

QUICK REFERENCE GUIDE

Therapeutic patient education (TPE) Definition, goals, and organisation

June 2007

OBJECTIVES

To provide healthcare professionals, patients, and associations with an overview of TPE (its scope and targets, who provides TPE, and how it is organised and coordinated).

Two companion quick reference guides are also available:

- ▶ “Offering and providing TPE”
- ▶ “Developing a TPE programme for a specific chronic disease”

WHAT IS TPE?

According to the World Health Organisation (WHO) definition¹, TPE helps patients acquire or maintain the skills they need to manage their life with a chronic disease in the best possible way.

- It is a basic, lasting component of patient management.
- It covers organised activities, including psychosocial support, designed to make patients fully aware about their disease and to inform them about care, hospital organisation and procedures, and health- and disease-related behaviours. It helps patients and their families understand and deal with the disease and its treatment together, in order to maintain or even improve quality of life.

Just providing oral or written information, and advice about prevention, is not TPE.

1. WHO-Europe report (1996): Therapeutic Patient Education – Continuing Education Programmes for Health Care Providers in the field of Chronic Disease.

WHAT ARE THE GOALS OF TPE?

TPE helps improve patient health - as given by clinical and laboratory parameters - and the quality of life of patients and their close relations. The goals of TPE are:

- The acquisition and maintenance of self-care skills², including life-saving safety skills, by the patient. A flexible attitude is needed in setting priorities and choosing their methods of acquisition; these should take the specific needs of each patient into account.
- Mobilisation or acquisition of life skills³. These are based on the patient's previous real-life experience and form part of a broader set of psychosocial skills.

A TPE programme must be individually tailored. Both these types of skills should be taken into account when analysing the patient's needs, motivation, and willingness to accept the TPE programme on offer, and when negotiating with the patient the skills to be acquired and maintained, programme content, learning methods, and assessment of outcomes.

Self-care skills

- ▶ Relieving symptoms.
- ▶ Taking into account self-monitoring and self-measurement results.
- ▶ Adjusting doses of medicines, initiating self-treatment.
- ▶ Accomplishing technical and healthcare procedures.
- ▶ Implementing lifestyle changes (e.g. diet, exercise).
- ▶ Preventing avoidable complications.
- ▶ Facing up to disease-related problems.
- ▶ Involving close relatives and friends in disease management, treatment and in any repercussions.

Life skills

- ▶ Self-awareness and self-confidence
- ▶ Managing emotions and controlling stress
- ▶ Developing creative reasoning and critical thinking
- ▶ Developing communication and interpersonal skills
- ▶ Decision-making and problem-solving
- ▶ Setting goals and making choices
- ▶ Self-examination, self-evaluation, and self-reinforcement

2. Decisions patients make in order to modify the impact of disease on their health. *World Health Organization, Centre for Health Development. A glossary of terms for community health care and services for older persons. Kobe: WHO; 2004*

3. Life skills are cognitive and practical skills, either personal or interpersonal, that help people cope with and manage their lives, and that also help them adapt to and change their surrounding environment. They form part of a broad set of psychosocial skills.

TPE: A COMPONENT OF THERAPEUTIC MANAGEMENT

TPE is a component of therapeutic management:

- when it is an integrated adjunct to treatment, symptom relief (e.g. pain), and prevention of complications,
- when it takes into account the patient's specific needs, co-morbidities, psychological and social problems, and the priorities established with the patient.

Management of patients after diagnosis of a chronic disease			
Propose treatment, written action plan, self-measurement, self-monitoring, emergency procedures, etc.	Propose initial TPE	<ul style="list-style-type: none"> • Propose further management if mental disorder substance abuse or psychological or social vulnerability • Refer to specialist, social worker or medical-social professional 	
Coordination of persons involved in patient management			
<ul style="list-style-type: none"> • Organise discussions among professionals • Establish who does what, when, and how • Name the patient's main contact person 		<ul style="list-style-type: none"> • Encourage patient participation in decision-making • Set priorities with the patient 	
Implementation of TPE with the patient's consent			
1 Make an educational diagnosis	2 Define an individually tailored TPE programme with learning priorities	3 Plan and provide individual or group TPE sessions, or both in alternation	4 Assess the skills acquired and programme implementation
Coordination of professionals involved in patient management			
<ul style="list-style-type: none"> • Send them a synopsis of the educational diagnosis and individual programme • Organise discussions among professionals • Send a synopsis of patient evaluation 		Take into account the patient's experience of their disease and of the TPE programme	
Medical and educational follow-up – Patient's wishes			
Adjust treatment and action plan according to tolerance and disease progression	Consider whether the patient needs to revise goals and educational procedures		
	Update the educational diagnosis		
	Offer short-term regular follow-up (reinforced TPE) or in-depth as required		

WHO SHOULD BENEFIT FROM TPE?

TPE should be offered shortly after announcing the diagnosis of a chronic disease. It may be offered during the course of the disease, if it has not already been offered or has been refused. It should be proposed:

- ▶ to anyone (children and parents, adolescents, adults) with a chronic disease, regardless of age or the type, stage and progression of the disease;
- ▶ to the patient's close relations, if they are willing and if the patient wants to involve them in the management of their disease.

Follow-up TPE (either on a regular basis or as an extra), and possibly in-depth follow-up (or re-introduction of TPE), should be offered throughout the chronic disease. It should be based on an individual assessment and an updated educational diagnosis.

Learning difficulties (e.g. problems with reading and understanding, sensory or mental disabilities, cognitive impairment, dyslexia), socio-economic class, cultural and educational background, and place of residence should not prevent patients from benefiting from TPE but should be taken into account in the TPE programme (access, response to needs and expectations, choice of techniques and teaching aids).

WHO OFFERS AND WHO PROVIDES TPE?

Healthcare providers may intervene in different aspects of the TPE programme. Careful coordination and transmission of information is thus required.

Who informs patients that they may benefit from TPE and makes the offer:

- ▶ All healthcare providers (see list in French Code of Public Health) involved in the management of a patient with a chronic disease, after taking local resources into account. If the patient accepts TPE, he/she may negotiate its goals and the way it is implemented, and revise them after testing TPE.

Who provides TPE (if the patient is willing):

- ▶ A healthcare provider trained in TPE provided that, from the outset, the skills taught do not require the intervention of any other healthcare provider.
- ▶ A trained TPE team when the healthcare provider requires the assistance of other healthcare providers to teach skills.
- ▶ A multi-professional TPE team to whom the healthcare provider refers the patient. TPE is implemented jointly.
- ▶ Patients providing feedback during group TPE sessions.

Who discusses with patients their disease and its management, helps them keep up their skills, and ensures that they and their close relations remain motivated:

- ▶ Any healthcare provider in charge of a patient with a chronic disease and any other practitioner the patient may meet (in particular, the person who initiated the TPE and the person in charge of medical follow-up).
- ▶ Other professionals (e.g. a psychologist, social worker, exercise trainer, tutor in educational studies), either by contributing directly to the educational process or by proposing a solution to problems encountered by patients and their close relations, or by healthcare providers implementing TPE.

SITUATIONS REQUIRING SPECIAL ATTENTION

Chronic disease may provoke or unmask underlying mental illness or distress or social difficulties in patients and their close contacts.

- Psychological and social vulnerability may be present from the outset or develop over time.
- When present, co-morbidities, mental disorders (stress, anxiety, sleep disorders, depression), and substance abuse may require specific management either as a priority or within the TPE programme.
- This may require prompt referral to a specialist, social worker or a professional in the medical-social field and may modify the prioritization of the patient's needs. However, the goal of providing the patient (if willing) with tailored TPE should not be forgotten. TPE and specific management may be carried out jointly.
- Healthcare providers must be on the look out for these special situations throughout patient management (when offering TPE, during follow-up medical visits, on educational diagnosis or during TPE sessions).

TPE: A 4-STEP PLAN

- A TPE programme establishes, for a given chronic disease and in a given context, who does what, for whom, where, and when. It explains why and how the programme and its assessment should be conducted. The 4-step plan below provides a framework for the actions of healthcare providers when setting up individually tailored TPE (coordination of interventions; information transmission).

1

Make an educational diagnosis

- ▶ Identify the patient's needs, expectations, and willingness to take up TPE.
- ▶ Evaluate the patient's personality, lifestyle, and potential; take their needs and life projects into account.
- ▶ See how they react to their situation; determine their personal, social, and environmental resources.

2

Establish a tailored TPE programme with learning priorities

- ▶ Identify with patients the skills they need to acquire for their life projects and therapeutic strategy.
- ▶ Negotiate skills with them in order to tailor the programme
- ▶ Explain skills clearly to patients and healthcare providers involved in TPE implementation and follow-up.

3

Plan and provide group or individual TPE sessions (or both in alternation)

- ▶ Select the contents of proposed TPE sessions, participatory learning methods and techniques.
- ▶ Perform sessions.

4

Assess acquired skills and revise programme

- ▶ Help the patient take stock of how they adjust, of what they know, understand, are able to apply, and must still learn.
- ▶ Offer a revised programme based on this evaluation and on medical follow-up.

TPE COORDINATION

- Patient-centred coordination of the different practitioners involved in patient management is essential as soon as the patient takes up an offer of TPE.

The purpose of this coordination is to:

- ▶ Establish the components of patient management in order to respond appropriately to the patient's needs, expectations, difficulties, and problems that have been identified, whilst taking account of the patient's resources.
 - ▶ Facilitate the participation of patients and their close relations in the setting up and implementation of TPE and in the assessment of its progress and impact.
 - ▶ Schedule and organize the TPE programme in line with the priorities drawn up with the patient.
 - ▶ Plan with patients the roles that they would like to have and may take in coordination.
 - ▶ Share information to ensure coherence and continuity.
 - ▶ Allow other professionals to intervene either by making direct contributions to the educational process, or by proposing solutions to problems encountered by patients or their close relations or by healthcare professionals.
- Coordination is necessary for the continuation of TPE. It must take account of:
 - ▶ the skills acquired by patients, their needs, and experience in managing their disease
 - ▶ the conduct of TPE sessions
 - ▶ the patient's wish to revise their educational goals and processes safety of treatments and care
 - ▶ implementation of the action plan in the event of exacerbations or symptoms disease progression and treatments
 - ▶ personal development and any changes in the patient's professional, family, and emotional life and in their health.

HIGH-QUALITY TPE SHOULD BE:

- ▶ Patient-centred (“holistic”, share decision-making, take account of patient preferences).
- ▶ Evidence-based (practice guidelines, relevant scientific literature, expert consensus) and supplemented by feedback from patients and their close relatives with regard to content and educational resources.
- ▶ A component of treatment and management.
- ▶ Concerned with the patient’s everyday life (social, psychological and environmental factors).
- ▶ A continuing process adjusted to disease course and patient lifestyle (part of long-term management).
- ▶ Taught by healthcare providers trained in TPE and in educational methods, who are part of a team coordinating actions.
- ▶ Based on an educational assessment of the patient’s needs and environment (educational diagnosis) and on the learning priorities identified by the patient and healthcare providers.
- ▶ Developed jointly with the patient, with the involvement of the patient’s relatives whenever possible.
- ▶ Adjusted to the patient’s educational and cultural background, in line with their preferences, their approach to learning, and how fast they learn.
- ▶ Well-defined (activities and contents), scheduled, and conducted using different educational methods:
 - Patient-centred communication techniques,
 - Either group or individual sessions or both in alternation, based on the principles of adult (or child) education.
 - Accessible to a wide range of people (different cultures, origins, disabilities, geographical access, local resources, and disease stage),
 - Using a variety of educational techniques that commit patients to an active learning process within an individually tailored programme.
- ▶ Be multi-professional, interdisciplinary, and intersectorial, and implemented within a network.
- ▶ Include an individual assessment of the TPE programme and its implementation.



The above key points are taken from the following methodological guide
“Structuring of a therapeutic patient education programme for a chronic disease” - June 2007.

The full guide can be downloaded from

www.has-sante.fr