND WORKSHOPS AT CURIE

## CURRENT PROGRAM

- TAC TIC CISCO DOM CLAIRE PRESENTATION DECLIC ACO GAME
- DECLIC DISSPO STEPHANIE
- ACTIV DISSPO
- ORAL CHEMO SAINT CLOUD/ ASDES
- BACK TO WORK ANAIS

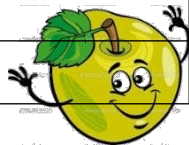
## BECOMING

- FIRST PRESCRIPTION
- ETC2 ESTELLE
- WELCOME BOOKLET 1Z1
- ETP PNEUMO CLAIRE BERANGERE
- PAIN POSE DE PACCATHERINE STEPHANIE

## AND THEN...

- TAKING CARE OF YOURSELF
- BACK TO WORK AFTER CANCER

|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Workshop title                         | Title that makes participants want to come                                                                                                                                                                                                                                                                                                                                                                                     |
| Educational objectives                 | "the patient will be able to....." active verb + content +/- evaluation criteria<br>Ex: At the end of the session, the patient will be able to perform an insulin injection, respecting the dosage and asepsis rules.                                                                                                                                                                                                          |
| Target audience                        | Maximum number of patients per session. Inclusion and exclusion criteria if necessary - To be defined in relation to the time required for the animation technique used.                                                                                                                                                                                                                                                       |
| Speakers                               | Number and skills required.<br>If more than one educator is required, specify the role of each one<br>Ex: main moderator: introduction, note on the board, content, summaries, etc.... co - moderator: group dynamics, note-taking, etc...                                                                                                                                                                                     |
| Duration                               | The estimated duration of the workshop, adapted to the target audience, the objective and the technique used.                                                                                                                                                                                                                                                                                                                  |
| Educational tools Animation techniques | - Tool name<br>Ex: Case studies, symptom cards, decision round, easel////<br>Ex: Traditional sub-group work with moderator and reporter, Brainstorming, metaplan, three little tricks, game of role....<br>A description of the animation technique is appended if required.                                                                                                                                                   |
| Content Plan and duration              | Introduction. e.g. Objectives, procedure and operating rules for the session, links with previous and subsequent sessions (where are we now? where are we coming from? where are we going?).<br>Step-by-step instructions and activities<br>What the participants do, what the facilitators do, pedagogical comments to clarify what is important for the activity to work well and for the participants to see meaning in it. |
| Materials and venue                    | Specify the list of equipment required and the characteristics of the venue Ex: 2 small rooms, flips - sign-in sheet, charters, markers, photocopies...                                                                                                                                                                                                                                                                        |
| Patient discount                       | Specify the list of documents given to patients at the end of the session                                                                                                                                                                                                                                                                                                                                                      |



| Evaluation | Type of assessment, tool, procedure |
|------------|-------------------------------------|
|------------|-------------------------------------|

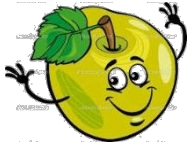


# THE TRAINING LEADER

state the instruction precisely,  
the didactic contract  
animation conditions total  
duration  
equipment to be  
provided audience  
the place

## WORKSHOP TITLE

| THEME<br>OBJECTIV<br>E | KNOWLE<br>DGE<br>MOBILIZE<br>D | DURATI<br>ON | TOOLS | WHAT THE<br>HOST DOES | WHAT THE<br>PARTICIPANT(S)<br>DO(S) | SUPERVISION<br>CRITERIA |
|------------------------|--------------------------------|--------------|-------|-----------------------|-------------------------------------|-------------------------|
|                        |                                |              |       |                       |                                     |                         |
|                        |                                |              |       |                       |                                     |                         |



BY GROUP OR ALONE

ELABORATE  
AN EDUCATIONAL SESSION  
OR  
AN EDUCATIONAL  
WORKSHOP

TO DO THIS YOU MUST

USE ONE OR MORE COMPETENCIES FROM YOUR COMPETENCY  
FRAMEWORKS

MOBILIZING: KNOWLEDGE, KNOW-HOW, PEOPLE SKILLS

USE: A TRANSMISSIVE, INCENTIVE AND APPROPRIATIVE TOOL THINK

: THE 3 HDA PHASES



# INTERSESSIONAL WORK

COMPLETE THE  
THE TEACHING SESSION OR  
THE EDUCATIONAL WORKSHOP

BRING 2 COPIES FOR THE SESSION  
NEXT

BON COURAGE



# THERAPEUTIC PATIENT EDUCATION PATIENT (FTE)

Claire LLAMBRICH MOLINES

Trainer - Advanced Practice Nurse Clinician

Master ETP- UPMC Paris VI / Master advanced practice - UVSQ

JUNE 25TH AND 26TH, 2018



# PART THREE

**DAY 5 :**

- **FEEDBACK ON YOUR TEACHING SEQUENCES**
- **GROUP ANIMATION DAY**

**6 :**

- **EVALUATION**
- **CLOSING**

**DAY'S PROCEEDINGS**  
**TOILET**  
**BREAK**  
**TIMES**

**ANY QUESTIONS?**

# SPEED DATING

Speed Dating was created by Rabbi Yaacov Deyo in the USA in the late 1990s. Deyo's aim was to preserve Jewish culture by encouraging intra-community marriages. The concept has since spread to other communities, and then to other countries...

The aim is to introduce yourself to as many people as possible in as little time as possible. Used in large groups, speed dating creates a lively dynamic for the start of a meeting.

## FEEDBACK ON YOUR TEACHING SEQUENCES

WHAT ARE THE DIFFICULTIES ?  
CHALLENGES?  
WHAT FACILITIES ?

WHAT KIND OF TRAINING ?



# FEEDBACK ON YOUR TEACHING SEQUENCES

The day will unfold in 3 stages

1/ Sequence description phase: Each group presents and describes its teaching sequence.

2/ Situation analysis phase: Each group will role-play its sequence or part of its sequence in real time.

Objectives :

- formative self-assessment of your work on the teaching sequence.
- explore your interpersonal skills as a leader.

3/ Improvement phase: Rethinking the design of the group sequence

## Sequence description

|                        |  |
|------------------------|--|
| <b>Workshop title</b>  |  |
| Target audience        |  |
| Speaker                |  |
| Total duration         |  |
| Educational objectives |  |
| Educational tools      |  |
| Animation techniques   |  |
| Contents               |  |
| Plan and duration      |  |
| Materials and venue    |  |
| Patient discount       |  |
| (Evaluation)           |  |

# ROLE PLAY

## GROUP A GROUPE A

2 people co-lead the workshop or session

2 personnes co-animent l'atelier ou la séance

participants play the audience targeted by the workshop or

les participants jouent le public cible par l'atelier ou séance et

session and observers

les observateurs





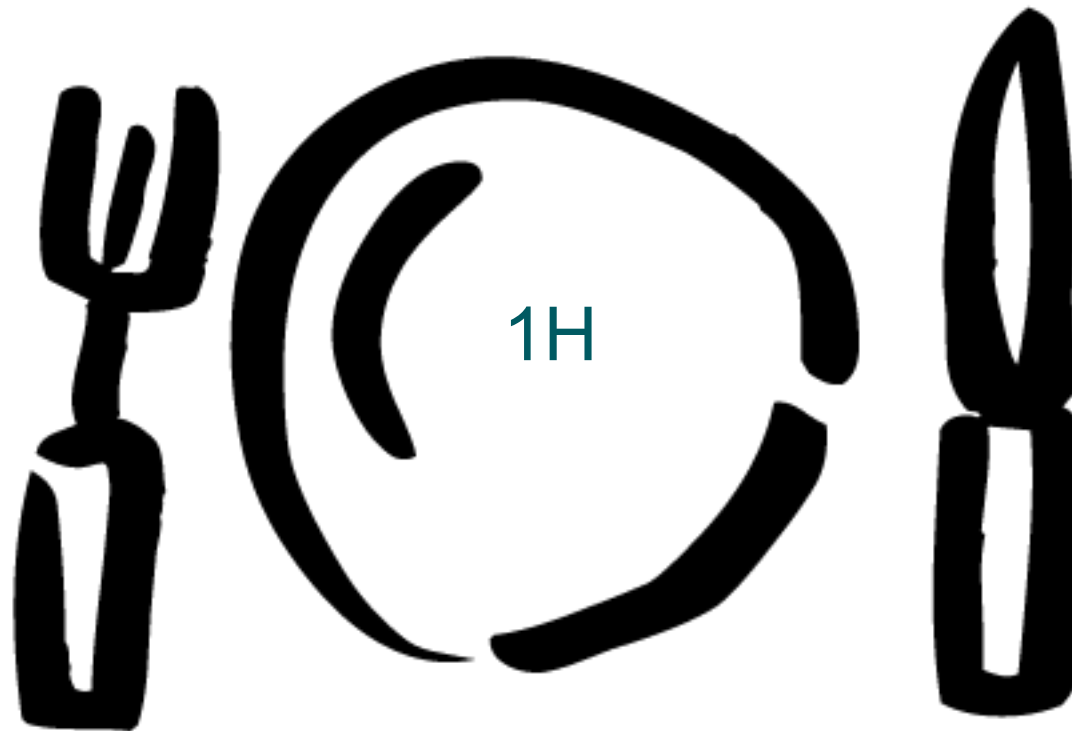
# Role-playing sequence



# BACK TO THE ROLE-PLAYING GAME

- 1/ Feelings about the role of the facilitator (caregiver) (pedagogue).
- 2/ Learners' feelings (role of patients / caregivers).
- 3/ Success for you and your learners.
- 4/ Problems encountered for self and learners.
- 5/ Observers return.

# LUNCH BREAK



# ROLE PLAY

## GROUP B and C

2 people co-lead the workshop or session

2 personnes co-animent l'atelier ou la séance

participants play the audience targeted by the

les participants jouent le public cible par l'atelier ou

workshop or session

séance et les observateurs

session and observers



# Role-playing sequence



# BACK TO THE ROLE-PLAYING GAME

- 1/ Feelings about the role of the facilitator (caregiver) pedagogue).
- 2/ Learners' feelings (role of patients / caregivers).
- 3/ Success for you and your learners.
- 4/ Problems encountered for self and learners.
- 5/ Observers return.

# BREAK

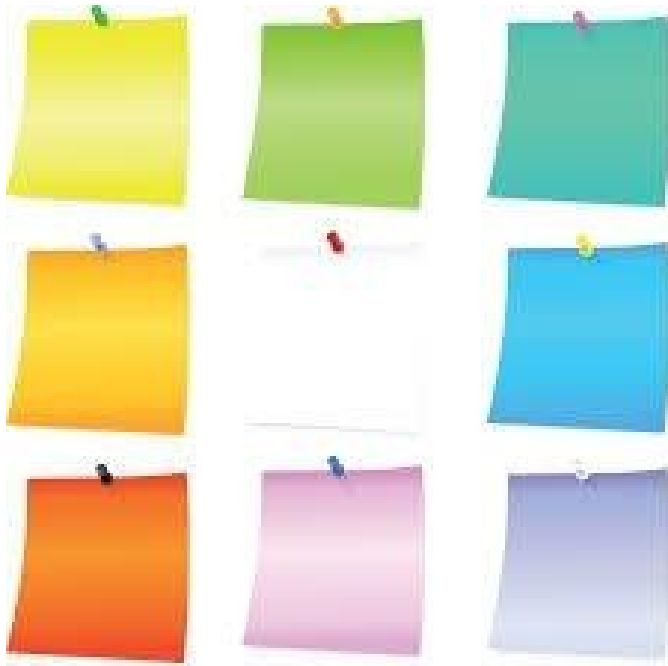


15 MIN



# ROLE-PLAYING GAME KESAKO?

## METAPLAN



NOTE 2 ADVANTAGES OF ROLE  
PLAYING  
NOTEZ 2 ECUEILS DU JEU DE ROLE  
NOTE 2 ROLE-PLAYING PITFALLS

# RETHINKING WORKSHOP OR GROUP SESSION DESIGN

PUT YOURSELVES BACK INTO GROUPS

REVIEW AND IMPROVE YOUR WORKSHOP OR SESSION

EN FONCTION **BASED ON PREVIOUS DEBRIEFINGS**

Example: adapt the tool, revise the instructions, revise a phase...



DAY 6

HELLO!  
HOW ARE YOU?



# PLAIDOYER



## A PLEA FOR EVALUATION AGAINST EVALUATION

Each group prepares its argument for 15 min  
then  
defends it against the other group

# EVALUATION

LARGE GROUP DETERMINE  
**WHAT'S THE POINT OF EVALUATION?**



# EVALUATION - WHAT'S IN IT FOR ME?

- x Give value.
- x Take a step back.
- x Make a statement about a situation.
- x Improve, progress, readjust: Identify strengths, weaknesses, areas for improvement, make recommendations for future improvement.
- x Make decisions, based on initial objectives and action goals.
- x Check quality
- x Constitutes a program management tool = measure the progress made to progress, readjust, develop training actions.

# DIFFERENT TYPES OF ASSESSMENT

Quantitative assessment  
qualified by a unit of measurement

Qualitative assessment  
qualitative data is simply  
described

To be preferred

interdependence

Normative/Certificative evaluation  
Compare reality with the norm (or ideal).

Predefined indicators

Administrative and social functions.

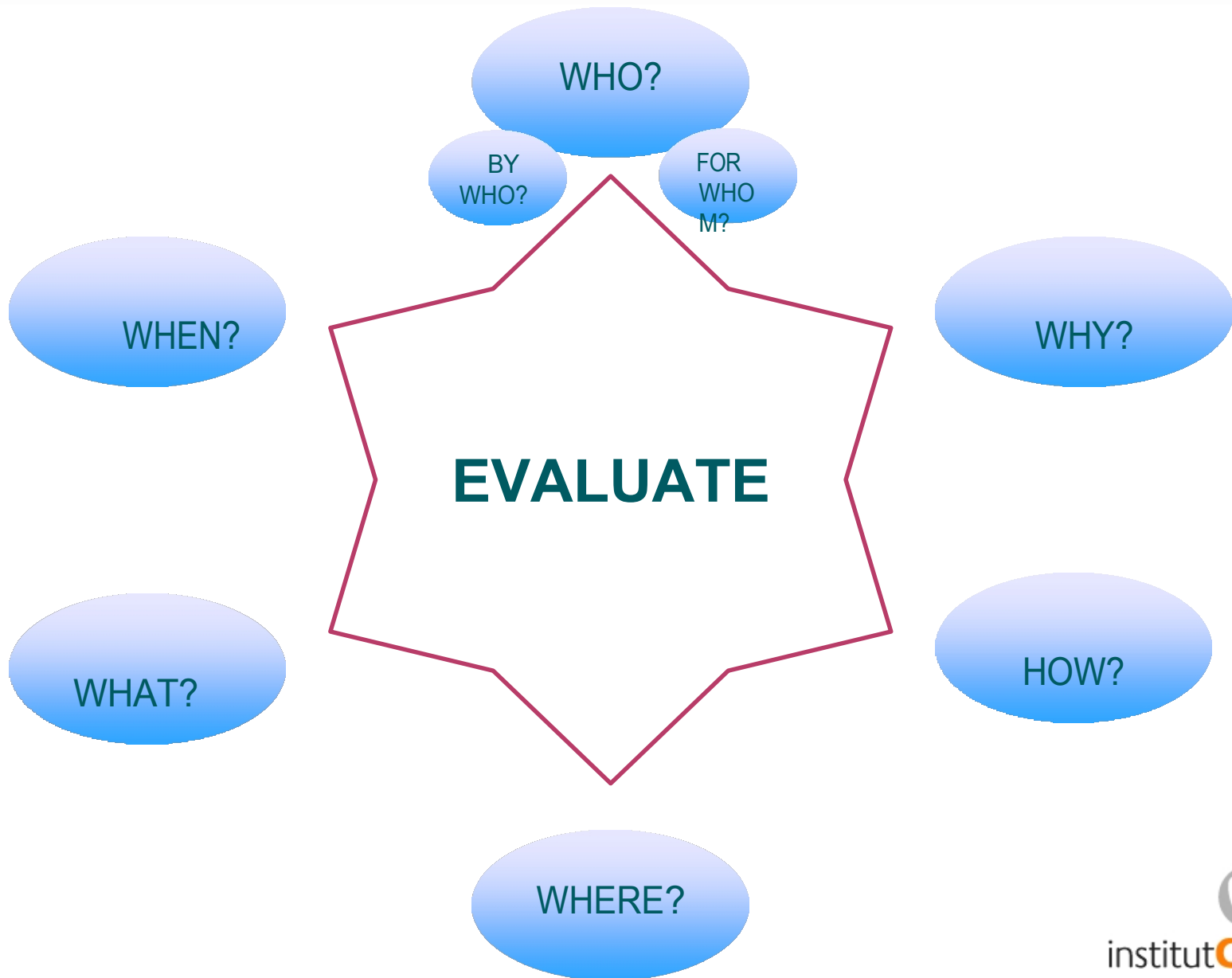
ANNUAL SELF-EVALUATION  
FOUR-YEARLY  
EVALUATION

Formative/Formative assessment  
Improving learning and practice.  
Based on the mistakes made by the  
actor/team/structure and the  
difficulties they encounter.

Educational function.

LEARNER SELF-ASSESSMENT  
EVALUATION OF PROFESSIONAL  
PRACTICE  
PRACTICE ANALYSIS

# QQ(PP)QOCP: A PRACTICAL TOOL





# The QQ(PP)QOCP of TVE assessment

What (what are we evaluating?, the central element of the evaluation?)

Ex: satisfaction, efficiency, impact, process, overall activity...

Who (who is being evaluated? the object or person being evaluated who is being evaluated)

Ex: the facilitator, the beneficiary, the program...

By whom?

Ex: The patient, the practitioner ...

For whom?

E.g.: program players, institution, ARS...

When?

Ex: upstream, during the action, immediately afterwards, long afterwards.

Where?

E.g.: indoors, in the field...

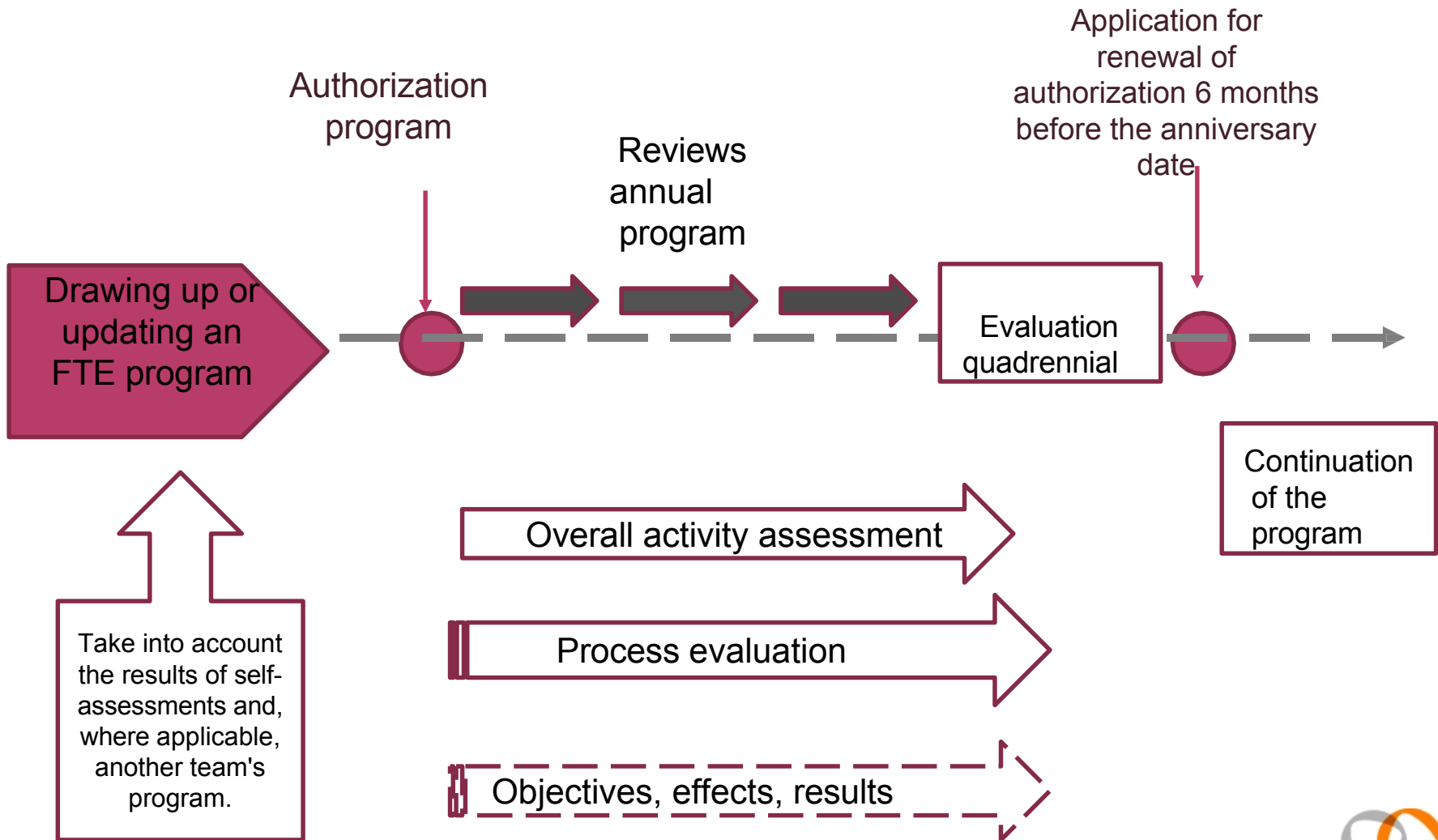
Why? (for what purposes, to make what decisions?)

E.g.: improve the TVE offer, help steer the action, provide visibility, consolidate and perpetuate the program...

How (with what tools?)

E.g.: activity tracking chart, activity reports, group interviews or focus groups, individual interviews, surveys, quality indicators, questionnaires, focus groups, self-evaluation...

# Evaluation process for authorized TVE programs



# YOU HAVE TO CHOOSE WHAT YOU EVALUATE

Depending on the scale of the project, we may choose to evaluate one aspect rather than another, because we want to make progress in that particular area.

You don't always have to evaluate every aspect of a project. Especially if it's a short project or several projects (the evaluation shouldn't take longer than the project itself...). Stakeholders and partners wouldn't understand...).

Always bear in mind that healthcare professionals are responsible for means, not results

It is therefore in the interest of the assessment to focus first on the process, and then on the results.

Realistic evaluation criteria that are easy to collect

# BREAK



15 MIN

# BUILDING AN EVALUATION TOOL

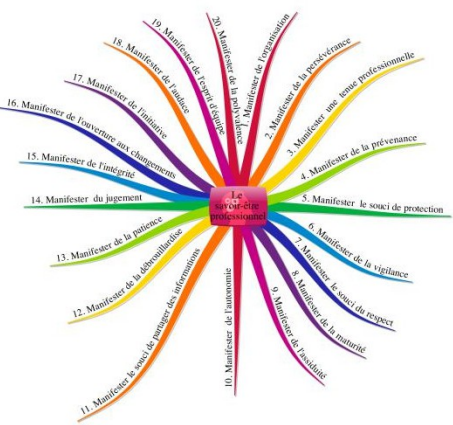
## CHOOSE A SKILL / YOUR WORKSHOP OBJECTIVES AND BUILDING AN ASSESSMENT TOOL

EVALUATING THE LEVEL OF ACQUISITION OF THIS SKILL BY THE PATIENT FOLLOWING  
PARTICIPATION IN YOUR TEACHING SEQUENCE

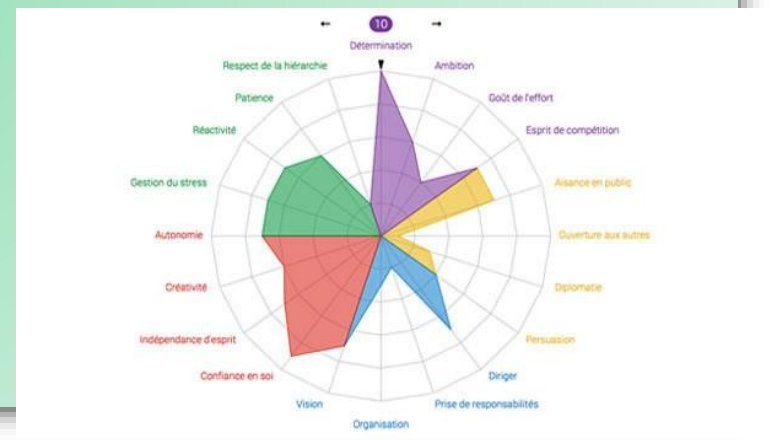
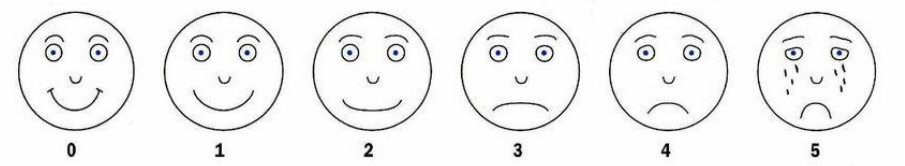
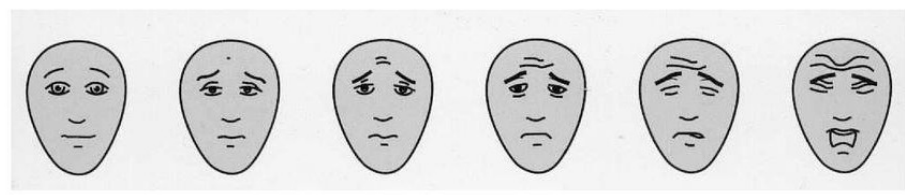
## SPECIFY YOUR EVALUATION CRITERIA

# A TABLE!!!





# PRESENT YOUR TOOLS



# BREAK



15 MIN



# BUILD A TOPOGRAM

## ETP PROGRAM STAGES

THE EDUCATIONAL  
APPROACH

Q

EVALUATIONS

Q

Q

O

Q

C

P



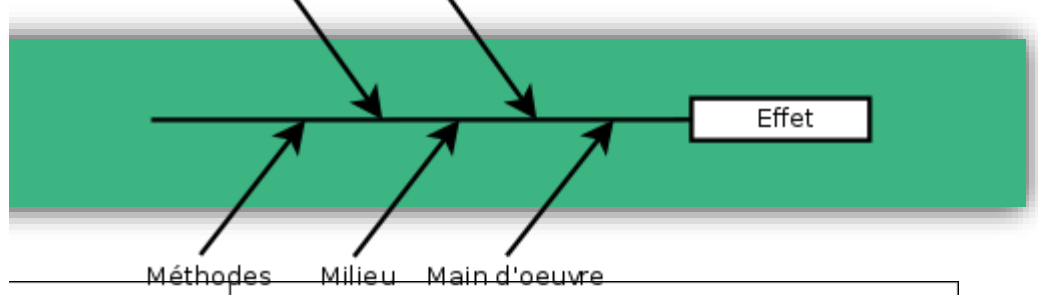
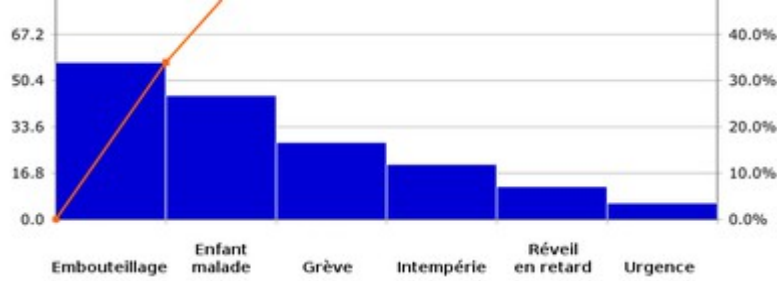
LET'S GET BACK TOGETHER

WHAT WERE THE REQUIREMENTS FOR  
SETTING UP ETP?

# TRAINING EVALUATION

THANK YOU FOR YOUR  
ATTENTION AND  
FOR YOUR PARTICIPATION  
DURING THESE 6 DAYS

GOOD CONTINUATION IN THE ETP



The **Pareto chart** is a graph representing the importance of different causes of a phenomenon. This **diagram** highlights the most important causes out of the total number of effects, enabling targeted measures to be taken to improve a situation.

**ÉTAPES**

| OUTILS POSSIBLES    |                      |       |                |                               |                               |                         |
|---------------------|----------------------|-------|----------------|-------------------------------|-------------------------------|-------------------------|
| Diagramme de Pareto | Diagramme d'Ishikawa | QQQCP | Remue-méninges | Diagramme de mise en relation | Tableau de recueil de données | Questionnaire d'enquête |
|                     |                      | X     | X              |                               |                               |                         |
| X                   |                      |       |                |                               |                               | X                       |
| X                   |                      | X     | X              |                               | X                             |                         |
|                     | X                    |       |                | X                             |                               |                         |
|                     |                      |       |                | X                             |                               |                         |

