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Annamaria Bagnasco, Fiona Timmins, Giuseppe Aleo, Gianluca Catania, Milko Zanini, Loredana Sasso

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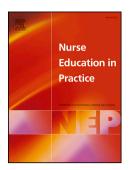
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The Need to Develop Competencies for Patient Therapeutic Education in Nurse Education and Practice through Cross Border Conversations

Running head: Cross Border

Annamaria BAGNASCO PhD, MEdSc, RN Associate Professor of Nursing and Education Coordinator*

Fiona TIMMINS PhD, MSc, MA, FFNRCSI, BNS, BSc (Open Health & Social Care), BA (Open), RNT, RGN Associate Professor of Nursing**

Giuseppe ALEO PhD, MA Research Fellow and Lecturer*

Gianluca CATANIA, PhD, MSN, RN Assistant Professor and Researcher *

Milko ZANINI, PhD, MSN, MSoc, RN Assistant Professor and Researcher *

&

Loredana SASSO MEdSc, MSc, RN FAAN, FFNMRCSI Full Professor of Nursing *

*Department of Health Sciences, University of Genoa, Via Antonio Pastore 1, 16132 Genoa, Italy

**School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier Street, Dublin 2,. School of Nursing and Midwifery, Trinity College Dublin, 24 D'Olier Street, Dublin 2,.

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All correspondence to: Giuseppe ALEO, Research Fellow and Lecturer Department of Health Sciences University of Genoa, Via Pastore, 1 16132 Genoa, Italy

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Patient Therapeutic Education is a well-established supportive intervention, long recognized by the World Health organisation (WHO 1998). It seeks to enable patients with chronic illness to become more independent with regard to their health (WHO 1998). This approach is largely an informal, community-based framework that requires nurses to develop a good therapeutic relationship with the patient and provide responsive education about their illness management, self-care, prevention and medication adherence in this context (WHO 1998). While there are no consistently available structures for this approach, the WHO provide some outline guidance and competencies for specific chronic illnesses (WHO 1998). Developing good relationships, open communication and group conversations with patients and their families and social support are key (WHO 1998).

However very little is known about its current use and reports of innovations are sparse and anecdotal. At the same time it appears to form part of a comprehensive modern approach to healthcare in France (Foucaud et al 2013) something that would be very useful for international nursing students and educators to reflect upon. However these French approaches are not well popularised or understood, possibly as there is a dearth of nursing research from this area (Dupin et al 2013). Nonetheless it is known that it is operationalized in a unique and powerful way through use of Dialogues. These are community-based health care structures that provide education and support to patients in the community in France, using a conversational/relational approach. This takes the form of a community based healthcare and nursing support that provides one-to-one informal sessions with the nurse related to education on medication and health. Other supports such as self-help groups and disease relevant cooking classes for example are also provided. Use of cooking classes hosted by nurses is novel, and little of this has been reported, although there are some recent innovations of this nature reported in the USA (LeBlanc-Morales 2019, Roden et al 2018). There are also examples in Belgium. Rodin et al (2016) provided twenty patients [with chronic kidney disease] with an "out of hospital education" group called "Actifclub". Therapeutic communication was facilitated by social gatherings, such as trips to art gallery, where patients were free to ask health care workers informally about their health conditions and treatment in a social setting. These "Informal discussions" appeared to "do the trick to "educate" patients and improve medication

adherence (Roden et al 2018:1) and believed to be more effective than more traditional, didactic methods.

These approaches though novel and small, have potential for informing health education across Europe. France appears to have good health support for patients with chronic illness that is valued very highly regarded by patients, even when compared with the UK NHS (Kirton 2013, Diabetes Dialogue 2005). Clearly there are some "lessons from France" that could improve international nursing students outlook and understanding of an "integrated health system for chronic disease management" (Stuart & Weinrich 2004:695). As a result we have recently developed an interesting approach within our curriculum. We have a catchment area for nursing students that is located on the border between Italy and France. This town (Mentone) is an Italian-French territory, which means that one part is in France, and the other in Italy. Consequently approaches to healthcare, and specifically community healthcare, vary between both countries [even though it is the same town]. This means that nursing students and nurse educators from this region already understand the great differences between France and Italy in relation to both the community support for management and support of patients with chronic illness but also related to differing styles of patient education. French nurses that regularly commute to work in the Italian side of Mentone for example are surprised by the lack of education and community follow up due to the great need for improvement of community services in Italy (Liotta et al 2017). Similarly, Italian nurses commonly nurses cross the border to work in French Mentone and are unprepared for the educational and relational elements of care required. Thus there is potential value in exploring this cross border experience of nurses and educators in the region, in relation to differences in educational support and use of PTE, particularly as they are so regularly challenged by surprising extremes of practice within a small geographic space.

As a result, and building on the WHO (1998) Patient Therapeutic Education competencies, we are hosting a series of reflective conversations between students and educators from these areas to develop shared competencies for therapeutic education in chronic illness. We hope to merge their respective experiences with these competences in an integrated way. In order to determine and analyse the related clinical skills, clinical simulation will be used, using patient scenarios, to determine how the practices vary between both. We believe that listening to French nursing students' experiences of the well-established and

well-structured community health service will be useful for our nursing students and educators to reflect upon in terms of developing their own practice going forward (Cantegreil-Kallen et al 2006). Interestingly while in the pilot phase of the project have already experienced that the French students demonstrate advanced relational and educational skills, whereas the Italian nursing students rely more heavily on critical thinking and analytical skills. Shared competencies are now being determined and merged these respective skills to use to develop good practice in therapeutic education.

Cross border dialogue like this is an important consideration in modern nursing that is under-utilised. Nurses from cultures where there are large similarities but also large differences provide useful source of reflective dialogue that could stimulate praxis and influence nursing practice in a positive way. In particular sharing of experiences from countries where excellence in practice is not traditionally shared within the published literature, whether due to language barriers or limitations in research development, is important. Sharing and reflecting on community based informal educational approaches such as Patient Therapeutic Education is very valuable, as this embedded community approach is likely a more feasible approach to health promotion for the future. Supporting older peoples' healthcare needs for the future, for example, requires a cohesive, evidence-based approach that focuses on health promotion and maintains functional independent living within the community (Kagan 2015). Patient Therapeutic Education has the potential not only to improve disease management and quality of life, but also has economic advantages. It could also encourage and support informal grass roots movements that could develop in communities to support health and social wellbeing (Farmer et al 2018).

Nurse education establishments internationally could do much more to learn from one another in terms of sharing and reflecting on good practice. The potential for Patient Therapeutic Education, and opportunities to share experiences, needs to be explored within international nursing curricula to address current gaps in healthcare service provision. There are multiple opportunities through Erasmus and other international cooperation for educators and students to learn from one another. Overall a pan-European approach is needed for the future to explore means of cost effective community based interventions that will sustain and support healthy community living for the future.

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