Therapeutic patient education (TPE)

Developing a TPE programme for a specific chronic disease

June 2007

OBJECTIVES

To help learned societies, medical and allied medical professional organizations, and groups of healthcare providers to establish the contents and procedures for the implementation and evaluation of a TPE programme for a specific chronic disease, in collaboration with patients and their representatives.

Two companion guidelines are also available:

- “Definition, goals and organisation of TPE”
- “Offering and providing TPE”

WHAT IS A STRUCTURED TPE PROGRAMME?

A structured TPE programme:

- is a coordinated series of educational actions intended for patients and their close relatives led by healthcare providers or a TPE team with the assistance of other professionals and of patients;
- helps acquire, mobilise, and maintain self-care skills and coping skills (also called psychosocial skills);
- is based on a series of approaches and procedures implemented in a given setting during a defined time period;
- provides a reference framework for the implementation of TPE tailored to the individual patient;
- establishes, in a given setting: who does what, for whom, where, when and how; it also explains the need for implementing and assessing TPE;
- is specific for a chronic disease but may concern multiple diseases;
- may vary according to setting;
- is not just a standard set of procedures with which all patients with chronic disease should comply.
WHO MAY DEVISE A STRUCTURED TPE PROGRAMME?

Learned societies and medical and allied professional organizations, groups of healthcare providers or patient associations may take the initiative of drawing up a structured TPE programme.

Partnerships between learned societies and patient associations are encouraged.

WHAT ARE THE PREREQUISITES?

- A structured TPE programme must always be:
  - drafted by a multidisciplinary group (including users) employing an explicit and transparent method;
  - evidence-based (practice guidelines, peer-reviewed scientific literature (including qualitative studies), professional consensus);
  - backed up whenever possible by feedback from patients and their close relations as regards the contents and educational resources;
  - drawn up in collaboration with different disciplines in order to establish its goals, methods, and assessment;
  - in line with the quality criteria of structured TPE.

Before a structured TPE programme is drawn up, an agreement should be reached between the healthcare providers or team members on the basic outline of the programme.

HOW TO DEVISE A TPE PROGRAMME?

- A TPE programme must include the following items:
  - Goals of the TPE programme;
  - Target population: disease stage, age, co-morbidities;
  - Self-care skills to be acquired by the patient, “safety” skills, and coping skills;
  - Contents of TPE sessions;
  - Changes in format according to the specific needs of patients;
  - Health professionals and other persons involved;
  - Means for coordinating all the professionals concerned;
  - Scheduling and organization of TPE programmes and sessions;
  - Procedures for individual evaluation of acquired skills and changes.
Factors to consider when developing a structured TPE programme

1. Nature of the chronic disease and available evidence: number of affected subjects, morbidity, homogeneity of population, current availability of guidelines, evidence-based literature, professional consensus.

2. Target population: inclusion criteria (e.g. clinical and social), priority setting
   - Adult, child, adolescent, parents, close family members, patients in a particular situation.
   - Disease: type, stage, outcome, etc.
   - Subpopulation description (groups particularly concerned by TPE).
   - Expected results for the patient and their close relations.

3. Skill acquisition by patients (children, adolescents, adults, elderly patients), by relatives (parents and siblings), and by close relations
   - Self-care skills (symptom relief; taking self-monitoring and self-measurement results into account; 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 and treatment and in any repercussions.
   - Which are the “safety” skills that safeguard the patient’s life and, in certain cases, that of their close relations?
   - Coping skills which support the acquisition of self-care skills: self-awareness, self-confidence; managing emotions and controlling stress; developing creative reasoning and critical thinking; developing communication and interpersonal skills; taking decisions and solving a problem; setting goals and making choices; self-examination, self-evaluation, and self-reinforcement.

4. Factors or disorders (substance abuse, mental disorders) and situations of psychological and social vulnerability associated with the disease: How to detect and manage them (interventions and referral).

5. Members of the TPE team (medical, allied medical or non-medical: staff): e.g. doctors, specialists, nurses, dieticians, physiotherapists, occupational therapists, psychologists, pharmacists, sport trainers.

6. Role of patients and patient associations in the design, implementation, and assessment of the TPE programme; counselling of patients and their close relations throughout the programme.

7. Location of TPE: single dedicated site or education across multiple sites; roles of each site and of staff.

8. Learning facilities best suited to the patient according to site: e.g. hospital, general practice, long-term care, rehabilitation unit, thermal spa, within network.

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1. See guidelines “Offering and providing TPE”
9. Recommended TPE methods: collective or individual sessions or both in alternation.

10. TPE schedule: number and spacing of sessions, and hours per session for:
   - Initial TPE;
   - Follow-up TPE (on a regular basis or as an extra);
   - In-depth follow-up TPE (or re-introduction of TPE).
   Is it useful to alternate group and individual sessions?

11. Participation: entry conditions (for all or according to predefined criteria); who offers initial or follow-up TPE and under which conditions?

12. Record keeping for continuity of care and evaluation of patient progress (e.g. leaflets, summaries, recipients, patient consent).

13. Recommended group size (children, parents, adults with or without their close relations) for correct implementation of TPE; criteria for group formation.

14. TPE coordination between professionals and sites: e.g. multidisciplinary meetings, information transmission, patient contribution to decision-making.

15. Values underscoring TPE: Personal autonomy, partnership, ethical and legal principles. Which skills and processes, known to be important in a patient’s experience of their disease, should the programme emphasize? (Contribution of social sciences).

16. Educational principles facilitating learning (e.g. interactivity, situational training): teaching methods facilitating learning and development of coping skills; tools and instruments for educational diagnosis, skill development and use in everyday life; and assessment of skill acquisition and lifestyle changes.

17. Minimum basic equipment for high-quality TPE: e.g. rooms, supports, educational resources, and conditions for introducing TPE into the current organization of care.

18. Criteria to appraise daily life with the disease: e.g. living with the chronic disease, managing the disease and its treatment on a daily basis, support from close relations, social life, wellbeing and quality of life. Recommended techniques, instruments and tools for assessing the skills acquired by the patient during and after TPE.

19. Recommended strategy for training professionals involved in TPE: skills to be acquired by healthcare providers.

20. Promotion of TPE by learned societies, professional organizations or groups of professionals so that professionals will develop TPE: e.g. publications, presentations, career opportunities, funding of studies.
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.