either only on the clinical intuition or observational studies. The medicine based on the evidence crosses today all the disciplines of rehabilitation. We never needed to show the efficiency and to compare the costs/benefit of the TPE programs [1–3]. If the TPE efficiency programs cannot be compared between them in term of costs/effectiveness, the authorities and the professionals of health will be unfocused. Poorer, that will strengthen the chronically sick patients to expect a miracle treatment and to refuse to take part in the TPE programs considering them as “optional”. From this perspective of proof demonstration the first work showed that the adapted physical-activities will produce a crucial role in the aim to maintain the behavioral changes induced by the TPE programs [4].

References

References

CO07-003-e Organization of a multi centered therapeutic education programme (TEP) for patients after a stroke

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Keywords: Therapeutic Education Programme; Stroke; Programme; Chain Objective – Legislation being favourable (loi HPST, Plan AVC 2010-2014) and following the publication of guidelines by the SOFMER and the SFNV on post-stroke Therapeutic Patient Education (TEP), three structures of aftercare and rehabilitation (SSR) and a health network formed a steering committee (COPIL). Its main mission is to develop and structure the educative practice for patients after a stroke following two ways:
– prevention of cardio-neuro-vascular risks;
– physical and cognitive consequences after a stroke.

Materials and methods.– The COPIL, created on December 5th, 2011, gathers competent professionals for stroke reeducation (PRM doctors, health care managers and physiotherapist) or for PTE (master or university degree). The COPIL develops a general methodology following the evaluation of professional practice:
– description of the current situation (questionnaire for SSR professionals);
– choice of improvement axis and an action plan;
– evaluation.

Among the actions of the plan, the COPIL develops an interview guideline for educative diagnosis, constitutes eight multidisciplinary work groups in SSR wards, distributes the different themes, coordinates and synthesizes works, anticipates evaluation tools and prepares the authorization file for the programme for the Regional Health Agency.

Results / Discussion.– Results show that professionals have a poor knowledge on TPE. The improvement axis emerging was to form professionals, to develop a TPE programme on eight themes dealing with secondary prevention and frequent consequences after a stroke, following learned societies’ recommendations. The COPIL meets once a month. The drawing up of the programme on the eight themes is actually in its final stage. Each working group is directed by two experts, one on the theme and the other on TPE. Patients and their caregivers were involved. The authorization request for the programme is planned for September 2013.

The methodology’s main interests consist in its overall vision of sequelae of stroke and its regional use by the coordination team of the stroke chain.

Further reading
www.sofmer.com/ Eléments pour l’élaboration d’un programme d’Education Thérapeutique spécifique au patient après AVC.

http://dx.doi.org/10.1016/j.rehab.2013.07.301