

# Educational Interventions For Individuals With Hematologic Diseases: Approaches And Delivery Modalities

Maha El Habchi<sup>1\*</sup>, Hassane Gazzaz<sup>2</sup>, Yassine El Aatik<sup>3</sup>, Kamal Doghmi<sup>4</sup>

Research Laboratory Of Psychiatry, Medical Psychology And History Of Medicine, Faculty Of Medicine And Pharmacy, Mohammed V University, Morocco Orcid 0009-0009-2039-3036

Clinical, Metabolic And Molecular Biochemistry Team, Faculty Of Medicine And Pharmacy Mohammed V University, Morocco

Research Laboratory Of Psychiatry, Medical Psychology And History Of Medicine, Faculty Of Medicine And Pharmacy, Mohammed V University, Morocco

Department Of The Clinical Hematology Military Hospital Mohammed V 10045 Rabat / Mohammed V University, Morocco

---

## Abstract

**Introduction:** this review aims to summarize current evidence on various approaches and modalities for delivering educational interventions to individuals with hematologic diseases.

**Methods:** a literature search was conducted in three databases: pubmed, embase, and google scholar. Studies published between january 2013 and december 2023 were considered eligible if they involved some form of educational intervention for individuals with hematologic diseases.

**Results:** out of the 572 articles initially identified, seven studies were included and underwent data synthesis. The main findings demonstrate that educational interventions implemented in this field often involve individual and group approaches, using educational tools such as written documents, audiovisual presentations, and games. These approaches are delivered by a multidisciplinary team. Overall, these interventions have led to significant improvements in participants' understanding of their health condition, enhanced self-management abilities, and improved psychological well-being.

**Conclusion:** there is no universal method that can be applied universally. Furthermore, the literature suggests that personalized program models tailored to the needs of the population are conclusive. Based on these observations, we propose recommendations for future research directions to enhance existing methods and develop new techniques to increase the effectiveness of educational initiatives in the field of hematologic diseases.

**Key-Word:** Educational interventions, Hematologic diseases, Patient education.

---

Date of submission: 07-09-2024

Date of acceptance: 17-09-2024

---

## I. Introduction

Hematologic diseases encompass a broad spectrum of pathologies affecting the blood, bone marrow, or lymphatic system. Approximately 1.24 million cases of malignant hematologic disorders occur worldwide each year. Among these pathologies, lymphoma accounts for around 616,000 cases, leukemia for over 454,000 cases, and multiple myeloma for more than 168,000 cases[1]. These conditions can significantly impair physical functioning, emotional well-being, and overall quality of life for patients[2]. Furthermore, their management often requires complex care that necessitates adequate patient understanding and engagement[3], [4]. Therefore, effective therapeutic education has become a crucial aspect of current hematological practice.

Patient therapeutic education is regarded as an innovative[5] and revolutionary care approach for enhancing patients' quality of life. This practice has undergone significant development over several eras to establish its role in the patient care process. It is considered a continuous health process, with successive levels tailored to the patient and their health status, and its success depends on structural organizations and resources implemented[6].

Reflection on patient education has deepened due to poor adherence to prescriptions in chronic diseases and the failure of initial therapeutic patient education attempts based solely on disease and treatment information. The current focus is on establishing a constructive patient-caregiver partnership, whereas current medical education primarily addresses the biomedical dimension and often overlooks educational, psychosocial, and long-term follow-up aspects[7].

---

Despite numerous studies reporting promising results associated with various forms of patient education in several fields, there is little consensus on the most appropriate approaches and delivery methods for patients with hematologic diseases. To address this gap, this review aims to summarize available evidence on educational interventions applied in hematology. Special attention has been given to identifying approaches and tools, as well as their impact on key outcomes such as knowledge acquisition, personal care abilities, and the psychological and clinical state of the patient

## II. Methods

In order to obtain an overview of the current state of knowledge on the subject[8], a review was conducted in accordance with the PRISMA guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses). To this end, a literature search was performed on the following databases: PubMed, Cochrane Library, and Google Scholar, using keywords associated with two concepts: patient educational programs and hematology.

The inclusion criteria were as follows: studies published in French or English, studies focusing on educational interventions for patients with hematologic diseases, studies describing the approach and modality of delivering the educational intervention, and articles published between January 1, 2013, and December 31, 2023. The exclusion criteria are mentioned in the flow diagram: studies focusing on healthcare professionals, studies not describing the approach and modality of delivering the educational intervention.

The titles and abstracts of the articles were reviewed, and their eligibility was assessed. The reference lists of the selected articles were consulted. Data extraction was performed by two authors independently. In case of disagreement, the involved authors discussed to reach a consensus. It is important to note that no assessment of the quality of the articles was conducted. Indeed, reviews aim to synthesize the current state of knowledge, regardless of the methodological quality of the studies included[9].

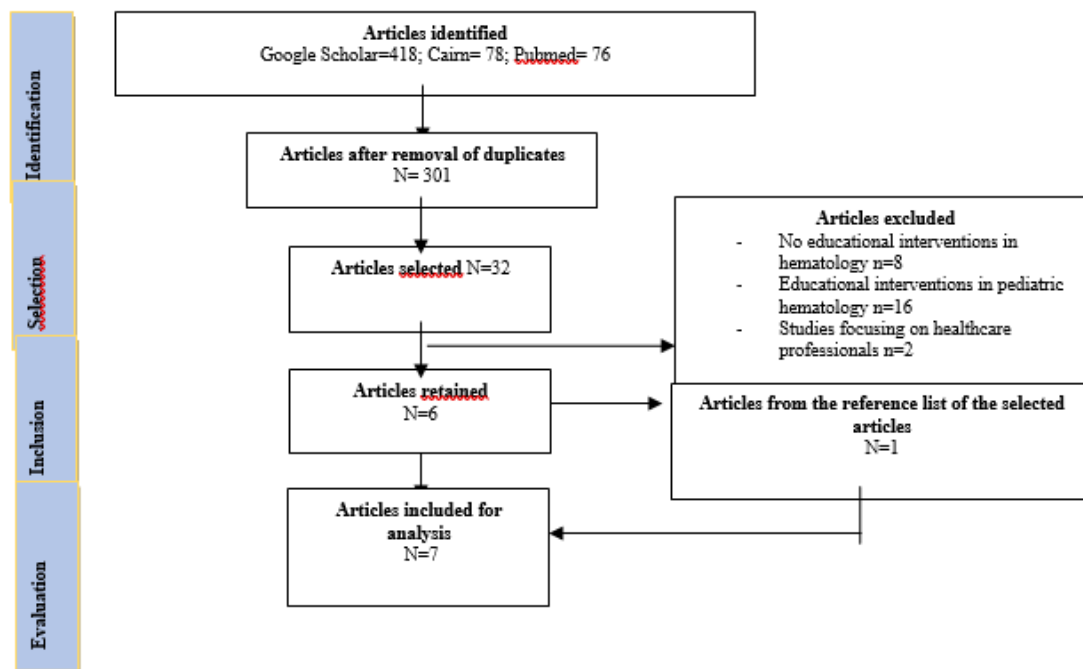


Figure 1: Flowchart for study selection.

## III. Results

Through database searches, 572 articles were retrieved, and 07 studies ultimately met all inclusion criteria and contributed data for the final analysis. The specifics of educational interventions are presented according to the TIDieR recommendations[10] in Table 1.

The selected studies are European, primarily from France[11]–[16] (6 studies) and are in French, with only one study from Italy[17] in English. The targeted patients in the selected studies are as follows: adolescents and young adults aged 15 to 25 years with cancer in onco- hematology[11], patients who received allogeneic hematopoietic stem cell transplantation [12], [17], patients with malignant hematologic disorders followed in a day hospital setting[13], patients undergoing oral anticancer treatment in hematology[14],

**Table1:** The characteristics of educational interventions in hematology

Study	Target Population	Type of Educational Intervention	Implementation of Educational Activity	Program Duration	Educator	Materials Used	Results
Corradini and al, 2016	Adolescents and young adults aged 15-25 with cancer in oncology	Therapeutic education program	Individual and/or group sessions, following a standard template or adapted to the type of care	N/A	-Oncologist-Hematologist -Psychiatrist -Pharmacist -Nurse -Physical Activity Instructor -Dietitian -Social Worker -Educator -Beauty Therapist -Career Guidance Counselor -Psychomotor Therapist	-Interview guide, -Written materials, -Games, -Interactive activities	- Improved knowledge of the disease and treatments, better management of side effects,  -Enhanced self-esteem, reduced anxiety and stress improved engagement and experience of the disease
Cheron and al, 2021	Patients who have undergone allogeneic hematopoietic stem cell transplantation	Individualized and multidisciplinary therapeutic education program	Workshops , individual sessions	before transplant and for several months post-transplant	Multidisciplinary team (physicians, nurses, psychologists, dietitians, etc.)	Written materials (information booklet, brochures), -Audiovisual tools -Practical workshops	Improvement in patients' knowledge and skills, better treatment adherence, reduction in anxiety and stress, enhancement of quality of life
Opsomer and al, 2014	Patients with malignant hematologic disorders followed in a day hospital setting	Individualized therapeutic education program	N/A	3 main individual or group sessions, the number and content of sessions are tailored to the educational objectives.	- Hematologist, -Pharmacists -Nurses -Psychologist, -Dietitian, -Social worker -Patient associations	N/A	Understanding the disease, better adaptation of daily life to the disease, understanding treatments and their risks, mastering home treatment by the patient and their family.
Vaucourt and al, 2018	Patients on oral anticancer drugs in hematology	Personalized individualized educational intervention	Individual and group sessions	First prescription consultation	Oncologist, -Hematologist -Pharmacist -Nurses, -Dietitian, -Psychologist, -Beauty therapist	Presentation	management of treatments and side effects, achieving a good therapeutic response, and medical-economic efficiency.
Cioce and al, 2020	Patients undergoing allogeneic hematopoietic stem cell transplantation	Educational intervention tailored to individual needs	Individual and group sessions	N/A	Psychologist	-Written materials, -Games, -Activities	Reduction of psychological distress, improvement in quality of life
Huon and al, 2018	Patients with hematologic diseases	Therapeutic education program	5 Workshops , individual and/or group	3-6 months	Pharmacist -Nurse -Coordinator -Dietitian -Psychologist -Patient association	Written materials (information booklet, brochures, etc.), audiovisual tools	Maintaining or improving the quality of life for patients with malignant hematologic disorders.
Rowier. A 2020	Patients with hematologic diseases	Therapeutic education program	Workshops , individual	6 months	Multidisciplinary team	Information booklet, audiovisual tools	Improvement in patients' knowledge and skills, better treatment adherence, reduction in anxiety

			sessio ns				and stress, enhancement of quality of life
--	--	--	--------------	--	--	--	--

And patients with hematologic diseases[15]. The selected articles present the design of an educational program, implement an educational program, or evaluate an educational program.

Within the examined studies, educational interventions are carried out through various modalities such as workshops, individual sessions, written and audiovisual materials, as well as interactive group workshops. Each modality includes different educational elements, ranging from lectures to printed materials to interactive role-playing exercises.

Several studies did not specify the duration of an educational program or the length of workshops or dedicated sessions for patients, except for the study conducted by Huon et al[15] which analyzed an educational program and patient satisfaction in hematology. This study established a period of 3 to 6 months for program implementation, with each educational session lasting 2 hours to 2 hours and 30 minutes. A study conducted at the day hospital at the University Hospital of Dijon for patients with malignant hematologic disorders in hematology [13] mentioned that patients needed a minimum of 3 educational sessions. Regarding the study [14] on educational intervention for patients taking oral anticancer drugs, it began from the first consultation without specifying the number of sessions to follow. In the study [12] concerning patients undergoing allogeneic hematopoietic stem cell transplantation, the educational intervention started before the transplant and continued for several months afterward.

Educational intervention is generally provided by a multidisciplinary team. The majority of the examined studies emphasized the importance of education delivered by various healthcare professionals, including doctors, pharmacists, nurses, dietitians, psychologists, and social workers. Additionally, two studies[13], [15] integrated patient associations as contributors to educational programs. Regarding the tools used for patient education, all studies highlighted written materials, games, interactive activities, audiovisual tools, and practical workshops. These methods primarily aim to enhance patients' skills and knowledge.

Four studies proposed the implementation of educational programs for hematology patients, with one study[12] presenting specific recommendations. The objectives of these programs include improving disease and treatment knowledge, encouraging emotional expression, fostering social connections, learning symptom and side effect management, promoting treatment adherence, maintaining or improving quality of life for patients with malignant hematologic disorders, as well as enhancing patient knowledge about medications and their side effects. The study by Cioce et al[17] evaluated the impact of an educational intervention aimed at reducing psychological distress in patients during hematopoietic stem cell transplantation. Huon et al[15] analyzed an existing program, highlighting improved disease and treatment knowledge, increased treatment adherence, and high participant satisfaction.

Within the examined studies, educational interventions are carried out through various modalities such as workshops, individual sessions, written and audiovisual materials, as well as interactive group workshops. Each modality includes different educational elements, ranging from lectures to printed materials to interactive role-playing exercises.

Several studies did not specify the duration of an educational program or the length of workshops or dedicated sessions for patients, except for the study conducted by Huon et al[15] which analyzed an educational program and patient satisfaction in hematology. This study established a period of 3 to 6 months for program implementation, with each educational session lasting 2 hours to 2 hours and 30 minutes. A study conducted at the day hospital at the University Hospital of Dijon for patients with malignant hematologic disorders in hematology [13] mentioned that patients needed a minimum of 3 educational sessions. Regarding the study [14] on educational intervention for patients taking oral anticancer drugs, it began from the first consultation without specifying the number of sessions to follow. In the study [12] concerning patients undergoing allogeneic hematopoietic stem cell transplantation, the educational intervention started before the transplant and continued for several months afterward.

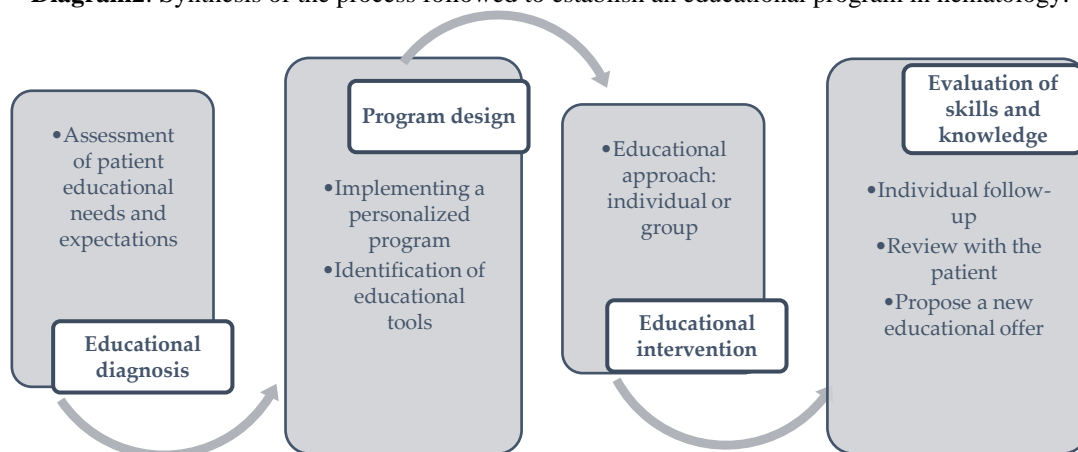
Educational intervention is generally provided by a multidisciplinary team. The majority of the examined studies emphasized the importance of education delivered by various healthcare professionals, including doctors, pharmacists, nurses, dietitians, psychologists, and social workers. Additionally, two studies[13], [15] integrated patient associations as contributors to educational programs. Regarding the tools used for patient education, all studies highlighted written materials, games, interactive activities, audiovisual tools, and practical workshops. These methods primarily aim to enhance patients' skills and knowledge.

Four studies proposed the implementation of educational programs for hematology patients, with one study[12] presenting specific recommendations. The objectives of these programs include improving disease and treatment knowledge, encouraging emotional expression, fostering social connections, learning symptom and side effect management, promoting treatment adherence, maintaining or improving quality of life for patients with malignant hematologic disorders, as well as enhancing patient knowledge about medications and

their side effects. The study by Cioce et al[17] evaluated the impact of an educational intervention aimed at reducing psychological distress in patients during hematopoietic stem cell transplantation. Huon et al[15] analyzed an existing program, highlighting improved disease and treatment knowledge, increased treatment adherence, and high participant satisfaction.

Regarding the steps to follow in educational programs, the studies support that they begin with an assessment of each patient's individual needs and the determination of educational objectives, followed by designing workshops based on themes related to patients' educational needs such as information on the disease and treatment, symptom and side effect management, emotional expression, and social connections. The last step involves individual follow-up to assess the knowledge and skills that the patient has acquired. These studies presented a similar process for establishing an educational program or action. As for Cheron.N et al., patient education needs are already determined; the educational intervention consists of conducting individual educational sessions focusing on pre-transplant information: nature of the transplant, its risks and side effects, transplant process, and post-transplant follow-up. After the transplant, the program offers post-transplant education: symptom and complication management, preparation for returning home, long-term follow-up. For the study by Cioce.M et al., patient educational needs are determined to be psychological; the intervention is proposed in the form of individual or group therapy using relaxation techniques and stress management as educational methods. A follow-up and evaluation of psychological distress were conducted to assess the intervention's effectiveness.

**Diagram2:** Synthesis of the process followed to establish an educational program in hematology.



#### IV. Discussion

The field of hematology has undergone a period of transition and profound development. The introduction of new oral therapies, the shift towards outpatient care, and the emergence of personalized medicine tailored to patient needs have marked this discipline. In this evolving context, patient education aligns fully with this new era of comprehensive care. This article aims to provide an analysis of the approaches and modalities of educational interventions for patients in hematology.

The first point to highlight is the lack of literature on patient educational interventions or programs in hematology outside of Europe, while a strong presence of French literature holds significant importance. Despite WHO recommendations[18] and the origin of patient education development in the United States in 1892[19], it is noteworthy that France is identified as the only country[20] today to have institutionalized this practice through the law entitled "Hospital, Patients, Health, and Territories" (HPST) of 2009, as well as through decrees in 2010, 2013, and 2015[21]–[23]. In 2018, 4296 authorized French programs were listed[24], marking a significant transition from the conceptual phase of educational programs to their evaluation for effectiveness.

It has been demonstrated that educational intervention is an essential element within a therapeutic education program. According to the analyzed studies, two approaches are possible for implementation: individual or group. Each approach has its own advantages and disadvantages. The individual approach allows for personalization of the educational intervention, whether during consultations, follow-ups, or face-to-face sessions[25]. The interest in the individual approach was initially demonstrated in the sixties, and numerous subsequent studies have confirmed its effectiveness[25]–[29]. In this context, during individual sessions, the objectives are clear and well-defined, and must align with the patient's perspective, skills, and knowledge to be acquired[25]. The uniqueness of hematologic patients, facing periods of isolation, chemotherapy side effects (both short-term and long-term: fatigue, infections, fever, etc.), or risk detection situations (infections, bleeding), can make their participation in group sessions challenging. Regarding disadvantages, cost, time, and human resources remain the most obvious drawbacks for practicing this approach[28].

As for group educational intervention, it offers numerous advantages for individuals. Indeed, the group facilitates the sharing of experiences and ideas, which can promote changes in opinions and behaviors[25], [28], [30]. From a healthcare professional's perspective, group education avoids the need to repeat information several times for each patient. Other advantages are also worth considering: the sense of community that the patient may feel by realizing that they share their emotions and aspirations with their peers; the opportunity to learn from others' experiences and recommended solutions. However, some persistent disadvantages include the confidentiality of shared patient experiences, less individual attention given to the patient in a group setting compared to a one-on-one interview, as well as potential mismatch between the patient and the group[25], [28], [31].

This approach leads to personalized care, information, as well as self-care and adaptation skills[19][32] tailored to the patient's needs, in line with the results of the selected studies in this review on the structure and personalization of educational programs according to patient needs[33]. Every therapeutic education program must be adapted to the specific needs of the patient. In hematology, it is beneficial to involve the patient from the disease diagnosis announcement to help them accept and better manage their condition[34], starting with an educational diagnosis followed by developing a personalized program and then assessing progress with the patient[35].

To implement patient education, all studies emphasized the importance of a multidisciplinary team, typically composed of a physician, nurse, dietitian, psychologist, physiotherapist, and other professionals in line with international recommendations[35], [36]. Patient education must primarily be provided by trained healthcare professionals, each bringing their expertise and knowledge to educate the patient, empower them, and reduce anxiety related to the disease and treatments[33]. It is important to note that this team must possess the necessary skills to successfully carry out this process. According to WHO[37], professionals conducting therapeutic education activities must have skills in four areas: relational skills, pedagogical and facilitation skills, methodological and organizational skills, as well as biomedical and care skills.

The selected literature presented a variety of educational tools such as brochures, presentations, games, audiovisual materials, facilitating patient learning. An educational tool is an essential means to convey information and knowledge, work on representations or self-care or adaptation skills[14]. However, the absence of digital tools and simulation was noted. Digital technology has become essential[38]. Therapeutic patient education does not escape this trend; it presents a new model of educational intervention aiming for digitization of educational offerings in the form of workshops or remote sessions, as well as websites and forums offering advice and information sharing[39].

The majority of analyzed studies described the process of implementing an educational program in line with recommendations[33]. his approach requires a structured approach in precise steps over a defined period focusing not on the disease itself but on the concerned patient[40], [41]. Patient education aligns with an innovative care approach[5], offering patients the opportunity to empower themselves through knowledge acquisition and skill development in collaboration with the healthcare team. It should be emphasized that merely informing patients does not guarantee that they will successfully "absorb" knowledge[42] or adopt healthier behaviors beforehand. Information generally aims to transmit data to the recipient while therapeutic patient education refers to a change in "being in the world"[43].

#### **Study Limitations:**

Although available evidence suggests that educational interventions are a valuable tool for supporting patients with hematologic diseases, some limitations and points to consider should be highlighted.

This study is limited by the number of studies included in the literature review. The search was conducted in only three databases from the last ten years. Additional interventions could have been identified by consulting other databases, grey literature or expanding the search to other publication years. Further research is needed to evaluate the effectiveness of different approaches and modalities for delivering educational interventions.

## **V. Conclusion**

This review highlights educational interventions as a crucial element in caring for individuals with hematologic diseases. Healthcare professionals can learn from these results to develop tailored educational programs that promote better understanding of treatments and management strategies among patients. However, to maximize the effectiveness of these interventions, it is important to continue research to identify the most appropriate intervention models, ensure standardization of protocols and ensure equitable access to educational resources essential for sustainable improvement in quality of life and patient experience.

## **References**

- [1] « Cancers Du Sang ». Consulté Le: 2 Mars 2024. [En Ligne]. Disponible Sur: <https://www.bms.com/fr/expertises/hematologie/cancer-du-sang.html>
- [2] M. Moriceau, « La Souffrance Totale En Onco-Hématologie », Infokara, Vol. 17, N° 3, P. 103-107, 2002, Doi: 10.3917/Inka.023.0103.

- [3] C. Dossun, B. V. Popescu, Et D. Antoni, « Évaluation De La Qualité De Vie : Importance Clinique Pour Le Patient », *Cancer/Radiothérapie*, Vol. 25, N° 6, P. 576-583, Oct. 2021, Doi: 10.1016/J.Canrad.2021.06.029.
- [4] M. Moriceau Et P. Saltel, « Comment Améliorer La Relation Avec Le Patient En Onco-Hématologie? », *Infokara*, Vol. 19, N° 1, P. 3-8, 2004, Doi: 10.3917/Inka.041.0003.
- [5] F. Baudier Et G. Leboube, « Éducation Thérapeutique Du Patient Et Disease Management : Pour Une 3e Voie “A La Française” ? », *Santé Publique*, Vol. 19, N° 4, P. 335-340, 2007, Doi: 10.3917/Spub.074.0335.
- [6] J.-P. Assal Et A. Golay, « Le Suivi A Long Terme Des Patients Chroniques : Les Nouvelles Dimensions Du Temps Thérapeutique ». [En Ligne]. Disponible Sur: [Http://Pascal-Francis.Inist.Fr/Vibad/Index.Php?Action=Getrecorddetail&Idt=1042073](http://Pascal-Francis.Inist.Fr/Vibad/Index.Php?Action=Getrecorddetail&Idt=1042073)
- [7] J.-P. Assal, « Et Si Une Certaine Pédagogie Conduisait A Une Médecine Plus Globale ? De La Nouvelle Pédagogie En Faculté De Médecine A L'éducation Thérapeutique », *Med Hyg*, Vol. 2407, P. 1791-1800, Oct. 2002.
- [8] H. Snyder, « Literature Review As A Research Methodology: An Overview And Guidelines », *Journal Of Business Research*, Vol. 104, P. 333-339, Nov. 2019, Doi: 10.1016/J.Jbusres.2019.07.039.
- [9] M. J. Grant Et A. Booth, « A Typology Of Reviews: An Analysis Of 14 Review Types And Associated Methodologies », *Health Information & Libraries Journal*, Vol. 26, N° 2, P. 91-108, 2009, Doi: 10.1111/J.1471-1842.2009.00848.X.
- [10] T. C. Hoffmann Et Al., « Better Reporting Of Interventions: Template For Intervention Description And Replication (Tidier) Checklist And Guide », *BMJ*, Vol. 348, P. G1687, Mars 2014, Doi: 10.1136/Bmj.G1687.
- [11] N. Corradini Et Al., « Quelle Démarche D'éducation Thérapeutique (ETP) Pour Les Adolescents Et Jeunes Adultes Atteints De Cancer ? Expérience Du Groupe ETP De “Go-AJA” », *Bulletin Du Cancer*, Vol. 103, N° 12, P. 966-978, Déc. 2016, Doi: 10.1016/J.Bulcan.2016.10.006.
- [12] N. Cheron Et Al., « Programme D'éducation Thérapeutique Du Patient (ETP) Faisant L'objet D'une Allogreffe De Cellules Souches Hématopoïétiques: Recommandations De La Société Francophone De Greffe De Moelle Et De Thérapie Cellulaire (SFGM-TC) », *Bulletin Du Cancer*, Vol. 108, N° 12, P. S26-S29, 2021.
- [13] M.-A. Opsomer, M. Boulain, D. Caillot, Et C. Pernot, « Mise En Place Du Programme D'éducation Thérapeutique Chez Les Patients Atteints D'hétopathie Maligne En Hématologie, En Hôpital De Jour Au CHU De Dijon - Sciencedirect ». Consulté Le: 25 Février 2024. [En Ligne]. Disponible Sur: [Https://www.Sciencedirect.Com/Science/Article/Pii/S2211104214000885?Via%3Dihub](https://www.Sciencedirect.Com/Science/Article/Pii/S2211104214000885?Via%3Dihub)
- [14] J. Vaucourt, « Education Thérapeutique Du Patient Sur Les Anticancéreux Par Voie Orale En Hématologie A L'hôpital De Mercy : Participation A La Préparation Des Séances Et A La Mise En Place D'outils Educatifs », *Other*, Université De Lorraine, 2018. Consulté Le: 3 Février 2024. [En Ligne]. Disponible Sur: [Https://Hal.Univ-Lorraine.Fr/Hal-03297521](https://Hal.Univ-Lorraine.Fr/Hal-03297521)
- [15] J. Huon, « Éducation Thérapeutique En Hématologie : Analyse Du Programme HOPE (Hématologie, Oncologie, Patient, Éducation) Et De La Satisfaction Des Participants », P. 65, Nov. 2018.
- [16] A. Rowier Et A. F. Université De Liège > Master Sc. Santé Publ., « Mémoire, Y Compris Stage Professionnalisant[BR]- Séminaires Méthodologiques Intégratifs[BR]- Mémoire : “Création Et Mise En Place De Supports Pédagogiques Dans Un Contexte De Renforcement De La Dynamique D'éducation Thérapeutique Du Patient Dans Le Service D'hématologie Au CHR Liège” », Sept. 2020, Consulté Le: 23 Janvier 2023. [En Ligne]. Disponible Sur: [Https://Matheo.Ulidge.Be/Handle/2268.2/10013](https://Matheo.Ulidge.Be/Handle/2268.2/10013)
- [17] M. Cioce Et Al., « IMPACT OF EDUCATIONAL INTERVENTIONS ON PSYCHOLOGICAL DISTRESS DURING ALLOGENEIC HEMATOPOIETIC STEM CELL TRANSPLANTATION: A RANDOMIZED STUDY. », *Mediterranean Journal Of Hematology And Infectious Diseases*, Vol. 12, N° 1, Art. N° 1, Août 2020, Doi: 10.4084/Mjhid.2020.067.
- [18] « Améliorer Le Niveau D'éducation Du Patient : Un Nouveau Guide A L'intention Des Décideurs Et Des Professionnels De Santé Pour Faciliter L'auto-Prise En Charge Des Maladies Chroniques ». [En Ligne]. Disponible Sur: [Https://www.Who.Int/Europe/Fr/News/Item/14-11-2023-Improving-Patient-Education--A-New-Guide-For-Policy-Makers-And-Health-Professionals-To-Support-Self-Management-Of-Chronic-Conditions](https://www.Who.Int/Europe/Fr/News/Item/14-11-2023-Improving-Patient-Education--A-New-Guide-For-Policy-Makers-And-Health-Professionals-To-Support-Self-Management-Of-Chronic-Conditions)
- [19] C. Tourette-Turgis Et J. Thievenaz, « L'éducation Thérapeutique Du Patient : Champ De Pratique Et Champ De Recherche », *Savoirs*, Vol. 35, N° 2, P. 9-48, 2014, Doi: 10.3917/Savo.035.0009.
- [20] X. De La Tribonnière, « L'avenir De L'etp : Une Prestation Supplémentaire Ou Une Autre Médecine ? », *Médecine Des Maladies Métaboliques*, Vol. 14, N° 3, P. 207-213, Mai 2020, Doi: 10.1016/J.Mmm.2020.03.006.
- [21] Arrêté Du 2 Août 2010 Relatif Aux Compétences Requises Pour Dispenser Ou Coordonner L'éducation Thérapeutique Du Patient.
- [22] « Arrêté Du 14 Janvier 2015 Relatif Au Cahier Des Charges Des Programmes D'éducation Thérapeutique Du Patient Et A La Composition Du Dossier De Demande De Leur Autorisation Et De Leur Renouvellement Et Modifiant L'arrêté Du 2 Août 2010 Modifié Relatif Aux Compétences Requises Pour Dispenser Ou Coordonner L'éducation Thérapeutique Du Patient - Légifrance ». Consulté Le: 3 Mars 2024. [En Ligne]. Disponible Sur: [Https://www.Legifrance.Gouv.Fr/Loda/Id/JORFTEXT000030135866](https://www.Legifrance.Gouv.Fr/Loda/Id/JORFTEXT000030135866)
- [23] Arrêté Du 31 Mai 2013 Modifiant L'arrêté Du 2 Août 2010 Relatif Aux Compétences Requises Pour Dispenser L'éducation Thérapeutique Du Patient.
- [24] « De La Tribonnière: Les Evaluations Quadriennales - Google Scholar ». Consulté Le: 3 Mars 2024. [En Ligne]. Disponible Sur: [Https://Scholar.Google.Com/Scholar\\_Lookup?Title=Les%20C3%A9valuations%20quadriennales&Publication\\_Year=2016&Author=X.%20De%20La%20Tribonni%C3%A8re&Author=P.%20Lafitte](https://Scholar.Google.Com/Scholar_Lookup?Title=Les%20C3%A9valuations%20quadriennales&Publication_Year=2016&Author=X.%20De%20La%20Tribonni%C3%A8re&Author=P.%20Lafitte)
- [25] H. Mosnier-Pudar Et G. Hochberg, « Éducation Thérapeutique, De Groupe Ou En Individuel : Que Choisir ? », *Médecine Des Maladies Métaboliques*, Vol. 2, Sept. 2008, Doi: 10.1016/S1957-2557(08)74047-1.
- [26] A. De Chevigny, C. Chatron, L. Morvillez, V. Prevost, Et V. Chédru-Legros, « Validation D'un Guide D'entretien Pour Le Suivi Des Patients Traités Par Chimiothérapie Orale », *Actualités Pharmaceutiques*, Vol. 57, N° 578, P. 42-47, Sept. 2018, Doi: 10.1016/J.Actpha.2018.05.017.
- [27] G. Lager, Z. Pataky, Et A. Golay, « Efficacité De L'éducation Thérapeutique », *Revue Médicale Suisse*, 2009.
- [28] S. R. Wilson, « Individual Versus Group Education: Is One Better? », *Patient Educ Couns*, Vol. 32, N° 1 Suppl, P. S67-75, Déc. 1997, Doi: 10.1016/S0738-3991(97)00098-0.
- [29] L. Gossec, B. Fautrel, Et C. Beauvais, « Évaluer Les Programmes D'éducation Thérapeutique - Sciencedirect ».
- [30] M.-C. Piperini, J. Berger, L. Devaux, M. Ginet, Et K. Samson, « [Study Of Collective Nutrition Education Sessions For Diabetic Type II Patients] », *Rev Epidemiol Sante Publique*, Vol. 67, N° 2, P. 98-105, Avr. 2019, Doi: 10.1016/J.Respe.2019.01.114.
- [31] « Quels Sont Les Avantages Et Les Inconvénients De La Thérapie De Groupe Par Rapport A La Thérapie Individuelle ? », *Quora*. Consulté Le: 2 Mars 2024. [En Ligne]. Disponible Sur: [Https://Fr.Quora.Com/Quels-Sont-Les-Avantages-Et-Les-Inconvénients-De-La-Thérapie-De-Groupe-Par-Rapport-A-La-Thérapie-Individuelle](https://Fr.Quora.Com/Quels-Sont-Les-Avantages-Et-Les-Inconvénients-De-La-Thérapie-De-Groupe-Par-Rapport-A-La-Thérapie-Individuelle)
- [32] B. Sandrin, « Éducation Thérapeutique Et Promotion De La Santé : Quelle Démarche Educative ? », *Santé Publique*, Vol. S2, N° HS2, P. 125-135, Juill. 2013, Doi: 10.3917/Spub.133.0125.
- [33] « Structuration D'un Programme D'éducation Thérapeutique Du Patient Dans Le Champ Des Maladies Chroniques », *Haute Autorité De Santé*. Consulté Le: 26 Février 2024. [En Ligne]. Disponible Sur:

- [https://www.has-sante.fr/Jcms/C\\_601290/Fr/Structuration-D-Un-Programme-D-Education-Therapeutique-Du-Patient-Dans-Le-Champ-Des-Maladies-Chroniques](https://www.has-sante.fr/Jcms/C_601290/Fr/Structuration-D-Un-Programme-D-Education-Therapeutique-Du-Patient-Dans-Le-Champ-Des-Maladies-Chroniques)
- [34] D. Pérol Et Al., « L'éducation Thérapeutique En Cancérologie : Vers Une Reconnaissance Des Compétences Du Patient », *Bulletin Du Cancer*, Vol. 94, N° 3, P. 267-274, Mars 2007, Doi: 10.1684/Bdc.2007.0215.
- [35] « Éducation Thérapeutique Du Patient (ETP) », Haute Autorité De Santé. Consulté Le: 26 Février 2024. [En Ligne]. Disponible Sur: [https://www.has-sante.fr/Jcms/C\\_1241714/Fr/Education-Therapeutique-Du-Patient-Etp](https://www.has-sante.fr/Jcms/C_1241714/Fr/Education-Therapeutique-Du-Patient-Etp)
- [36] C. Bauchetet Et Al., « Recommandations Pour La Mise En Place De Staffs Pluriprofessionnels (SPP) Dans Les Services De Soins », *Bulletin Du Cancer*, Vol. 107, N° 2, P. 254-261, Févr. 2020, Doi: 10.1016/J.Bulcan.2019.11.004.
- [37] Organisation Mondiale De La Santé. Bureau Régional De L'Europe, *Education Thérapeutique Du Patient : Programmes De Formation Continue Pour Professionnels De Soins Dans Le Domaine De La Prévention Des Maladies Chroniques : Recommandations D'un Groupe De Travail De L'o.M.S. Organisation Mondiale De La Santé. Bureau Régional De L'Europe, 1998.* Consulté Le: 7 Août 2023. [En Ligne]. Disponible Sur: <https://apps.who.int/iris/handle/10665/345371>
- [38] J.-D. Cohen, M. Chambouleyron, A. Guillaume, S. Tropé, Et R. Gagnayre, « L'e-ETP : Vers Une Nouvelle Pratique ? », *Educ Ther Patient/Ther Patient Educ*, Vol. 12, N° 2, P. 20301, 2020, Doi: 10.1051/Tpe/2021004.
- [39] H. Dufresne, S. Dimarcq, C. Godot, C. Bodemer, Et S. Hadj-Rabia, « L'éducation Thérapeutique Du Patient Par Le Numérique (E-ETP) : Une Opportunité Pour Le Patient ? », *Médecine Des Maladies Métaboliques*, Vol. 18, N° 1, P. 27-37, Févr. 2024, Doi: 10.1016/J.Mmm.2023.12.011.
- [40] C. Charles, T. Whelan, Et A. Gafni, « What Do We Mean By Partnership In Making Decisions About Treatment? », *BMJ*, Vol. 319, N° 7212, P. 780-782, Sept. 1999, Doi: 10.1136/Bmj.319.7212.780.
- [41] « Measuring Information Needs Among Cancer Patients - Pubmed ». Consulté Le: 26 Février 2024. [En Ligne]. Disponible Sur: <https://pubmed.ncbi.nlm.nih.gov/11384823/>
- [42] « Centre d'Éducation Du Patient - Méthode ». Consulté Le: 27 Février 2024. [En Ligne]. Disponible Sur: <https://www.educationdupatient.be/index.php/education-du-patient/methode>
- [43] « Points De Vue - Éducation Thérapeutique Du Patient ETP IPCEM ». Consulté Le: 27 Février 2024. [En Ligne]. Disponible Sur: <https://ipcem.org/points-de-vue>