OBJECTIVES
To help healthcare providers implement a tailored TPE programme that will enable a patient to acquire and maintain the skills needed to cope with a chronic disease, account being taken of the patient’s experience of their disease and its management.

Two companion guidelines are also available:
- “Definition, goals and organisation”
- “Developing a programme for a specific chronic disease”

WHY OFFER TPE TO A PATIENT
- Because TPE is an indispensable adjunct to treatment and care, relief of symptoms, and prevention of complications.
- Because TPE helps improve patient health (as given by clinical and biochemical parameters) and the quality of life of patients and their close relations.
- It enables patients:
  - to acquire and maintain self-care skills\(^1\),
  - to acquire or mobilise life skills\(^2\)

Any individually tailored TPE must take account of the acquisition, application, and maintenance of both these types of skills by the patient.

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1. Self-care skills are decisions taken by patients in order to modify the effect 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).

2. 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 (World Health Organization. Skills for health. Geneva: WHO; 2003).
The contents and duration of a TPE programme should be adjusted to meet the patient’s educational needs. The offer includes:

- An individual session to establish, and later update, an educational diagnosis. The patient’s needs and expectations are identified. The skills they have to acquire and their learning priorities are established with them.
- Either group or individual TPE sessions (or both types in alternation) so that the patient may acquire and maintain self-care and life skills.
- An individual session to assess the skills the patient has acquired and the changes made to their everyday lives, as well as programme implementation.
- Coordinating the actions of the healthcare providers managing the patient’s chronic disease jointly with the patient.
- An optional individual session at the patient’s request or at the healthcare provider’s discretion in order to update the educational diagnosis, provide specific training, and assess acquired skills

Scheduling the offer of a TPE programme during the course of a chronic disease:

**The initial offer of TPE:**

- This takes place after announcing the diagnosis or, during the course of the disease, if the patient has undergone a period without TPE.
- An assessment establishes whether the patient has attained his/her educational objectives:
  - If yes: regular follow-up TPE (reinforcement) may be offered.
  - If not: in-depth TPE (re-introduction) may be offered.

**Regular follow-up TPE:**

- This is a form of “continuous TPE” that strengthens and updates the patient’s skills; it teaches the patient how to adjust skills.
- It encourages patients to implement skills and supports them in their life projects.
- It may be used to develop new skills so that patients can adapt better to their disease and its treatment.
- Its contents and schedule depend on medical follow-up, the patient’s wishes, and the assessment of their skills.

**In-depth TPE (or re-introduction of TPE):**

- Required if patients have learning problems, fail to acquire specific skills, or experience a change in their health, living conditions, or status (from childhood to adolescence to adulthood).
MAKING THE OFFER OF A TPE PROGRAMME

- Explain the goals and benefits of TPE to patients; mention any constraints (availability, schedule).
- Show examples of TPE programmes.
- Explain where the sessions will take place.
- Encourage patients to ask questions.
- Give patients an explanatory leaflet and allow them enough time to decide whether they want to accept, refuse, or postpone TPE. Further tailored information may be proposed at a later date, if the patient so wishes.
- Liaise with the health professionals who will provide TPE if the person who proposes TPE is not the person who will provide it.

PROVIDING TPE

There are 4 steps in TPE provision:

1. **Making an educational diagnosis**
   
The diagnosis aims to understand patients, identify their needs and expectations, find out with them which skills they must acquire or maintain (and in which order), and estimate their willingness to take up the offer of TPE.
   
   This diagnosis must be regularly updated when any new development occurs.

3. For example, see the booklet entitled *Improved life with asthma. Therapeutic education to improve the daily management of your asthma*. ["Mieux vivre avec votre asthme. L'éducation thérapeutique pour bien gérer votre asthme au quotidien"] Paris HAS; 2007 (www.has-sante.fr)
Getting to know your patients.
Establishing their needs, expectations, and receptiveness

Conduct a structured interview to find out what the patient knows, their ideas, explanations, and feelings:
- Find out what patients know and believe about the way they manage their condition.
- Evaluate what patients know about their disease and its occurrence; its cause, progression, and seriousness.
- Determine their living and working conditions.
- Evaluate their know-how: self-care, use of medication, and diet.

Examine the patient’s psychological reactions to their situation:
- Identify each patient’s individual reactions: their behaviour (e.g. search for information, help), cognition (own assessment of their situation), and emotions (e.g. fear, anger, anxiety).
- Identify the patient’s perception and evaluation of their stress and vulnerability factors and of their social resources (e.g. social networks, degree of isolation, relationship problems).
- Look out for frailty due to advancing age.

Identify any protective or negative socio-environmental factors (social background, age, and lifestyle), social and cultural characteristics, stressful life events, and problems in social integration:
- Find out which factors the patient sees as strengths (e.g. their optimism, feeling of being in control, self-efficiency) or weaknesses (e.g. anxiety, poor self-image, depression).
- Identify the patient's needs, expectations, beliefs, and fears.
- Establish with the patient the factors that hinder or facilitate the acquisition, use, and maintenance of self-care skills, the implementation of their life project, and the acquisition or mobilisation of life skills.
- Identify situations of instability or social risk.

Find out what patients know about their health and what they expect; and identify any learning difficulties:
- Establish with the patient how they want TPE to be integrated into the healthcare strategy.
- Detect problems in reading and/or understanding, any sensory or mental disability, cognitive impairment, dyslexia, etc.

Encourage patient involvement and self-motivation. Establish with the patient the disease management procedures that are best suited to them:
- Take into account their wishes and project(s)
- Allow patients to adopt the TPE programme
- Rank learning priorities and changes to be made with the patient (time needed to make changes, i.e. progressive planning)
- Negotiate priorities with the patient
- Encourage self-assessment practices that are satisfying to patients.
Defining an individually tailored TPE programme with learning priorities

After the educational diagnosis session, establish with the patient the skills they need to acquire for their life project and treatment goals. Negotiate these skills with them in order to plan an individually tailored programme. Explain them clearly to patients and to the healthcare providers implementing TPE and follow-up.

Self-care skills
- Relieving symptoms.
- Taking into account self-monitoring and self-measurement results.
- Accomplishing technical and health care 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.

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.

Use any structured TPE programmes that are available to draft the patient’s individual TPE programme. Structured TPE programmes are a reference framework that help healthcare providers set up tailored TPE.

Structured TPE programmes
- Are drawn up by learned societies (medical and allied professionals) and by groups of health professionals in collaboration with patients and their representatives, for a specific chronic disease or for multiple diseases.
- Establish who does what, for whom, where, when, and how in a given setting and also why TPE should be implemented and assessed.

If a structured TPE programme is unavailable, provide - for each chronic disease - examples of skills that may be acquired at the end of a TPE programme and their objectives (Table 1).
Planning and providing group and/or individual TPE sessions

Select contents of TPE sessions, methods to be used and participative-learning techniques (Table 2).

Propose and agree upon a suitable schedule of TPE sessions that takes into account geographical accessibility, availability of healthcare providers, and the patient’s needs and preferences.

Provide sessions.

Group and individual sessions may alternate. This may be planned either in advance or during the programme (at the patient’s request or healthcare provider’s discretion).

Table 1. Skills and their objectives (JF d’Ivernois and R Gagnayre, 2001).

<table>
<thead>
<tr>
<th>Skills</th>
<th>Examples of objectives</th>
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<tbody>
<tr>
<td>1. Understanding, explaining</td>
<td>Understand the human body, the disease, its physiopathology, its social/family repercussions, and the principles underlying treatment</td>
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<tr>
<td>2. Identifying, analysing, measuring*</td>
<td>Identify warning signs of early symptoms; analyse a risk situation or test results; be able to measure blood glucose, blood pressure, peak flow, etc.</td>
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<tr>
<td>3. Coping, deciding*</td>
<td>Know how to cope in a crisis (e.g. hypoglycaemia, hyperglycaemia, asthma attack), how to decide in an emergency, etc</td>
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<tr>
<td>4. Problem solving (daily treatment, disease or life management, prevention)*</td>
<td>Be able to adjust treatment (e.g. insulin doses), balance diet over a day or week, prevent accidents and exacerbations, set up health-conducive surroundings and lifestyle (e.g. physical activity, stress management).</td>
</tr>
<tr>
<td>5. Carrying out, doing*</td>
<td>Be able to carry out technical procedures (e.g. insulin injection, self-monitoring of blood glucose, use of sprays or inhalation chamber, measuring peak flow), self-examination (e.g. breathing, oedema, pulse) and emergency procedures.</td>
</tr>
<tr>
<td>6. Adapting, adjusting*</td>
<td>Be able to adapt treatment to context (e.g. travel, sport, pregnancy), adjust treatment or diet, and adopt new medical technologies.</td>
</tr>
<tr>
<td>7. Using the resources of the healthcare system. Asserting one’s rights</td>
<td>Know where and when to consult, whom to call, how to seek useful information; assert rights (e.g. work, school, insurance policies). Take part in patient associations, etc.</td>
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* These skills include life-saving skills.
**Group TPE sessions**

*Size of group:* at least 3 people, not more than 6 to 8 children or 8 to 10 adults

*Duration of sessions:* 45 minutes for adults, shorter for children, with breaks.

*Value:*
- Patients with similar educational objectives are grouped together.
- Experience and knowledge are shared.
- Added-value from patients (shared experience, messages from other healthcare providers, how to solve everyday problems).

**Individual TPE sessions**

*Duration of sessions:* 30 to 45 minutes.

*Value:*
- Especially suitable for patients with physical, sensory or cognitive disabilities or who find it difficult to be in a group.
- Easier access.
- Better adaptation to the patient’s everyday life in some cases.

### Table 2. Educational resources for learning skills

<table>
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<tr>
<th>Resources</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Patient-centered communication techniques</td>
<td>Active listening, empathy, encouragement, and interview to enhance the patient’s motivation (especially during educational diagnosis and follow-up in order to induce a change in behaviour and provide support)</td>
</tr>
<tr>
<td>Educational methods</td>
<td>Interactive presentation, case studies, round-table, brainstorming, simulation (analysis of situations or patient diaries), practical work, workshop, simulations of procedures and methods, sporting activities, role play, documentary accounts, photolanguage® method.</td>
</tr>
<tr>
<td>Tools</td>
<td>Posters, picture books, audio or video tapes, CD-ROMs, booklets, drawings of objects of everyday life, etc.</td>
</tr>
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## Conducting an individual TPE assessment

### When should an individual assessment be made?

- At least at the end of each TPE programme.
- At any time during a programme (at the healthcare provider’s discretion or the patient’s request).
What are the objectives of an individual assessment?

- Emphasize the changes made by the patient (e.g. acquisition of skills, everyday experience of the illness, self-determination, capacity to act).
- Update the educational diagnosis.
- Share information and organize exchanges among the professionals involved in patient's management.
- Offer a revised TPE programme based on follow-up and the patient’s wishes.

**Reviewing the situation with patients and developing their self-assessment skills**

Allow patients to express their point of view about the educational process and its organization:

- Implementation and contents of the individual TPE programme, organization (spacing and duration of sessions), teaching methods, use in everyday life.
- Relationship of patients with healthcare providers and their role in the coordination of educational activities.

Ensure that the educational diagnosis is still relevant and that the skills acquired match learning priorities:

- Did the educational diagnosis highlight the relevant items? Were the skills to be acquired precise, clear and realistic? Were new data taken into account?
- Contents of TPE sessions (relevant and sufficiently well developed) and adaptation of education methods for the acquisition of the skills required.
- Do the skills acquired by the patient match their learning priorities, manner of coping with their disease, and changes in their everyday life?

Allow patients to express their experience of the chronic disease and the way they manage it on a daily basis:

- Patients’ feelings about the benefits of TPE, the changes made, the fulfilling of their needs, their autonomy and perception of risk.
- Patients’ feelings and experience relating to the support provided by relatives and to social and environmental pressures.
- Reactions to incidents, joint disease management, and life project.
- Wellbeing and quality of life: Physical health (e.g. fatigue, pain, sleep), psychological factors (e.g. negative or positive body image, self-esteem, feelings), degree of independence (e.g. everyday life activities, work capacity), social relations (e.g. personal relationships, concrete social support, sexual activity), environment (e.g. resources, safety, leisure activities), personal convictions and spirituality (e.g. meaning of life, beliefs).