World Health Organization
Regional Office for Europe
Copenhagen

Therapeutic Patient Education

Continuing Education Programmes for Health Care Providers in the Field of Prevention of Chronic Diseases

Report of a WHO Working Group

1998

ISBN 92 890 1298 6
1998

EUR/ICP/QCPH 01 01 03 Rev.2
ORIGINAL: ENGLISH

Abstract

Therapeutic Patient Education (TPE) enables people with chronic diseases to manage their illness and yields benefits in both health and financial terms. Many health care providers, however, lack the skills to provide their patients with such an education. The Regional Office therefore convened a working group to prepare a document specifying the content of programmes for teaching health care providers to provide TPE. The Working Group comprised doctors, nurses, other health care providers and educators from countries throughout the European Region. The Group developed a document that defines TPE, specifies the different skills that patients with chronic diseases should be taught, and describes the content and structure of several TPE programmes of increasing complexity. The Group also identified obstacles to be overcome and recommended action to be undertaken by health care institutions and educators, countries and WHO and its collaborating centres, as well as health industries, health insurance providers and the media.

Keywords

PATIENT EDUCATION
CHRONIC DISEASE
HEALTH PERSONNEL – education
TEACHING MATERIALS
EUROPE

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11–14 June 1997

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Acknowledgements

The WHO Working Group on Therapeutic Patient Education acknowledges the valuable contributions to its work made by the following colleagues in the preparation of working papers.

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Special thanks are due to the Servier Research Group for its financial contribution through the Diabetes Study Group of the European Association for the Study of Diabetes, and to all the colleagues from the three WHO collaborating centres:

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Notice

In order to help readers unfamiliar with the technical and educational terms used in this report, an Index/ Glossary is provided in the Annex (pages 67-76).

All the terms defined in the Glossary are marked with an asterisk (*) throughout the text.

1

Therapeutic patient education: educational considerations

INTRODUCTION

This report has been prepared in response to a request from the Regional Office for Europe of the World Health Organization (WHO/EURO) in November 1996 "*to prepare a document indicating the content of a specific education* programme for health care providers ... in the field of prevention of Chronic diseases* and therapeutic patient education**. Its aim is: *to help health care providers acquire the competencies to help patients to self-manage their chronic disease*. The authors have taken account of the orientations and recommendations promoted by WHO on the education* of health care providers* and of patients, in particular the targets for health for all, of the Regional Office for Europe[1], designed to reorient such education* to making *healthy lifestyles* the lifestyles* to choose*. They have attempted to apply principles also promoted by WHO that "*education* should be oriented to the health needs* of the population and of the patients*"[2], and that "*learners should gradually become the architects of their own education**"[3]. They have taken into account also the

[1] Targets 4: Adding health to life; 15 and 16: Knowledge and motivation, and Promotion of healthy behaviour; 29: Providers of primary health care; 31: Ensuring quality of care; 36 and 37: Human resources* development.

[2] The Ljubljana Charter on Reforming Health Care, 19 June 1996.

[3] *Community-based education of health personnel*. WHO Technical Report Series, No. 746, 1987; *Learning together to work together for health*. WHO Technical Report Series, No. 769, 1988. *Continuing education for change*. WHO Regional Publications, European Series, No. 28, 1990.

recommendations of the 1996 Ljubljana Charter on Reforming Health Care on *training in teamwork with multiprofessional and interdisciplinary cooperation, a problem-solving approach* and active patient involvement in managing their chronic disease.*

These are ambitious orientations and recommendations and they are faced by formidable challenges. They go against the conventional practice of most health professional schools. They are difficult but not impossible to implement. Indeed, WHO orientations that many have considered utopian have been realized. It has taken time and effort, resources*, diplomacy and patience. In many respects, what this report proposes is already in operation, albeit informally and on a small scale.

Those who set out to implement what this report proposes will need to make a careful choice of *strategies* of change*, and decide whether conditions in their own institutions favour such strategies*. They should realize, for example, that an attempt to introduce change in unprepared institutions would fail unless their academic staff were offered guidance and assistance. They should debate whether it would be a waste of energy and of precious institutional resources* to continue to condone inefficient educational practices for no reason other than that their own conventionally oriented teachers find such practices easy and convenient. They should then consider whether it would be fair to expect their conventionally oriented teaching* staff to implement, without help or guidance, educational programmes* such as those proposed, and should provide for them a teacher training programme*, which they are required to take. They should prepare their own implementation plan* to guide them and to facilitate change in their own health care institutions. One of the aims of this report is to help them prepare such a plan.

The WHO European Region has almost five million nurses; they constitute the largest health care provider* group. Their actual and potential contribution to the management* of chronic disease* is under-acknowledged and under-used. Many other types of health care provider* are similarly under-acknowledged and under-used. Access by all to recognized programmes of therapeutic patient education* and disease-specific management* in a multidisciplinary and monodisciplinary system should make a significant contribution to the management* of chronic diseases*.

The recommendations contained in this report are addressed not only to the education* and training area but also to several others, particularly the responsible government ministries or departments, educational institutions, health care providers and consumers, the media, health insurance companies, the health industries, and the WHO Regional Office for Europe.

THE NEED TO TRAIN HEALTH CARE PROVIDERS IN THERAPEUTIC EDUCATION OF PATIENTS WITH CHRONIC DISEASES

The status of therapeutic patient education in the treatment of chronic diseases

In health care practice outside the hospital, about 80% of the diseases treated are chronic. Although much of the treatment is remarkably efficient as a result of, *inter alia*, medical research, its quality is often far from satisfactory. Many patients do not comply* with instructions; fewer than 50% follow their treatment correctly. It has been observed that patients are inadequately informed about their condition and that few have been helped to manage or take responsibility for their treatment. Though most physicians are highly competent in diagnosis and treatment, too few educate their patients to manage their condition. There may be several reasons for failing to educate patients, such as too little time or lack of awareness of the need to do so. One reason is that the initial training of most health care, especially medical-care, providers is based principally on diagnosis and selection of a therapeutic regimen.

Though acutely ill patients may benefit from therapeutic patient education*, it appears to be an essential part of treatment of long-term diseases* and conditions, such as those listed below[4]:

Allergies

Cancers (and sequelae)
Cancer (all sites)
Stomas (laryngotomy, gastroenterostomy)

[4] Excerpt from *World Health Report 1997,* Geneva, World Health Organization, 1997.

Blood
Haemophilia
Thalassaemias

Circulatory system
Arterial hypertensive disease
Cardiac insufficiency
Cerebrovascular disease (stroke)
Claudication
Ischaemic heart disease, angina
Rheumatic heart disease

Digestive system
Cirrhosis
Colitis
Crohn's disease
Gastroduodenal ulcer
Malabsorption

Endocrine, nutritional and metabolic disorders
Addison's disease
Diabetes mellitus
Obesity
Thyroid gland dysfunction

Infections
HIV/AIDS
Poliomyelitis (sequelae)
Tuberculosis

Mental and behavioural disorders
Alcohol, drugs, tobacco and other substance abuse
Alzheimer's disease and Dementia
Depression

Musculoskeletal system and connective tissues
Arthritis and allied conditions
Fibromyalgia
Limb amputation, fractures, burns (sequelae)
Neck and back disorders
Osteoarthritis
Osteoporosis
Rheumatoid arthritis

Nervous system
Epilepsy
Hearing loss, deafness
Multiple sclerosis
Paraplegia, tetraplegia and other traumatic brain injuries
Parkinson's disease
Visual disability, blindness

Respiratory system
Bronchial asthma
Chronic obstructive pulmonary disease
Cystic fibrosis

Renal disorders
Dialysis
Renal insufficiency

Other
Occupational injuries (sequelae)
Organ transplant (sequelae)

Different types of therapeutic patient education* have been introduced in various health care settings but they have often been arbitrarily designed and poorly taught. There is an obvious need for better-quality educational programmes* with a therapeutic intent. Often patients begin to cope with their disease on their own, but health care providers* should use therapeutic patient education* to make their patients' efforts more productive[5].

The concept of therapeutic patient education

Health care providers* tend to talk to patients about their disease rather than train them in the daily management* of their condition. Therapeutic patient education* is designed therefore to train patients in the skills* of self-managing or adapting treatment to their particular chronic disease*, and in coping* processes and skills*. It should also contribute to reducing the cost* of long-term care to patients and to society. It is essential to the efficient self-management* and to the quality of care of all long-term diseases* or conditions, though acutely ill patients should not be excluded from its benefits. Therapeutic patient education* is education* managed by health care providers trained in the education* of patients, and designed to enable a patient (or a group of patients and families) to manage the treatment of their condition and prevent avoidable complications, while maintaining or improving quality of life. Its principal purpose is to produce a therapeutic effect additional to that of all other interventions (pharmacological, physical therapy, etc.).

Target groups

Educational programmes* should be tailored to the different types of health care provider* engaged to various degrees in the care of patients with chronic diseases*. These are mainly physicians, nurses, dieticians, pharmacists, physiotherapists, ergotherapists, psychiatrists/

[5] Assal, J-Ph. et al. *Patient education 2000. New trends in patient education.* International Congress Series 1076, Elsevier, Amsterdam, 1995.

psychologists, social workers, occupational health specialists, and chiropodists.

Other professional categories should be informed about and take part in therapeutic patient education*. They include specialists in education*, health insurance specialists, hospital administrators, school health educators and others.

THE NEED FOR EDUCATIONAL PROGRAMMES IN THERAPEUTIC PATIENT EDUCATION

Programmes of therapeutic patient education* are urgently needed, for several reasons:

The need for reference training programmes for health care providers

According to the recommendations of the WHO Regional Office for Europe on improving quality of care, the approaches presented in this report could serve as a reference for therapeutic patient education* and long-term care.

The therapeutic effect of patient education on the control of a disease

Therapeutic patient education* has brought about a significant decrease in the number of hospital admissions of patients with bronchial asthma or diabetic coma. In addition to a decrease of lower limb amputations it has resulted in a better quality of life by delaying amputations in 75% of cases[6].

There is a need to emphasize the role of patients' families and significant others in long-term care. Therapeutic patient education* of quality must include the educational and psychological-support roles of the families and significant others of patients receiving long-term care. It is essential to the long-term well-being of patients that their family members understand their difficulties and realize that their assistance to the patients can be of considerable value.

[6] Assal, J-Ph. et al. The cost of training a diabetic patient. *Diabète & Métabolisme* **19:** 491-5 (1993).

From empirical good sense to a formal training programme

Over the last decade in the WHO European Region the health professions have been under some pressure to promote patient education* as a major addition to pharmacological, physical and other forms of therapy. Nevertheless, health care providers still need efficient educational programmes* in the long-term management* of chronic diseases*. Current programmes do not usually include educational methods or psychological support of patients. Their methodology has never been adequately formalized and this creates difficulties in educating other health care providers*. Bibliographical review has shown that less than 5% of articles on patient education* describe the educational process and the methods used[7].

Need for standards in therapeutic patient education

Educational programmes* such as those presented as examples in this report should equip health care providers* with standards that would enable them to plan, implement and evaluate high-quality therapeutic patient education* for chronic diseases*. Two sets of criteria are needed: for the expected outcome of care for patients, and for the quality of the educational process. Care providers and educational specialists would then perform periodic evaluation* against those criteria.

The educational principles of proposed programmes and their local implementation

The programmes outlined as examples in chapter 4 deal with basic educational principles and list competencies to be mastered in relation to patient education*, to how patients can cope* with their disease, and to long-term care. Programmes of recognized quality should serve as models that health centres could gradually adopt in their own time and by their own means. Such model programmes will need to be adapted to local circumstances and constraints*, provided the adaptations do not contradict the basic principles.

The road to life-long learning and long-term care

Treatment of long-term diseases* is less satisfactory than it might be. Quality of care still depends considerably on skills* of patients

[7] Jacquemet, S. et al. Educational methodologies: an analysis of chaos. *Diabetologia*, Vol. 40, Supp.1, PS64:2447, June 1997.

for the day-to-day management* of their disease, in addition to drugs and other forms of medical technology. Although health care providers* in general and physicians in particular are competent in diagnosis and selection of medication, they have in general been taught neither the skills* of therapeutic patient education* nor methods of efficient long-term care. The proposed programmes would fill this need. They should be part of the life-long learning* of health care providers* and could also be included in basic professional education* and in the education* of specialists in long-term care.

Health care providers* trained in those educational skills* may contribute to:

- improved quality of life, as well as longer life, of their long-term-care patients;
- improved quality of care in general (as acutely ill patients should also benefit from those educational skills*);
- lower medical, personal and social costs*, and ultimately lower global costs*.

GENERAL CONSIDERATIONS

Therapeutic patient education* should enable patients to acquire and maintain abilities that allow them to optimally manage their lives with their disease. It is therefore a continuous process, integrated in health care. It is patient-centred; it includes organized awareness, information, self-care learning* and psychosocial support regarding the disease, prescribed treatment, care, hospital and other health care settings, organizational information, and behaviour* related to health and illness. It is designed to help patients and their families understand the disease and the treatment, cooperate with health care providers*, live healthily, and maintain or improve their quality of life.

Recommended criteria

Therapeutic patient education* is a systemic, patient-centred learning process.

It takes into account:

- the patient's adaptation processes (coping* with the disease, locus of control, health beliefs*, and sociocultural perceptions);

- subjective and objective* needs of patients, whether expressed or not.
  It is an integral part of treatment and care.

It concerns the patient's daily life and psychosocial environment, and it engages as much as possible the patient's family and other close relatives and friends.

It is a continuous process, which has to be adapted to the course of the disease and to the patient and the patient's way of life; it is part of the long-term care of the patient.

It has to be structured, organized and systematically provided to each patient through a variety of media.

It is multiprofessional, interprofessional and intersectoral*, and includes networking*.

It includes an evaluation* of the learning process* and its effects.

It is provided by health care providers* trained in the education* of patients.

Levels of training in therapeutic patient education

As a prelude to formal training in therapeutic patient education* an introductory course is recommended to motivate interested prospective candidates and inform them about the nature and significance of the subject. Two levels of training in therapeutic patient education* are in use: basic and postbasic.

Basic training concerns the practice of therapeutic patient education*. It is directed mainly at those who treat patients who need to learn how to manage their disease. It is designed to help them to learn the methods (educational, psychological, social) of therapeutic education*, so that they may apply them in daily care. It must deal also with the biomedical aspects of diseases and their treatment.

Postbasic training is concerned with the ability to coordinate several training activities* within an educational institution or a network of health care services. It is designed to train health care professionals to become coordinators of patient education* programmes in

health care, including prevention – mainly secondary and tertiary prevention.

Content of training for educators

Prospective educators should realize:

- that patients need time to learn how to manage long-term care
- that patients have subjective and objective health needs*

Training should be objective-based and the objectives* of two types: therapeutic, for the patients, and learning*, for the educators. It includes training in the evaluation* of education* (programme evaluation*) and learning* (competencies* acquired). It includes theories and processes of motivation* and learning*, and the effects of patients' efforts to cope* with the disease. It stresses the development of quality patient-centred education* as part of the practice of health care. It takes account of resources* relevant to local needs.

Training structure for educators

Training should be objective-based, practice-based and team-based. In relation to the health care professions, it should include collaboration between members of different professions (interprofessional).

Competencies expected of health care providers in therapeutic patient education

Health care providers* should be able, individually and in teams, to:

1. adapt their professional behaviour* to patients and their disease (acute/chronic)
2. adapt their professional behaviour* to patients, individually, and in their families and groups
3. adapt constantly their roles and actions to those of the health care and the education* teams with whom they cooperate
4. communicate empathetically with patients
5. recognize the needs of patients
6. take account of the patients' emotional state, their experience and their representations of the disease and its treatment
7. help patients to learn
8. educate patients in managing their treatment and in using the available health, social and economic resources*

9. help patients to manage their way of life
10. educate and advise patients on the management* of crises and of factors that interfere with the normal management* of their condition
11. select patient-education* tools
12. use and integrate these tools in the care of patients and in the patients' learning* process (contract* with patients)
13. take account in therapeutic patient education* of the educational, psychological and social dimensions of long-term care
14. evaluate patient education* for its therapeutic effects (clinical, biological, psychological, educational, social, economic) and make the indicated adjustments
15. periodically evaluate and improve the educational performance* of health care providers*

Expected competencies of coordinators of programmes of therapeutic patient education in various health care settings

Programme coordinators should be able to:

- promote, design, implement and evaluate programmes of therapeutic patient education*
- design educational means and tools
- train educators of patients; carry out research in therapeutic patient education*

More precisely, coordinators should be able to:

1. perform alone the functions* and tasks* of patient education*
2. plan and design programmes of patient education*
3. implement programmes of patient education*
4. ensure the follow-up of patient education* programmes
5. adapt patient education* programmes to various health care settings so as to integrate them with the health care provided
6. help to organize the activities of a health care unit in which the

care, education* and support of patients are integrated

7. develop, select, test and apply methods and tools of patient education*
8. design and implement protocols for research on patient education*
9. design and implement protocols for evaluation* of patient education* – in particular, prognostic, formative and certifying evaluation*
10. organize training courses for health care providers*
11. train health care providers* in the practice of patient education*
12. promote patient education* policy in health care, at the organizational level, by suitable means

For each of those competencies*, an acceptable level of performance* must be specified.

BASIC CONSIDERATIONS CONCERNING EDUCATIONAL PROGRAMMES FOR HEALTH CARE PROVIDERS IN THERAPEUTIC PATIENT EDUCATION

Educational programmes* in therapeutic patient education* for health care providers* should be based on WHO recommendations and standards[8]. Health care providers* should be offered relevant, efficient training in multiprofessional* teamwork* (physicians, nurses, nutritionists, dieticians, physiotherapists, chiropodists etc.) to equip them to educate their long-term patients and become their partners in the management* of their condition.

- Professional profiles* of therapeutic patient educators, with regard particularly to their management* competencies* (planning, implementing and evaluating), should be defined as a basis for the planning of educational programmes*
- Educational programmes* should include direct practical experi-

[8] *Health for all targets. The health policy for Europe*. Copenhagen, WHO Regional Office for Europe, 1991; *Learning together to work together for health*. WHO Technical Report Series, No. 769, 1988.

ence with patients (patient-based education*) as an important part of learning*

- Programmes should be based on active learning* and on strengthening the learners' capacity to plan and design their own continuing education* (learner-centred) on the basis of the health beliefs*, needs* and problems of the patients (problem-based)
- Unlike conventional courses in education*, the training of coordinators should draw on several additional disciplines such as education* (for children, adults and the elderly), communication* technology, psychology (clinical, health and educational) and sociology (health care and educational)
- Participants should be acknowledged as professionals and helped to strengthen their human qualities such as availability, discretion, tolerance, respect and empathy*, which patients expect of them
- Participants should be evaluated on the basis of individual projects in order to verify that they are aware of their own limits, open to change, resistant to stress, and willing to seek advice, and that they show a sense of responsibility and reliability

These basic educational considerations are interrelated[9]. Continuing education*, with a patient-centred/learner-centred approach*, designed to help patients manage their condition and emphasizing active learning*, should benefit not only the participants but also their employers, in that it should make their services more efficient.

ELEMENTS OF AN EDUCATIONAL PROGRAMME

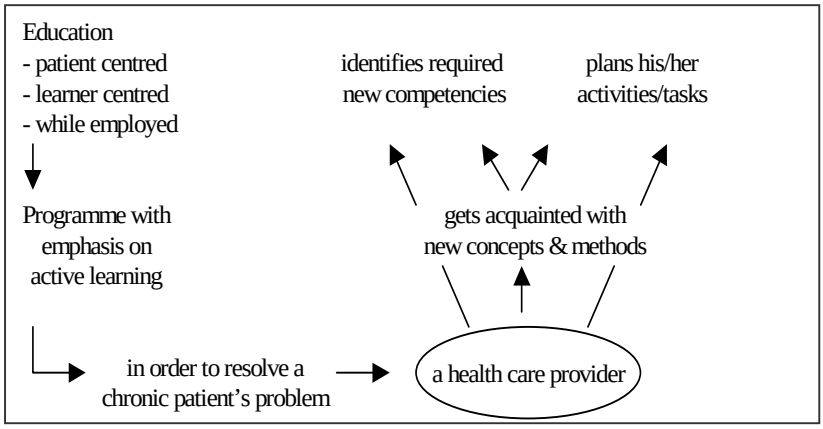
The following educational elements should be provided for in the planning of an educational programme* for health care providers* in therapeutic patient education*:

- establish, with learners, guidelines for organizing their own learning*
- guide learners in the selection of relevant health or service problems and objectives*
- assign to each problem adequate learning* time

[9] For further information, refer to the *WHO educational handbook for health personnel*. Geneva, World Health Organization, 1998 (WHO Offset Publication, No. 35, 6th edition).

- contract* with learners the criteria of certifying evaluation*
- provide learners with valid self-evaluation* instruments
- select relevant learning* sites
- provide learning* resources*
- adjust the programme on the basis of continuous assessment
- ensure a system of programme accreditation

NETWORK OF BASIC EDUCATIONAL PRINCIPLES



Human and material resources

The necessary human and material resources* must be planned so as to ensure cost*-effective educational programmes*.

In conventional educational programmes* human resources include teachers (a network of experts) and, ideally, a training coordination team.

In learner-centred programmes the health care providers* in training become an important resource. They should be encouraged to work in small multiprofessional* groups and also in pairs to provide each other with feedback. Their employers should also be considered a resource, as they should, in principle, be able to indicate the compe-

tencies* that their staff should acquire. It is in their interests to contribute to the funding in view of the benefits resulting from more competent staff. Finally, in a patient-centred* system the patient is a learning* resource.

Other sources of budget support, apart from participant's fees, could be continuing-education* budgets, financial contributions from health ministry funds, health insurance, the health industries, and foundations and nongovernmental organizations.

PROGRAMME FRAMEWORK

Partnership: patient and health care providers

Therapeutic patient education* is defined as *helping patients acquire or maintain the competencies they need to manage as well as possible their lives with a chronic disease. It is an integral and continuing part of patient care. It comprises organized activities*, including psychosocial support, designed to make patients aware of and informed about their disease and about health care, hospital organization and procedures, and behaviour* related to health and disease, so that they (and their families) understand their disease and their treatment, collaborate with each other and take responsibility for their own care as a means of maintaining or improving their quality of life*[10].

Profiles of therapeutically educated patients

The first step in constructing an educational programme* for health care providers* in therapeutic patient education* is to agree with representative patients and health care providers* on definitions of the competencies* and attitudes* that patients are expected to acquire from therapeutic patient education*, in order to *manage their treatment and prevent avoidable complications, while maintaining or improving their quality of life*. Competency* profiles of therapeutically educated patients should be prepared in respect of each of the chronic diseases* (see chapter 2).

[10] Adopted by the coordinating committee of the three WHO collaborating centres (see list, page vii), October 1996.

Competency profiles of health care providers

The second step is to define what the health care providers* are to be expected to be able to do to help patients acquire the expected competencies* and attitudes* (see chapter 3).

These two types of competency* profile, for therapeutically educated patients* and for health care providers*, are indispensable for:

- ensuring the relevance* of a curriculum* for health care providers*
- constructing, for evaluation* purposes, instruments that will measure with validity* the competencies acquired by patients and by health care providers* and
- selecting a variety of efficient active learning* methods and instruments

2

Competency profiles of therapeutically educated patients
(samples and examples)

The following pages give three examples of "profiles* of educated patients", two with reference to diabetes, and the third to asthma. Similar profiles* should be prepared for each of the chronic diseases* and conditions listed in chapter 1. A review of these examples shows that some competencies* are common to the three selected chronic diseases* and some specific to one or other of them. These examples are the result of extensive experience with patients. *For a valid patient-centred approach*, such profiles* should always be the result of a contract* showing agreement between patients and health care providers*. Patients with the help of health care providers* would define their own learning objectives*, in accordance with their life priorities*.

COMPETENCIES OF TYPE 1 DIABETIC PATIENTS

Patients should be able to:

- select objectives* for the management* of their disease
- treat diabetes with insulin
- take carbohydrates with each meal and snack
- check variations in level of blood sugar (glycaemia)
- treat variations of hypoglycaemia and hyperglycaemia

Hypoglycaemia

- recognize the symptoms of hypoglycaemia
- treat hypoglycaemia with 15 g of sugar
- recognize causes of hypoglycaemia
- always carry four lumps of sugar

Insulin injection

- recognize one's own type of insulin and syringes
- prepare insulin doses
- change injection sites
- perform an injection

Self-monitored checks

- decide on opportune times for a blood test
- test capillary blood for sugar
- test urine for glucose
- interpret results of test

Diary

- record daily test results, insulin doses and events of interest

In case of illness or pregnancy

- increase frequency of tests
- check presence of acetone in urine
- adapt insulin dose if necessary
- take large quantities of non-sugar drinks

Adjustment of doses

- adapt insulin doses according to the results of tests
- reduce insulin dose in case of physical activity
- increase insulin dose in case of infection

Meals

- compose a balanced meal
- take carbohydrates with each meal
- take three meals a day
- select a well-balanced meal in a public place

Snacks

- choose snacks containing carbohydrates
- take one snack between meals

Physical activity

- practise physical activity regularly
- compensate for physical activity by an additional snack
- adapt treatment (before, during, after activity) according to level of blood sugar

Foot care

- wash and dry feet every day
- use pumice-stone to reduce hyperkeratosis
- file (but do not cut) nails
- wear shoes that are soft and well fitting

Loss of pain sensation

- inspect the feet every day for signs of pressure or inflammation, a possible wound or mycosis between toes
- do not walk barefoot (house, beach, etc.)
- avoid electrical (or other) devices to warm the feet

Prevention of retinopathy

- consult an ophthalmologist once a year

Prevention of cardiovascular disease

- stop smoking
- reduce animal fat
- reduce intake of alcohol
- practise physical activity regularly
- check blood pressure regularly

COMPETENCIES OF TYPE 2 DIABETIC PATIENTS

Patients should be able to:

- select objectives* for the management* of their disease
- modify their nutrition accordingly
- take prescribed medicines
- increase physical activity

Diet

- prepare a balanced meal
- take carbohydrates with each meal
- eat at regular hours

*Nutrition behaviour**

- recognize stimuli that trigger a compulsion to eat or drink a certain food or beverage
- use means of avoiding such stimuli
- take regular well-balanced meals and snacks

Loss of weight

- reduce intake of saturated fat
- reduce intake of alcohol
- include vegetables and fruit in each meal

Medicines

- adhere to prescribed dosage
- take medicines at regular hours
- recognize insufficiency of treatment

Physical activity

- practise physical activity regularly
- compensate physical activity by an additional snack if on treatment with sulfonylurea

Self-monitored

- test urine for glucose
- test capillary blood for sugar
- decide on suitable times for blood-sugar test
- interpret results of test

In case of illness

- increase frequency of tests
- take large quantities of non-sugar drinks
- contact their physician immediately if glycaemia is above 15 mmol/l for 36 hours

In old age

- recognize signs of hypoglycaemia
- treat hypoglycaemia with 15 g of sugar
- act to prevent relapse in relation to cause

Prevention of cardiovascular disease

- stop smoking
- reduce animal fat
- reduce intake of alcohol
- practise physical activity regularly.
- check blood pressure regularly

Particular situations

- choose a well-balanced meal in a public place
- choose items and quantities as recommended
- refuse a second course of a meal

Foot care

- wear soft and well-fitting shoes
- wash and dry their feet every day
- use pumice-stone to reduce hyperkeratosis
- file (but do not cut) their toe nails
- notice and deal with small injuries or signs of pressure

COMPETENCIES OF ASTHMA PATIENTS[11]

Asthma patients should be able to:

- select objectives* for the management* of their disease
- recognize their own symptoms
- treat an asthma attack with prescribed medicine
- take steps to prevent another attack

Symptoms

- recognize the symptoms of the onset of an attack
- implement their action plan accordingly
- contact immediately the treatment resource (ambulance, physician on duty) indicated by the symptoms

Basic treatment:

- choose medicine according to its properties
- take anti-inflammatory medicine mornings and evenings
- avoid interruption of anti-inflammatory treatment without medical advice

Complementary

- choose medicine according to its properties
- always carry anti-inflammatory medicaments
- use a bronchodilator at first signs of an attack

Inhalation

- shake spray before use and inhale deeply
- take one or more puffs into mouth
- swallow gently and then breathe out

[11] Global strategy for asthma management and prevention. National Heart, Lung and Blood Institute/WHO workshop report based on a March 1993 meeting. January 1995, National Institutes of Health, Bethesda, Maryland, USA.

Peak-flow

- use peak-flow measure
- do a peak-flow control mornings and evenings and when at risk
- rank peak-flow values into one of the three categories – stable, unstable, attack

Adaptation

- adapt treatment (anti-inflammatory and bronchodilator) according to the values shown on peak-flow control
- follow up on the evolution of the attack every 2–3 hours according to the action plan
- take corticoids orally according to a specified peak-flow value or if within the "orange zone" of the action plan

Precipitating factors

- take action according to the environment (animals, dust, other allergens)
- avoid "at-risks" (food and additives, occupational agents, beta-blockers, aspirin, passive smoking)
- adjust treatment immediately if an actual or possible precipitating factor occurs
- for preventive purposes, take an additional dose of a bronchodilator before beginning a physical activity (green zone)
- take an additional dose of bronchodilator as soon as signs/symptoms appear and interrupt activity immediately.

To avoid relapse

- recognize particular allergies and precipitating factors
- intensify peak-flow control if destabilization is likely to occur
- always mention to the health care provider* anything else that may affect the asthma
- continue normal social activities, exercise and sports, if necessary by adjusting treatment

EVOLUTION OF PATIENTS' ATTITUDES

Profile of attitudes

The three preceding lists do not mention expected attitudes* of patients. Before patients become competent co-managers of their long-term care with health care providers* they are likely to go through the following attitudinal stages, indicating a gradual adaptation of attitudes* to the condition. The patient:

- shows surprise and pays little attention when told of the diagnosis
- speaks of the disease in a detached manner
- is hostile but wishes to know more about the illness and complies more or less with the treatment
- asks for the least inconvenient type of treatment
- is sad but talks of the future though not yet aware of how to cope
- indicates willingness to cooperate and asks for help in coping*
- makes specific and appropriate requests to the health care provider* or the family
- takes some liberties with the treatment without much concern but also without being careless
- acknowledges her/his present state of health
- recognizes that the illness may have very serious consequences
- adheres confidently to treatment
- expresses the belief that the benefits of following treatment far outweigh its constraints*
- changes life-style in accordance with the illness
- talks openly and without embarrassment of the illness
- adheres to treatment as a daily routine
- adjusts the treatment in case of a crisis

It is the responsibility of the health care provider* to recognize the patient's stage of attitude* evolution and to act accordingly.

3

Competency profiles of health care providers*
(samples and examples)

The following pages give examples of lists of competencies* that health care providers* need, at different stages of their professional development, to enable them to carry out therapeutic patient education*.

Lists A and B describe those competencies* needed initially for a patient-based, learner-centred approach* to therapeutic patient education*.

List C describes the competencies* expected of health care providers in order to implement therapeutic patient education*.

List D describes the competencies* expected of coordinators of programmes of therapeutic patient education*.

These lists are examples only, taken from current or planned programmes.

They are descriptions, not prescriptions!

Somewhat different lists could be made, provided they were coherent with the general educational principles outlined in chapter 1.

COMPETENCIES IN PATIENT-BASED THERAPEUTIC PATIENT EDUCATION

The first two lists (A and B) are examples of competencies* that health care providers* should have acquired when they have completed the initial stage of training in therapeutic patient education*. These competencies* are:

List A[12]

- to recognize the specific elements of patient-based, learner-centred therapeutic education* and the extent to which it differs from their usual educational practice
- to describe its advantages and limitations in comparison with their usual approach
- to list the resources* needed for such an approach in their own environments, as well as its constraints* and obstacles*
- to draft a personal plan of action for implementing patient-based, learner-centred therapeutic education* in their own circumstances

List B[13]

- to make an *educational needs assessment**[14] of patients
- to describe the psychological profiles of patients
- to construct an educational contract* oriented to individuals
- to plan an evaluation* related to the implementation* of the contract*
- to select and apply learning methods (including problem-based learning*) related to the contract*
- to construct and use a range of educational methods and tools
- to construct evaluation* instruments

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[12] List related to an educational programme organized by the Division of Therapeutic Patient Education, University Hospitals, Geneva (CH).

[13] List related to an educational programme being organized by IPCEM (Institut de Perfectionnement en Communication et Education Médicale), Paris (F).

[14] *Diagnostic éducatif* in French original text. See *Educational diagnosis* in glossary.

- to assess a patient's progress periodically
- to develop and implement a process of continuing education*
- to construct an individualized plan for a patient's continuing self-management*

These are descriptions, not prescriptions!

List C: for the implementation of therapeutic patient education[15]

Health care providers* are able to:

- conceive and manage (plan, coordinate and evaluate) therapeutic patient education* programmes
  - adapt their professional attitudes* to the characteristics of the patients and to their illness
  - communicate with patients in an empathic manner
  - understand the patient
  - take into consideration the patient's personal experience
  - help patients to learn about their illness and treatment
  - help patients manage their treatment (compliance*)
  - help patients deal with their lifestyle*
  - plan and evaluate an educational programme* for the patient
  - analyse and choose an educational tool for the patient
  - ensure long-term follow-up of patients
  - evaluate patients' progress
  - organize the activities of a unit that integrates care, education*, psychological support, etc.
- evaluate their own educational performance*
- continue to improve their own competencies*

This is a description, not a prescription!

[15] List related to an educational programme organized by the Therapeutic Patient Education Division of the University Hospitals of Geneva (CH).

List D: for the coordination of a therapeutic patient education programme [16]

Health care providers* are able to:

- plan, implement, evaluate and follow up a therapeutic patient education* programme
- adapt therapeutic patient education* to various health care settings and integrate it with their long-term care activities
- participate in the activities of a service integrating care, education* and psychological support
- select, construct, test and use educational methods, tools and techniques
- plan and implement protocols of evaluation* of therapeutic patient education*
- plan and implement research in therapeutic patient education* protocols
- plan and implement educational activities in therapeutic patient education* for health care providers*
- use suitable strategies to promote therapeutic patient education* policies at institutional level

This is a description, not a prescription!

Note: Readers should revise/complete these lists of professional competencies by use of a table of specification, in order to determine whether they mention all the competencies to be expected of patients. This is an important step in planning an educational programme*.

[16] Adapted from a profile prepared by the coordinating committee of three WHO collaborating centres (see list, page vii), October 1996.

4

Educational programmes for health care providers in therapeutic patient education
(samples and examples)

The following samples and examples of educational programmes* are in operation or at a planning stage. They demonstrate a variety of applications of principles of therapeutic patient education*.

They are descriptions, not prescriptions!

The key elements of several programmes are presented as examples in varying degrees of detail. They are directly linked with the preceding profiles.

CONSIDERATIONS ON THE NUMBER OF PARTICIPANTS AND THE COURSE DURATION

Apply basic management principles in deciding on numbers of participants

The number of participants should be decided on the basis of actual human and financial resources*. Programme A, for example, is highly labour/human-resources* intensive. It requires a fairly large health team* (from physicians to health care assistants and including registered nurses, dieticians, psychologists, chiropodists, physiotherapists, sociologists, and educational specialists). As the programme* is patient-based the size of the patient education* unit is a limiting fac-

tor. Patients must not be exposed to too many observers at a time. Enthusiasm alone cannot ensure that new programmes are developed and implemented. Careful planning by competent managers is essential to the success of programmes.

Programmes C and D are also labour-intensive. Proper attention should be given to each participant's progress. Individual projects must be carefully evaluated and staff need time to provide feedback and guidance to each participant.

Whether such educational approaches are patient-based and learner-centred* or only learner-centred*, experience has shown that their efficiency* depends on the application of basic management* rules.

General considerations concerning duration of courses

The duration of the following illustrative programmes was decided by the organizers on the basis of multiple criteria (such as estimated level of difficulty of achieving the objectives*, availability of time of participants and staff, institutional rules, academic requirements, resources*). They should therefore be considered as descriptions, not as prescriptions.

INTRODUCTION TO THERAPEUTIC PATIENT EDUCATION PROGRAMME (A)

General overview

Programme A is a full-time two-week course (70 hours) planned[17] for health professionals interested in learning* or improving a patient-based, learner-oriented approach.

Process

The participants spend two weeks full-time in a patient education* unit. They are guided by the unit staff and given the opportunity to observe directly or through a two-way mirror, or by viewing videotapes of live sessions, the daily group activities of 10 inpatients in the

[17] Implemented at Geneva University Hospitals, Division of Therapeutic Patient Education, in the autumn of 1998.

patient education* unit (see patients' weekly programme*, page 32). They also observe individual activities of the patients and are given the opportunity to discuss selected cases with the unit's health care staff. They take part in (briefing and debriefing) clarifying sessions with different members of the unit's staff (see participants' 1st week programme (page 33) and 2nd week programme, page 34).

Admission requirements

Participants must be able to understand the patients' language.

Course learning-objectives

Participants will be able:

- to define the specific elements of patient-based therapeutic education*
- to describe the advantages and limitations of such an approach
- to identify resources* for implementing such an approach in their own environments, and recognize also constraints* and obstacles* to doing so
- to draft personal plans of action relevant to their own circumstances

Distribution of participants' active-learning time

- Observation of education* of patients 25%
- Group work with teaching* or health care staff 40%
- individual work 35%

Evaluation

Each participant receives feedback from formative evaluation* at the end of each week. A certificate of attendance is awarded for satisfactory completion of the course. This certificate (or a demonstration of the same level of competence acquired by professional experience) is a requirement for admission to Programme C.

Patients' weekly programme

	Monday	Tuesday	Wednesday	Thursday	Friday
07.30	**Breakfast and Glycaemia, Insulin, Learning of Techniques**				
08.30	**Group welcome**			**Health care team seminar/ breakfast** 08.30 – 09.30	As of 08.15 **Talk with Geneva Diabetics Assoc.**
09.00	**Entry clinical assessment** (dietician, doctor & nurse)	**I treat my diabetes while I eat** (dietician)	**Physical activities 09.00**	09.45 – 11.30 **Doctor's rounds**	**Diabetes auto control** (nurse)
10.00	As of 09.30 **Snack workshop** (nurses' aide)	**Examination of eyes** (ophthal-mologist)	**"An active morning"** (nurse)		10.30 – **Workshop on insulin or dietetic products**
11.30	**Glycaemia, Insulin, Learning of Techniques (buffet, practical exercises)**				
13.00	**Entry clinical assessment** (contd)	**How to treat diabetes** (nurse)	**I take care of my feet** (nurse & aide)	**I adapt my food intake like an expert** (dietician)	**Relaxation** (nurse)
14.00	**I understand my diabetes** (doctor)	**Patients' objectives*** (health care team)	**Individual consulta-tions**	14.15 **Round-table discussion: Living with diabetes**	14.00-17.00 **Individual consulta-tions** (doctor, nurse, psy.)
16.00	**Entry clinical assessment** (contd)	**Hypo-glycaemia (**doctor)	**Diabetes complica-tions** (doctor)	**What to do in case of trouble ?** (doctor)	
17.15	**Glycaemia, Insulin, Learning of Techniques**				
17.30	**Buffet, practical exercises** (departure after supper)				

Participants' 1st week programme

	Monday	Tuesday	Wednesday	Thursday	Friday
07.30	**Breakfast and welcome to participants; learning objectives and working methods**				
08.30	**Observation of patients. Group welcome**	**Clarifying session (teaching staff)**	**Clarifying session (teaching staff)**	**Participa-tion in Health Care team Seminar / breakfast** 08.30 – 09.30	As of 08.15 **Observation of talk with Geneva Diabetics Association**
09.00	**Observation of patients. Snack Work-shop** (nurses' aide)	**Observation of "I treat my diabetes while I eat"** (dietician)	**Accom-panying patients & staff during physical activities**	09.45 – 11.30	**Observation of diabetes and auto control** (nurse)
10.00	and/or **observation of individual anamnesis** (doctor)	**Clarifying session** (teaching staff)	**Observation of "An active morning" (**nurse)	**Doctor's rounds (1 or 2 participants per patient)**	10.30 – **Observation of Workshop on insulin and dietetic products**
11.30	**Observation of Buffet Practice (each day one participant)**				
13.00	**Clarifying session** (teaching staff)	**Observation of how to treat diabetes** (nurse)	**Observation of "I take care of my feet"** (nurse and aide)	**Observation of "I adapt my food intake like an expert"** (dietician)	**Observation of relaxation** (nurse)
14.00	**Observation of "I under-stand my diabetes"** (doctor)	**Participa-tion in session on patients' objectives** (health care team)	**Clarifying session** (teaching staff)	**Observation of round-table discussion: Living with diabetes and partici-pation in post table**	**Formative evaluation session** (teaching staff)
16.00	**Clarifying session** (teaching staff)	**Observation of hypogly-caemia** (doctor)	**Observation of diabetes complica-tions** (doctor)	**Observation of what to do in case of trouble** (doctor)	**Individual work**
17.15– 18.15	**Individual work or observation of practical exercises (Learning of Techniques**: **Glycaemia, Insulin)**				

Participants' 2nd week programme

	Monday	Tuesday	Wednesday	Thursday	Friday
08.30-12.00	Clarifying and planning session identification of issues to be clarified with review of video tapes with teaching staff	Appoint-ments with: Unit health care providers and/or individual work	Clarifying session with teaching staff and identifica-tion of advantages and limits of a patient-based approach Individual work	Planning for imple-mentation in participants' situation individual work	Evaluation of individual gains and of the course
12.00	LUNCH with unit staff (two participants each day)				
13.00-18.00	Appoint-ments with unit health care providers and/or individual work	Clarifying session with teaching staff	Clarifying session with teaching staff on constraints and resources	Peer review of implementa-plans Presentation of plans in group with teach-ing staff	Individual appoint-ments with teaching staff

INTRODUCTION TO THERAPEUTIC PATIENT EDUCATION PROGRAMME (B)[18]

General overview

Programme B requires eight days of attendance (two seminars of three days and one of two days, amounting to 50 hours) in addition to about 80 hours of personal work (dissertation).

Types of participant

Physicians, nurses, dieticians, paediatric nurses (total 20)

General objective

To learn methods of defining the optimum educational setting/framework for therapeutic patient education*.

Objectives of Seminars

Objectives of the second three-day seminar: *educational methodologies and planning an educational contract**[19] (presented as an example pp. 36–37). Participants will be able:

- to select and apply learning* methods (including problem-based learning*) related to the educational contract*
- to prepare and use educational media
- to construct evaluation* instruments

Process

Alternation of theoretical introductions, group discussions and practice, and plenary sessions.

Content

A system approach* to education*; aims and principles of educational diagnosis*; motivation* and patient's acceptation process; patients' projects; patients' representation and knowledge level; concept of contract*; objective-based learning*; planning of evaluation*;

[18] Translated from *Exemple de formation de base des éducateurs de patients*, IPCEM, Paris.

[19] Refer to objectives* of the competencies profile of health-care providers*, List B, see page 26.

validity*; reliability; relationship between patients and health care providers* (related articles and transparencies are made available to all participants).

Evaluation

Based on the presentation of a research paper (dissertation).

Academic qualification

A Certificate in Educational Science for Therapeutic Patient Education is awarded on the basis of active participation in the three seminars and of the dissertation which is to be presented for validation not later than nine months after the third seminar.

SECOND SEMINAR

*Educational methodologies and planning an educational contract**

First day: morning

- theoretical introduction (by staff): types of teaching*/learning* methods (group methods: case/problem-based learning*)
- group work: implementation* of the case/problem-based learning* method (phase 1)
- group discussion on phase 1 of the case/problem-based learning* method
- theoretical introduction (by staff) on principles of learning* and group discussion

First day: afternoon

- theoretical introduction (by staff) on teaching* methods and formative evaluation*
- workshops on formative evaluation*
- group work: planning and implementation* of a workshop on formative evaluation*

Second day: morning

- theoretical introduction on types of teaching*/learning* methods (group methods) continued: the case study
- group work: construction of a case study
- theoretical introduction (by staff) on the round-table method
- group work: to lead a round table on a selected topic

Second day: afternoon

- theoretical introduction (by staff) on the case/problem-based learning* method (phase 2)
- group work: participate in a case/problem-based learning* activity
- group discussion about the case/problem-based learning* method
- theoretical introduction (by staff) on types of teaching*/learning* methods
- individual coaching ; self-learning*

Third day (last): morning

- theoretical introduction (by staff) on construction of communication* support
- group work: topic selection, public/target identification, treatment of information
- theoretical information (by staff) on examples of communication* support: (Image files; transparencies)
- group work: to construct and present a sequence of transparencies on a given topic

Third day: afternoon

- theoretical introduction (by staff) on the “patient information booklet”
- group work: to prepare a “patient information booklet”
- evaluation* of seminar (by participants), followed by closure

IMPLEMENTATION OF THERAPEUTIC PATIENT EDUCATION PROGRAMME (C)[20]

This example is a part-time three-year course (eleven five-day seminars, with an individual project after each seminar), and in-service training for one year, for a total of 900 hours, for health professionals who intend to work in a patient education* unit. Participation in Programme A is a prerequisite*[21]. Number of students annually: 10.

Seminar 0

Objectives

At the end of this seminar, participants will be able to:

- differentiate a teacher-centred* from a learner-centred approach*
- select competencies* they lack by referring to a standard list
- formulate learning objectives*
- select an evaluation* method to measure the achievement of an objective*
- select a learning* method to reach an objective*
- construct a valid evaluation* tool

Key concepts

- teaching* or learning*
- efficacy, efficiency*, validity*
- the three domains of competence*
- educational objectives*, observable and measurable

Methods

- complementarity of the Tyler/Rogers/Mager/Piaget approaches
- the system approach*
- problem-based learning*
- learning* in a professional context

[20] Implemented at Geneva University Hospitals, Division of Therapeutic Patient Education, in the autumn of 1998.

[21] This requirement would be waived for candidates who already have the relevant competencies.

Educational methods

- participants will classify educational approaches (teaching*/learning*)
- participants will select competencies* according to their own needs
- participants will select efficient methods of learning*
- participants will select evaluation* tools according to the degree of validity* of the tools

Evaluation

- elaborate a learning* plan

Seminar 1

Adapting the behaviour* of professionals to the specific features of chronic diseases*

Objectives

At the end of this seminar, participants will be able to:

- differentiate acute illness and crises from chronic diseases*
- indicate how to change from a disease-centred to a patient-centred educational approach*
- apply the theoretical implications of those approaches
- manage patients by means of a bio-psycho-social approach
- integrate this approach in an interprofessional model

Key concepts

- health education*/therapeutic education*
- specificity of acute diseases/specificity of chronic diseases*
- biomedical model/bio-psychosocial model
- interprofessional approach*

Methods

- reconstruction of the patient's history by the health care team*
- the process of care
- a patient's objectives* are negotiated between the patient and the health care team*

Educational methods

- participants will analyse the therapeutic process of actual cases (case analyses, problem solving)
- participants will analyse the concepts that have been proposed
- participants will apply in practice the bio-psychosocial dimension of care in relation to the specific characteristics of chronic disease*

Evaluation

- to perform a critical analysis of actual professional situations with print, audio or video materials

Prerequisite level*: requirements for admission to the programme

Seminar 2

Understanding the patient with chronic disease*

Objectives

At the end of this seminar, participants will be able to:

- identify the patient's methods of coping* with the disease and the treatment
- recognize and adapt to the patient's health beliefs* and beliefs about the disease and its treatment
- adopt appropriate measures and attitudes* to help the patient cope with difficulties
- practise active listening to the patient
- distinguish between the concepts of chronic disease* and disability

Key concepts

- coping* with a chronic disease*
- representations of chronic disease* and its treatment
- health beliefs* model
- locus of control*
- disease, sickness, handicap

Methods

- process of mourning (Freud, Kubler-Ross)
- the Rogerian communication* process
- the health beliefs* model

Educational methods

- participants will observe and analyse a video-taped case presentation
- participants will identify the steps of the patient's coping* process
- participants will practise exercises of listening and reformulating*
- participants will recognize and analyse patients' spontaneous attitudes*, taking account of their psychological and cognitive processes

Evaluation

- perform a critical analysis of actual professional situations with written, audio or video materials

Prerequisite level*: Seminar 1

Seminar 3

Taking account of patients' means of coping* with their disease

Objectives

At the end of this seminar, participants will be able to:

- select from each course key concepts illustrating its therapeutic content
- use different educational methods to explain to a patient one key concept
- construct different problem-cases to be solved
- describe and evaluate the patient's gains (skills* and behaviour*) related to the patient's own experience
- moderate a group discussion (patients, families) about the management* of treatment
- create an assessment tool for the evaluation* of patient per-

formance*

Key concepts

- directive vs. interactive education*
- learning* conditions
- types of explanation
- interactivities and problem-solving
- formative evaluation* of teachers

Methods

- planning a course
- observation of patients on the basis of specific criteria
- moderating group discussions
- designing formative evaluation*

Educational methods

- participants will observe and analyse video-taped courses
- participants will analyse educational documents (books, leaflets, etc.)
- participants will simulate educational sequences for patients' education*, taking into account basic notions of the learning* process and of experiential learning*

Evaluation

- to perform a critical analysis of actual professional situations on the basis of written, audio or video materials

Prerequisite level*: Seminars 1 and 2

Seminar 4

Communicating with the patient

Objectives

At the end of this seminar, participants will be able to:

- select the attitudes* that favour communication*
- assess a patient's emotional state
- hold support talks with patients individually
- moderate a group discussion

- define different profiles of attitudes*

Key concepts

- spontaneous attitudes*
- reformulation* with empathy*
- facilitating
- elucidating
- support strategies

Methods

- Rogerian communication*
- Porter's attitudes*
- group dynamics
- types of social functioning

Educational methods

- participants will analyse the psychological dimensions of the clinical cases presented
- participants will observe and analyse video documents illustrating statements of patients
- participants will practise active listening and reformulation*
- participants will practise role-playing of the relationship of health care provider* and patient, in order to recognize difficulties encountered in it, taking into account such concepts as psychological process and empathy*

Evaluation

- to perform critical analysis of actual professional situations on the basis of written, audio or video materials

Prerequisite level*: Seminars 1 to 3

Seminar 5

Instructing the patient

Objectives

At the end of this seminar, participants will be able to:

- recognize and indicate the difficulties that health care providers* encounter when giving instructions to patients
- explain to, and instruct, a patient about a prescription
- evaluate the extent to which a patient understood an explanation and instructions about a prescription
- recognize and deal with the difficulties related to the patient's adherence to treatment (compliance*)
- plan the therapeutic follow-up for the short and medium terms

Key concepts

- diagnostic approach, therapeutic approach
- therapeutic adherence
- communication* between health care provider* and patient
- short- and intermediate-term communication*
- personal health beliefs*

Methods

- active listening
- planning by objectives*
- directive vs. interactive communication*
- evaluation* of level of patient's understanding

Educational methods

- participants will analyse tape recordings of instructions to patients about prescriptions
- participants will identify different types and attitudes* of interpersonal communication*
- participants will demonstrate how to instruct a patient about, or prescribe, treatment in different clinical situations
- participants will reconstruct the steps of the prescription process, taking into account basic concepts of interpersonal communication*, instructing and prescribing

Evaluation

- to perform critical analysis of actual professional situations, on the basis of written, audio or video materials

Prerequisite level*: Seminars 1 to 4

Seminar 6

Assisting a patient in coping* with the illness and the treatment

Objectives

At the end of this seminar, participants will be able to:

- describe how an adult patient learns
- identify the three learning* domains – intellectual, sensorimotor and interpersonal communication*
- state patients' learning* objectives*
- recognize the effect of patients' health beliefs* on their learning* process
- adapt the teaching* to the patient's coping* process

Key concepts

- activity* of the learner
- intellectual, sensori-motor, and emotional/interpersonal communication* domains
- approach by objectives*
- learner's health beliefs* and conceptions

Methods

- the teaching* and learning* process
- constructivism vs. cognitivism
- classification of objectives*

Educational methods

- participants will observe and analyse courses on video-tapes
- participants will analyse educationally the written, audio and video materials prepared for patients

- participants will identify relevant learner-centred elements of those materials
- participants will propose educational methods favouring interactivity, in the light of basic concepts of adult learning* and cognitive psychology

Evaluation

- perform a critical analysis of actual professional situations on the basis of written, audio or video materials

Prerequisite level*: Seminars 1 to 5

Seminar 7

Developing therapeutic education* for patients

Objectives

At the end of this seminar, participants will be able to:

- write learning* objectives* (of health care provider*) relevant to the needs of the patient
- use methods and organization facilitating the patient's learning* process
- choose and use different educational tools according to their efficacy and cost*
- organize educational programmes* on the basis of individual patients' needs and educational abilities
- conduct group education*

Key concepts

- therapeutic education*
- directive teaching* vs. interactive learning*
- interactivity and problem-solving
- types and functions of questions
- types and functions of explanations
- group dynamics

Methods

- planning learning* activities for therapeutic education*
- organizing and moderating group learning*
- function* of facilitation/elucidation
- interaction and confrontation
- concrete activity* as a learning* method

Educational methods

- participants will observe and analyse sequences of group courses on video
- participants will structure courses designed for patients, based on selected themes
- participants will present certain key-sequences of their proposed course, which will be followed by an educational analysis by the group of observers, on the basis of concepts related to the conduct of group educational activities

Evaluation

- perform a critical analysis of actual professional situations on the basis of written, audio or video materials
- prepare index-cards describing educational activities

Prerequisite level*: Seminars 1 to 6

Seminar 8

Evaluation* of a learning process and the methods used

Objectives

At the end of this seminar, participants will be able to:

- distinguish the different functions of evaluation*
- construct ways and markers to evaluate a given course
- evaluate the educational quality of a therapeutic education* programme*
- evaluate the educational quality of a therapeutic education* session
- evaluate the impact of a therapeutic education* programme*

Key concepts

- formative/certifying evaluation*
- effectiveness* and relevance* of an educational process
- observation of patients on the basis of specific criteria
- multiple-choice questionnaire, Short Open Answer Questions
- notion of validity*
- evaluation of effectiveness* (learning* effect, co-morbidity, quality of life, etc.)

Methods

- process of formative evaluation*; regulation of this process
- evaluation* of scales and check-lists of the learning* process (intellectual, sensori-motor and interpersonal communication*)
- methods of constructing questionnaires
- clinical trial
- action-oriented research

Educational methods

- participants will select criteria for educational analysis
- participants will construct measurement tools for qualitative educational analysis
- participants will use video recordings to analyse and evaluate* educational activities
- participants will use supervision methods for educational evaluation*

Evaluation

- construct measurement tools for evaluation* purposes

Prerequisite level*: 1 to 7

Seminar 9

Long-term care of patients

Objectives

At the end of this seminar, participants will be able to:

- describe how the patient relates to the disease and the treatment
- describe and manage the patient's personal beliefs and ideas about health
- adopt educational approaches and attitudes* appropriate to the patient's difficulties
- take into account and use the "mistakes" made by the patient
- use means of preventing relapse

Key concepts

- acute vs. long-term health care
- process of coping* with a chronic disease*
- prevention of relapse
- patient's health beliefs* and definitions of the disease and the treatment
- health beliefs* model
- locus of control*

Methods

- process of mourning (Kubler-Ross)
- Rogerian communication*
- Education* based on fear vs. education* based on risk
- long-term motivation* and personal project

Educational methods

- participants will analyse and discuss the implications of patients' subjective views, attitudes* and beliefs about their condition (video)
- participants will analyse and discuss clinical cases
- participants will identify obstacles* to effective long-term care
- participants will simulate practical exercises of communication* with patients

Evaluation

- to perform critical analysis of actual professional situations illustrated by written, video or audio materials

Prerequisite level*: Seminars 1 to 8

Seminar 10

Assessing one's learning gains

Objectives

At the end of this seminar participants will be able to:

- identify among the learning objectives* selected during Seminar 0 those they have achieved partially or not at all
- determine why this happened (poor time-planning, inefficient learning* methods, etc.)
- prepare a plan of home-work in order to learn what is still missing
- prepare a plan of action for putting into operation the newly acquired competencies*

Key concepts

- formative evaluation*/self auditing
- validity*, objectivity*, feasibility
- effectiveness* and efficiency*

Educational methods

- participants will select instruments that measure competencies* with validity*
- participants will compare entry and exit competencies*
- participants will select efficient methods of learning*

PLANNING OF A FIVE-DAY SEMINAR
(Programme C)

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
08.30–09.00	Welcome and seminar objectives	Feedback/ synthesis (by participants and staff)	Feedback/ synthesis (by participants and staff)	Feedback/ synthesis (by participants and staff)	Individual feedback by staff concerning objectives and …
09.00–10.00	Personal feedback and …	Group discussion about specific difficulties encountered in practice	Presenta-tion of a second key concept (by staff)	Observation and analysis of role-play or action in clinical situation (by participants)	
10.00–10.30	*BREAK*				
10.30–12.00	… formative evaluation (by staff) …	Observation and analysis of video (audio) documents (by participants)	Group discussion in connection with second key concept	Individual observation and analysis of a video document & plenary session	… plan of work …
12.00–14.00	*LUNCH*				
14.00–15.30	… concerning work following …	Presentation of a first key concept (by staff)	Observation of a patient's interview (video document) (by participants)	Introduction of personal synthesis work (plan) (group discussion)	… until next seminar
15.30–16.00	*BREAK*				
16.00–17.30	… previous seminar	Practical exercises in group regarding first key concept	Group discussion	Impact on clinical prac-tice (plan-ning and project) (by participants)	Evaluation of the seminar (by participants and staff)

COORDINATION OF THERAPEUTIC PATIENT EDUCATION PROGRAMMES

PROGRAMME (D) [22]

General overview

The example outlined here is of a full-time one-year course, including 366 hours of university-based training and a four-week period of on-the-job training, to become a coordinator of patient-education* programmes inside or outside a hospital structure. A research report is required for graduation.

Types of participant

It is open to health care providers* concerned with the organization of therapeutic patient education* programmes.

General objectives

- to apply concepts and methods:
  - in educational planning for the health professions
  - in educational psychology, learning* methods, health sociology, health policies and institutional management*
- see also competency* profile* of List D in chapter 3, page 28

List of seminars

For objective* 1 (182 hours)

- health-related educational systems
- system approach*
- theories and educational models
- principles and methods of evaluation*
- action research in professional education*
- educational technology

[22] For further information, refer to Department of Health Sciences Education, Faculty of Medicine, University Paris-Nord, Bobigny (F).

For objective* 2 (138 hours)

- concepts related to therapeutic patient education*
- psychology of patients with long-term diseases*
- planning and implementing therapeutic patient education*
- evaluating therapeutic patient education*
- educational methods for therapeutic patient education*
- specificity of paediatric therapeutic patient education*

BIBLIOGRAPHY: AN EDUCATIONAL TOOL

Example of a programme's knowledge base

A problem-based active-learning* educational approach requires that learners are given the responsibility to search for the contributing knowledge they need to deal with the problems. This is why the proposed educational programmes* do not include lectures*, which in conventional programmes provide such a knowledge base.

A nucleus of basic knowledge is proposed below[23] in List No. 1.

References "for further reading", which should be available in the library of the training centre, are proposed in List No. 2.

List No. 1: basic knowledge

ASSAL, J-PH. Traitement des maladies de longue durée: de la phase aiguë au stade de la chronicité. *Encyclopédie médico-chirurgicale*, 25-005-A-10: 1–18, Elsevier, Paris (1996).
ASSAL, J-PH., GOLAY, A. & VISSER, A. New trends in patient education. A trans-cultural and interdisease approach. *Excerpta Medica*, International Congress Series 1076, Elsevier, Amsterdam, 1995.
DECCACHE, A. & LANVENDHOMME, E. *Information et éducation du patient*. Ed. de Boeck-Université, Bruxelles, 1989.
BURY, J. *Education pour la santé – concepts, enjeux, planification. Coll.Savoirs et santé*. Ed. de Boeck-Université, Bruxelles, 1988.
GUILBERT, J.J. *Guide pédagogique pour les personnels de santé*, Organisation mondiale de la santé, 1998 (OMS, Publication offset, No. 35, 6ème édition), Genève.
Apprendre ensemble pour oeuvrer ensemble au service de la santé. Organisation Mondiale de la Santé, 1988 (OMS, Série de Rapports techniques, No. 769), Genève.
GOLAY, A. ET AL. Personalities and alimentary behaviors in obese patients. *Patient education and counseling*, 31: 103–112 (1997).
GOLAY, A. *Perso Régime*. *Maigrir selon sa personalité*. Payot, Paris, 1997.
IVERNOIS, (d') J.F. & GAGNAYRE, R. *Apprendre à éduquer le patient, approche pédagogique*. Vigot, Paris, 1995.

[23] This list is only an example. The selection of references should be adapted to the language of participants.

List No. 2: further reading

BARROWS, H.S. *How to design a problem-based curriculum*. Springer, New York, 1985.
BLANCK, P.D. ET AL. *Non verbal communication.* Penn State University, United States, 1986.
BOSZORMENYI, I. *Between give and take*. Brunner, New York, 1986.
EDWARDS, J. *Clinical teaching for medical residents*. Springer, New York, 1988.
EYSENCK, H.J. *Theoretical foundations of behavior therapy*. Plenum, New York, 1987.
FITZGERALD MILLER, J. *Coping with chronic illness*. F.A.Davis, Philadelphia, 1983.
LEFRANÇOIS GUY, R. *Psych. theories and human learning*. Brooks & Cole, Monterey (Cal), 1982.
MOOK, D.G. *Motivation*. W.W. Norton, New York, 1987.
NEUFELD, V.R. *Assessing clinical competence*. Springer, New York, 1985.
PAULEY, J.W. ET AL. *Psychological management of psychosomatic disorders*. Springer, New York, 1989.
RIPPEY, R.M. *The evaluation of teaching in medical schools*. Springer, New York, 1981.
SUND, R. B. *Piaget for educators*. Bell & Howell, Columbus (Ohio), 1976.
WALKER, S. & ROSSER, R. *Quality of life assessment*. Kluwer, Dordrecht (Netherlands), 1993.

5

Obstacles

COMMON OBSTACLES TO EDUCATIONAL PROGRAMMES IN THERAPEUTIC PATIENT EDUCATION FOR HEALTH CARE PROVIDERS

Educational programmes* in therapeutic patient education* will encounter numerous obstacles*. Despite the considerable political and socioeconomic variations of European countries many obstacles* are common to all. These obstacles* are grouped under eight headings below and are listed in an agreed order of priority.

Lack of human resources

The lack of health care providers* trained in therapeutic patient education* is the main obstacle. Most have no experience in it. There are too few teachers of the subject and those who do teach it are not well known. There is a lack also of learner-centred educational specialists to guide projects in therapeutic patient education*. An obvious lack of motivation* among health care providers* may be linked to their professional tradition and culture.

Tradition and culture of the health care professions

The basic training of most health care providers* especially doctors, results in a pervasive bio-mechanical approach, based principally upon diagnosis and the selection of a therapeutic regimen. Too often there are no arrangements for long-term care of patients. The “management*” approach to health care favours acute medicine. The introduction of therapeutic patient education* is a challenge to the established culture of health care provision. The medical profession is very likely to consider it a “soft” approach and the source of fear of loss of status. It is a challenge to the medical identity of “solo” specialists unfamiliar with team-work.

Insufficient team-work

Therapeutic patient education* requires the smooth functioning of teams of health care providers*. In practice there is usually no team-work. Nurses, doctors, physiotherapists and others indeed work in the same programme but do not always share the same values in the care or education* of patients. Too often the specialists do not cooperate with other health care providers. Resistance to team-work is often encountered. There is far from consensus among leading health care specialists about therapeutic patient education*, and there is an apparent lack of institutional leadership to introduce or promote it.

Insufficient motivation* within institutions, and among policy-makers and health professionals

Little is known of how to motivate health care authorities to institute continuing education* of physicians and other health care providers* in therapeutic patient education* or to convince officials of ministries of health and postgraduate institutions of its importance. Those who have tried have encountered resistance from health administrations and misunderstanding from politicians.

A serious handicap is lack of motivation* and commitment on the part of health professionals in general. Their career and promotion is more often linked with the number of their publications in professional journals than with a better life for their patients. There are too few models or examples of how to overcome the resistance of physicians (mentality, behaviour*, attitudes*), of stimulating a demand* for certified practitioners of therapeutic patient education*, or of marketing such educational programmes*. The lack of motivation* in general and the conservative attitudes* of educational institutions in this respect are not new; they have been widely reported in the literature.

Conservatism of educational institutions

Decision-makers and teachers in educational institutions are conservative. Decision-makers often agree, albeit reluctantly, that some reorganization is needed but at the same time claim that institutional rules are more or less adapted to needs. Teaching* staff often claim that they have too little professional time for their own training. Here again little is known of how to motivate academic authorities to introduce therapeutic patient education*. Convincing arguments founded on reliable evaluation* are lacking.

Difficulty in assuring valid evaluation

The effects of therapeutic patient education* are not sufficiently known or validated. For example, it is difficult to substantiate the expected decrease in expenditure on health care. There are no criteria against which to measure the quality of therapeutic patient education*. The consequent difficulty in assuring valid evaluation* is linked to the lack of teaching* staff competent in evaluation*.

Lack of educational resources

There are major obstacles* to the training of the vast number of health care providers*. They include a lack of training centres, of competent teachers and of institutions specialized in therapeutic patient education*, of teams to run educational programmes* for health care providers*, and of educational materials such as practical guidelines for a basic training programme for health care providers* or audio-visual materials. Too little is known of existing suitable institutions. The creation of new centres requires funding. So long as therapeutic patient education* remains a low priority, financial resources* will remain scarce.

Lack of financial resources

It is worth noting that lack of financial resources* has not been assigned the highest priority among obstacles*. There are resource constraints*, however. To begin with, employers of health care providers* do not usually make resources* easily available. Also, health care providers* lack experience in the efficient use of financial resources*. All health professionals share this lack of management* competence, which is not provided for in their initial training. Moreover, to the extent that “time is money”, another obstacle is that not enough professional time is reserved for training.

6

Recommendations

The steps to be taken to implement the recommendations of this report fall within the responsibility of different sectors. Most (12) are the responsibility of authorities of Member States of the WHO European Region and of educational institutions for health care providers (11). Others are addressed to health care providers (5), WHO collaborating centres (4), health care institutions (3), the health industries (3), the media (3), and the health insurance systems (2). Seven are addressed to the WHO Regional Office for Europe.

RECOMMENDATIONS TO HEALTH CARE PROVIDERS

Health care providers* are recommended:

1. to strengthen by the use of patient education* the therapeutic effect of their professional management* of chronic conditions
2. to give therapeutic patient education* priority in their own continuing education*
3. to request of universities and other educational bodies that the European Credit Transfer System be used to grant academic qualifications for satisfactory completion of continuing education* courses in therapeutic patient education*
4. to make therapeutic patient education* part of the management* of all patients with chronic disease
5. to assess in their practice the quality of the outcome of therapeutic patient education*

RECOMMENDATIONS TO EDUCATIONAL INSTITUTIONS FOR HEALTH CARE PROVIDERS

Educational institutions are recommended:

1. to determine, through a review of their institutional goals, priorities and strategies, the extent to which they adopt or promote the recommendations of this report
2. to review, and revise as necessary, the educational objectives*, teaching*/learning* methods and evaluation* processes of educational programmes* for health care providers* so as to accord therapeutic patient education* its due importance
3. to ensure, through teacher training programmes, that their teaching* staff has the requisite educational competencies* for quality education* of patients
4. to facilitate patient-based education* by improved coordination and cooperation with health care institutions
5. to establish the professional profile* of each category of health care provider* in order to facilitate the creation of multiprofessional* teams
6. to use the experience already gained in team education* for teamwork or models of such education* to develop training in teamwork
7. to ensure that all health records concerning patients should become an integrated problem-oriented patient chart* to be shared, and contributed to, by all members of the health care team*, with due regard to the ethical principles of patient autonomy and confidentiality
8. to take advantage of laws/regulations related to teaching* / training to gradually advance the implementation* of these recommendations
9. to introduce therapeutic patient education* into the training of physicians, nurses and other health care providers*
10. to grant academic credits to participants who satisfactorily complete continuing-education* courses in therapeutic patient education*
11. to reserve funds, or obtain additional funds, for research on pa-

tient education*

RECOMMENDATIONS TO HEALTH CARE INSTITUTIONS

Health care institutions are recommended:

to ensure that opportunities, time and space are routinely available for patients and their families to communicate their concerns to health care providers*

1. to establish for the career development of health care providers* selection and promotion criteria compatible with patient-oriented educational approaches
2. to promote incentives and statutory recognition for health care providers* engaged in therapeutic patient education*

RECOMMENDATIONS TO WHO COLLABORATING CENTRES

WHO collaborating centres are recommended:

1. to establish therapeutic patient education* as a new professional function* of health care providers*
2. to establish standards for therapeutic education* programmes
3. to design on the basis of quality indicators (common criteria of biomedical outcome, quality of life, educational process, economic and personal costs*) trials of therapeutic patient education* in order to measure and compare the process and outcome of such programmes
4. to disseminate the results of such trials, demonstrating in particular that therapeutic patient education* has short-term positive outcomes

RECOMMENDATIONS TO THE HEALTH INDUSTRIES

The health industries are recommended:

1. to increase action-research on: (a) patient information and education*, in conjunction with the marketing of drugs, appliances, instruments etc.; (b) compliance* with therapy and prevention of relapse; (c) improved methods of long-term care of patients with chronic disease*

2. to sponsor clinical centres engaged in research into therapeutic patient education*
3. to train their marketing staff to be more relevant and effective educators in therapeutic patient education*

RECOMMENDATIONS TO HEALTH INSURANCE COMPANIES

Health insurance companies are recommended:

1. to include therapeutic patient education* in the benefits reimbursable to insured patients
2. to increase the level of reimbursement of costs* of prevention activities of health care providers*, particularly of therapeutic patient education*

RECOMMENDATIONS TO THE MEDIA (PRINT, AUDIO, VIDEO)

The media are recommended:

1. to improve the quality of patient-centred information
2. to seek to improve communication* with health care providers* to produce high-quality information
3. to evaluate the outcome of their communication* of information to different groups (healthy people, patients, health care providers*) as part of therapeutic patient education*

RECOMMENDATIONS TO MEMBER STATES OF WHO

Member States of WHO are recommended:

1. to determine, through the formulation of their health and educational priorities, strategies and targets, the extent to which they are supporting or implementing the proposals of this report
2. to establish official national or regional health care organizations to support, promote and implement patient education* in the

management* of chronic diseases* so as to make it an integral part of health care and the education* of health care providers*

3. to invite key policy-makers to national or international meetings on therapeutic patient education*
4. to invite associations of patients together with policy-makers to determine strategies and targets in respect of the proposals made in this report
5. to identify and support educational institutions capable of introducing changes favourable to therapeutic patient education*
6. to provide regular feed-back to WHO on progress in implementing therapeutic patient education* by means of training programmes for health care providers*
7. to reorganize or restructure systems of health care for efficient implementation* of the patient-education* approach through introductory, basic and post-basic education* at multiprofessional and intersectoral levels
8. to set up national clearing centres of documentation to disseminate findings of research and monitoring demonstrating effective outcomes of therapeutic patient education*
9. to promote therapeutic patient education* as a specialty for health care providers*
10. to establish patient education* positions in health care systems
11. to inform health care services and the public about therapeutic patient education* via the mass media, scientific journals, seminars, conferences, etc.
12. to identify needs for and, in cooperation with health care institutions, establish new training centres to promote therapeutic patient education*

RECOMMENDATIONS TO THE WHO REGIONAL OFFICE FOR EUROPE

The WHO Regional Office for Europe is recommended:

1. to recommend that the ministries of health of the European Region develop plans of action on the basis of these recommendations
2. to designate centres of excellence for therapeutic patient education* in Europe on the basis of such criteria as improved biomedical outcome and quality of life, and effective educational

processes, at acceptable economic and personal costs*

3. to strengthen existing centres of excellence so that they can function as reference centres for instituting new educational programmes* for health care providers*
4. to promote national and international exchange of experience on therapeutic patient education* by disseminating existing knowledge and drawing attention to relevant and efficient educational approaches to patient education* in WHO Member States
5. to promote research in therapeutic patient education*
6. to promote national health and educational policies in line with the principles of therapeutic patient education*
7. to facilitate coordination and cooperation between international organizations active in therapeutic patient education*
8. Institutions, Member States and WHO regional offices outside Europe may also wish to take this report into consideration

Annex

Index/Glossary

The glossary of technical and educational terms used in this report represents the view of the members of the Working Group and does not necessarily have the same validity outside the context of this report. The definitions were taken from the following sources:

- *Educational handbook for health personnel*. Geneva, WHO, 1998, 6th ed.
- *Targets for health for all*. Copenhagen, WHO Regional Office for Europe, 1985.
- *Glossary in managing programmes for leprosy control*. Geneva, WHO, 1994.

Italics are used to indicate that a definition of this expression is also given in the glossary.

A

Active learning: learning in which the learner is active and gradually becomes responsible for his own learning 13–14, 16, 54

Activity (educational): what a learner does to acquire or improve a given *competency* with the (direct or indirect) help of a teacher, preferably on the basis of a contract between teacher and learner. (See *contract*) 47

Activity (professional): a group of acts and *tasks* (with a common purpose) performed by an individual. 9, 14–15, 45, 74

Attitude: the internal disposition reflected by one's behaviour with respect to persons, events, opinions and theories 15–16, 24, 27, 40–44, 49, 58

B

Behaviour: the manner of conducting oneself in relation to one's environment 8, 10, 15, 20, 39, 41, 58

C

Certifying evaluation: a judgement based on measurement or assessment of learner *performance*, used to justify decisions regarding advancement in the educational process, or the award of an academic qualification, credit or other certification of *competence* 12, 13, 48

Change strategies: *see strategies.*

Chronic diseases: diseases that cannot be cured but may be controlled by the cumulative effect of medication, physical therapy, psychological support and *therapeutic patient education* (the term *chronic disease* is synonymous with *long-term disease*) 1–3, 5, 7, 15, 17, 39–40, 53, 63–64

Communication: a process by which information and feelings are exchanged between individuals through a common system of language or signs 13, 37, 41–45, 48–49, 64

Competency (or competence): the professional ability required to carry out certain functions. A recognized aptitude to perform a specific act. *Competence* is a potential which is realized at the moment of *performance* 9, 12, 14–17, 25, 26, 38, 39, 50, 62

Competency profile: see *professional profile*

Compliance (comply): the

way in which a patient follows a prescribed treatment. It includes regularity of controls and visits to health care facilities 3, 27, 44, 63

Constraints: fixed factors (social, political, cultural, financial, technical) imposed by the environment on a given system, which cannot be removed, and which influence the achievement of objectives. See also *obstacles* 7, 24, 26, 31, 34, 59

Contract (educational): description of an agreement reached between a student and a teacher on competencies to be acquired by the student with the help of the teacher 13, 25, 36

Contract (with patients): description of an agreement reached between patients and health care providers on what the patient is expected to do, with the help of the health care providers, in order to manage his disease and treatment 11, 17, 26

Coping: skill and way of attempting to meet, adjust, or adapt in order to overcome personal problems, difficulties and challenges 5, 7, 8, 10 24, 40–41, 45, 49

Cost: an amount to be paid for something. It refers not only to money but also to pain, grief, effort, loss of quality of life, etc. 5, 8, 14, 46, 63, 64, 65

C**urriculum**: a group of *educational activities* to be experienced by a student, designed to achieve selected learning objectives 16,

E

Educated patient profile: a list of actions that patients should be able to perform in order to manage their treatment and prevent avoidable complications while maintaining or improving their quality of life 15–24

Education: action or process facilitating the formation and development of a person's physical, intellectual, sensorimotor and affective characteristics 1–15, 25–31, 35–36, 38–39, 42, 46, 47, 49, 52–53, 57–59, 61–66

Educational diagnosis: the first step of the educational process. It is a systematic, comprehensive, iterative collection of information by the health care provider concerning the patient's bio-clinical, educational, psychological and social status. This information

is to serve as a basis for the construction of an individualized therapeutic education programme 26, 35

Educational objectives: see *learning objectives*

Educational needs assessment: see *Educational diagnosis*

Effectiveness: capacity to produce the desired result 48, 50

Efficiency: capacity to produce the desired result at the least cost 30, 38, 50

Empathy: the capacity to participate in another person's feelings 13, 19, 43

Evaluation: a judgement of value, based on measurement; in education it provides the basis for decision-making 7, 9–10, 12–14, 16, 26, 28, 31, 33–48, 50–52, 58–59, 62

F

Formative evaluation: a judgement based on measurement of the progress or gains made by the learner. The teacher must not use it for a *certifying evaluation* 31, 33, 36, 42, 48, 50

Function (professional): a broad area of competencies, a group of activities (with a common purpose) that a person performs to fulfil his role in society 11, 47, 72, 74

H

Health beliefs: ideas or conceptions patients may have about their state of health or disease 8, 13, 40–41, 44–45, 49

Health care provider(s) (or health personnel): all personnel engaged directly or indirectly in health care tasks (promotive, preventive, curative and rehabilitative) within the health system. For example, with reference to chronic diseases, it refers to nurses, medical doctors, physiotherapists, dentists, nutritionists, chiropodolists, teachers, psychologists, etc. 1–2, 5, 7–17, 23–25, 28, 36, 39, 52, 57–59, 62–63, 65–66

Health care-provider education: educational process helping health care providers acquire the competencies relevant to their *professional profile* 5, 43, 62

Health demand: the extent to which a type of health care or service is demanded by the patient or the population 58

Health needs: the extent to which a type of health care or service is needed, as judged by health professionals, with due consideration of the health of the population. *Felt needs* are those needs that correspond to *demands* 1, 10, 13

Health team: a group of individuals who share a common goal and common *objectives*, determined by patients' *needs*, to the achievement of which all members of the team contribute, in accordance with their individual *competencies*, and in coordination with the *functions* of others 29, 62

I

Implementation: putting a *programme* into action; doing the work to be done 7, 26–27, 34, 36, 38, 62, 65

Implementation plan: outline of *activities* expected to achieve defined *objectives* 2, 34, 36

Interprofessional approach: members of different health professions working together, sharing common goals 9, 10, 14, 39

Intersectoral approach: educational process whereby learners take into consideration the health sector and all other sectors of social and economic community development and organization that affect health 9

L

Learner-centred approach: an educational process which puts the learner at the centre of the picture. It describes what the learner intends (or is intended) to learn (i.e. *learning objectives*), relevant *learning activities* and *self-evaluation* instruments 13, 25, 30, 38

Learning: a process resulting in some modification, relatively permanent, of the learner's way of thinking, feeling or doing 8–10, 35–37, 42

Learning objectives: statements describing what a learner should be able to do at the end, and as the result of a period of learning, which he or she could not do beforehand (also called *educational objectives*). They can be *general*, *intermediate* or *specific*, corresponding respectively to a *professional function*, *activity* or *task* 17, 33, 50, 62

Lecture: in its conventional form, a lesson given orally by a teacher, with virtually no

M

N

O

tent examiners agree on what constitutes an *acceptable level of performance* 50

Obstacles: impediments that must be overcome to achieve objectives. In contrast to constraints, obstacles can be removed, by-passed or overcome. See also *constraints* 26, 31, 49, 57, 59

P

Patient-based education: an educational process in which the patient is one of the essential learning resources 12, 26, 29, 31, 62

Patient-centred approach: a process that puts the patient at the centre of the picture. It is concerned with patients' opinions, concepts, ideas and feelings as well as their biological state. This approach should not be used only for chronic-disease patients: all patients deserve it 13, 17, 25, 26, 30, 34, 39

Patient-centred education: see *therapeutic patient education*

Patient chart: usually called "medical chart". It is a collection of information (usually on paper) reported by health care providers concerning the patient, including main complaint, history of the illness (anamnesis), and physical and other findings, laboratory results etc. In a multiprofessional patient-centred approach each patient should have a single chart in which the periodic contributions of all health care providers concerned are recorded 62

Patient's competencies: see *educated patient profile*

Patient education: see *therapeutic patient education*

Performance: accomplishment of an act (*task*). An individual result obtained from carrying out a task, depending largely on level of *competence* and on *motivation* 11–12, 27, 41

Prerequisites: conditions, including experience and *competencies*, which must be present before a task can be performed 38

Prerequisite level: level of *competence* required from a learner in order to begin an *educational activity* 40–43, 45–48, 50

Problem (health): difference between current and desired health conditions, or between actual and expected results,

which causes concern to the patient or the population as a whole 13

Problem-based learning: a process whereby a learner uses, from the beginning of the learning activity, a *problem* as a stimulus to discover what information is needed to understand and help in the resolution of the problem 2, 13, 26, 35–38, 40–42, 46

Problem-solving approach: see *problem-based learning*

Professional profile: a list of *functions* and *activities* corresponding to a given profession. Also called *job description* 12, 15–17, 24–26, 29, 35, 42, 62

Profile: see *professional profile* or *educated patient profile.*

Programme (educational): a series of planned and coordinated *educational activities* that a learner is to experience with the assistance of teachers 1–2, 5–15, 25–30, 32–35, 38, 46–47, 51–52, 54, 57–59, 62–63, 65–66

R

Reformulation (ing): expressing in other words what a person said 41, 43

Relevance: quality of being appropriate to and consistent with the object pursued. In this report it is the quality of conformity with the *health needs* of the patient 16, 48

Resources: the sum of total manpower, finance, facilities, technology, legislation and materials (supplies and equipment) available for rendering a service 1–2, 10, 14, 26, 29–31, 34, 57, 59

S

Self-evaluation: process by which learners directly obtain information on their progress or gain in competence (see also *formative evaluation)* 14

Self-management: what patients decide to do in order to manage their treatment and prevent complications 5, 27

Skill (professional): a learned ability to perform an act competently. It may be an intellectual skill (cognitive), an interpersonal-communication skill (affective) or a practical skill (sensori-motor) 5, 7–8, 41

Specific educational objective: an objective derived directly from a *professional task* and with the following quali-

ties: unequivocal, feasible, observable and measurable. Well formulated, it should include: the act corresponding to the expected competency, expressed by an active verb; the *content* specifying the subject in relation to which the act is to be performed; the *conditions*, describing the *resources* available to perform the act; and a *criterion* for the *acceptable level of performance*.

Strategy(ies): approach(es) to solving a *problem* by achieving stated *objectives* while taking account of *resources*, *obstacles* and *constraints* 2

System approach: an approach that considers the elements of a problem as an interdependent whole 35, 38, 52

T

Task, professional: a measurable action derived from the segmentation of a *professional activity* 11, 14

Teacher-centred approach: in conventional education, a process describing what teachers do (number, length and content of lectures), as distinct from a *learner-centred approach* 38, 39

Teaching: interactions between teacher and learner, under the teacher's responsibility, designed to bring about expected changes in the learner's behaviour 2, 31, 33–34, 36–39, 45–46, 58–59, 62

Teamwork: a process including coordinated action aimed at solving problems, carried out by two or more persons jointly, concurrently or se-quentially, formally or informally. It implies commonly agreed goals; respect for, and a clear awareness of, others' roles on the part of each member of the team; adequate human and material resources; effective leadership and provision for evaluation (see also *Networking*) 2, 12

Teamwork competence: the ability to work as colleagues rather than in a superior-subordinate relationship 12

Therapeutic patient education: *educational activities* essential to the management of *pathological conditions*, managed by health care providers duly trained in the field of education, designed to help a patient (or a group of patients and their families) to manage their treatment and prevent avoidable complications, while keeping or improving their quality of life. What is specific

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