

FINE
WEBINAIRE
2020



FINE

*EUROPEAN FEDERATION
OF EDUCATORS
IN NURSING SCIENCE*

*FÉDÉRATION EUROPÉENNE
DES ENSEIGNANTS
EN SCIENCES INFIRMIÈRES*

Who we are/ qui sommes nous ?

Dr Isabelle Bayle



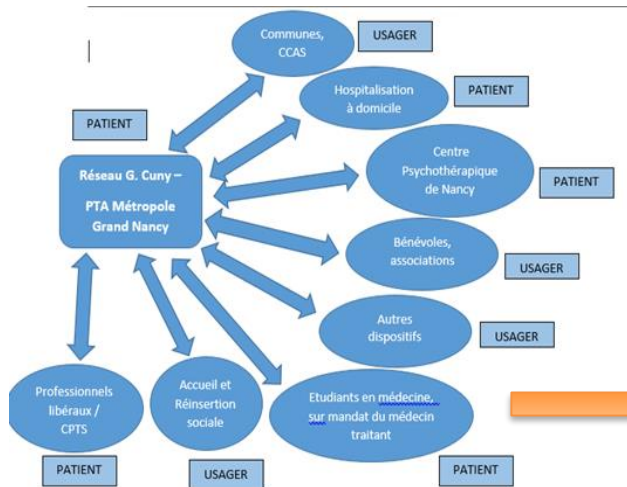
Dr Jane-Laure Danan



SOMMAIRE

1. Des besoins du terrain vers l'appareil de formation le dispositif PCC
 2. De l'appareil de formation vers le déploiement des apprenants sur les terrains professionnels
-
1. From the needs of the field to the training device “preventing the consequences of confinement” PCC
 2. From the training system to the deployment of learners in the professional field

LE CONTRAT LOCAL DE SANTE



Circuit coordonné d'alerte et de partage d'informations utiles en fonction des missions et compétences de chacun

Coordinated alert and information sharing circuit based on each individual's missions and skills

Centré sur la personne et son entourage

Focused on the person and his or her relatives family or caregivers

- Formation de 200 étudiants (150 dans le dispositif et 50 en stage) par le DR Eliane Abraham directeur de la PTA réseau Cuny .
- **4 sessions de 1h30 en Visio**
- secret professionnel /relation de soins / brief sur le questionnaire
- **750 patients suivi de pendant 3 mois** puis relais pris par les bénévoles de la croix rouge et opa
- des septembre le doyen de la faculté intègre cet enseignement dans le cursus des 2 ème année , 10 heures de théorie et 20 de heures de stage
- **Training of 200 students (150 in the system and 50 in internship) by DR Eliane Abraham, director of the PTA Cuny network.**
- **4 sessions of 1h30 in Visio**
- **professional secrecy / care relationship / brief on the questionnaire**
- **750 patients followed for 3 months and then relayed by Red Cross volunteers and opa**
- **From September the Dean of the Faculty integrates this teaching** into the curriculum of the second year, 10 hours of theory and 20 hours of internship



Le must ! création d'un dispositif d'auto apprentissage et d'entre -aide
100 euros chèque vacances et un coup de pouce rentrée de 100 euros ,



**métropole
GrandNancy**

Grand Est
ALSACE CHAMPAGNE-ARDENNE LORRAINE



Des besoins du terrain vers l'appareil de formation le dispositif PCC

Covid-19

Point de situation

LE VIRUS TOUCHE PARTICULIÈREMENT
LES PLUS FRAGILES

+ 60 ans

représentent 96% des décès

+ 70 ans

représentent 86% des décès

+ 80 ans

représentent 62% des décès



- Depuis le début de la crise du coronavirus Covid-19, les **pouvoirs publics**, dans leur ensemble, courent après les événements, faute d'avoir **la capacité de suffisamment les anticiper**.
 - Le concours des collectivités territoriales semble indispensable, ne serait-ce que dans un rôle de médiation et d'explication à l'égard des populations, en particulier les personnes qui ont le plus besoin **d'une approche humaine et personnalisée de la gestion de la crise**
 - C'est dans ce contexte et en plein confinement qu'a été conçue l'expérience « Prévention conséquences confinement »
 - L'idée était de ne pas prendre de retard en cas de nécessité d'intervention, et de se compléter pour pouvoir être disponible pour le plus grand nombre et qu'il n'y ait pas d'oubliés sur notre territoire métropolitain
 - **Ce projet a eu un double impact. Tout d'abord, il a été en mesure de prévenir de nombreux problèmes de santé dans cette population fragile avec une utilisation optimale du système de soins de santé médicale.**
 - **Deuxièmement, il a permis aux étudiants en médecine de premier cycle d'effectuer leur première expérience en tant que membre responsable du système de soins de santé.**
 - **En plus de fournir un service précieux, crucial en cette période COVID, ils ont montré leur esprit de collaboration et amélioré leurs compétences médicales d'une manière complètement nouvelle et innovante**
-
- **Since the start of the Covid-19 coronavirus crisis, it has been clear that the public authorities, as a whole, have been chasing after events because they have not been able to anticipate them sufficiently.**
 - **The assistance of local and regional authorities seems indispensable, only in a role of mediation and explanation towards the population, especially those who are most in need of a human and personalised approach to crisis management.**
 - **It is in its context and in full confinement that the "Prevention consequences confinement" experiment was designed.**
 - **The idea was not to fall behind when intervention was needed, and to complement each other so that we could be available to as many people as possible and so that no one would be forgotten in our metropolitan area**
 - **This project had a double impact. First, it was able to prevent many health issues in this fragile population with an optimal use of the medical health care system. Second, it enabled the undergraduate medical students to perform their first experience as a responsible member of the healthcare system. In addition to provide a valuable service, crucial in this COVID period, they showed their collaborative spirit and enhanced their medical skills in a completely new and innovative manner**

Telehealth prevention action by medical students for community dwelling older adults during covid19 confinement

Abraham Eliane, Gambier Nicolas, Orsini Françoise, Abraham Aurélie, Besozzi Anaick, Tyaert Louise, Braun Marc, Joly Laure

Introduction

During COVID19 pandemic, population of community-dwelling older adults was particularly isolated from the classic healthcare system. Undergraduate medical students were requested to serve as a link between this population and the ambulatory network healthcare system. The aim of this action was to prevent and detect medical, social, or mental problems in this population of Nancy Metropole in Lorraine, allowing a fast and adequate reaction while relieving general practitioners' workload.

Methods

Population

Targeted subjects

People of any age and any pathology, finding themselves at home without the ability to adapt in the medium or even long term in a suddenly disturbed daily life because of the Covid19 confinement. Subjects living in Nancy Metropole, Lorraine, France were included by their general practitioner in a survey network system named "Réseau Gerard Cuny – Plateforme Territoriale d'appui de la metropole du Grand Nancy" (PTA). This organisation was created in 2005 : a mobile team of nurses and geriatricians are at the disposal of carers, patients and their helpers. It aims, on the one hand at evaluating the medico-psychosocial status of the patient in his home and on the other hand, at providing the patient to the convenient health services. The GP and his patient are deeply involved in each step of the process.

Students

Undergraduate Medical students (2nd and 3rd years) were asked to participate in this program. They were free to participate. No financial compensation was provided.

Students training

All medical students involved in this program followed a dedicated training by videoconference to strategic, safe, smart, and resource-conscious way.

Objectives

- Maintain a social link, a space for exchange and dialogue: listen, explain, reassure...
- Enable an early tracking of needs to be covered, in the context of daily life
- Early detection of signs of decompensation, loss of quality of life, ...
- Be able to alert the geriatrician of the PTA as often as necessary
- Allowing General Practitioner to mainly devote their activity to acute situations

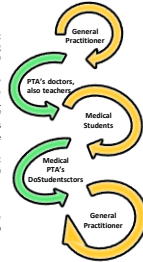


Figure2. Health network from GP to GP, patients-centric

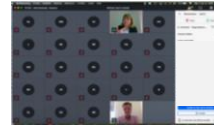


Figure1. Virtual platform used for medical students training

Protocol

"Each student was in charge of 3 to 5 subjects. For each subject they had specific medical information given by the PTA, connected with each general practitioner. The students had to contact by phone their subject several times per week during the confinement period (from March, 17th to May, 11th). They had to provide their social contact according to a well-defined protocol written by the Territorial Platform of Support (PTA) of Grand Nancy. Several objectives were defined (see on the dedicated paragraph). At the end of the experience an evaluation form was sent to the general practitioners, students and patients in order to collect qualitative and quantitative feedback.

Results

Student Volunteer	145
Mission duration	10 weeks
Patients	
Beginning of the mission	782
Inclusion during mission	80
End of the mission	608
Number of patients per student	3 - 5
Call duration	About 6 hours/week per student
General Practitioner	180

General Practitioners' opinion?

Nothing to say, a very good initiative!

A patient's daughter told that her mother felt that the student listened to her while her children no longer listened to her.

Many compliments, very touched that their patients are called even on national holidays!

Patients very happy with calls

Congratulations!!!

Keep going, don't give up and good luck!

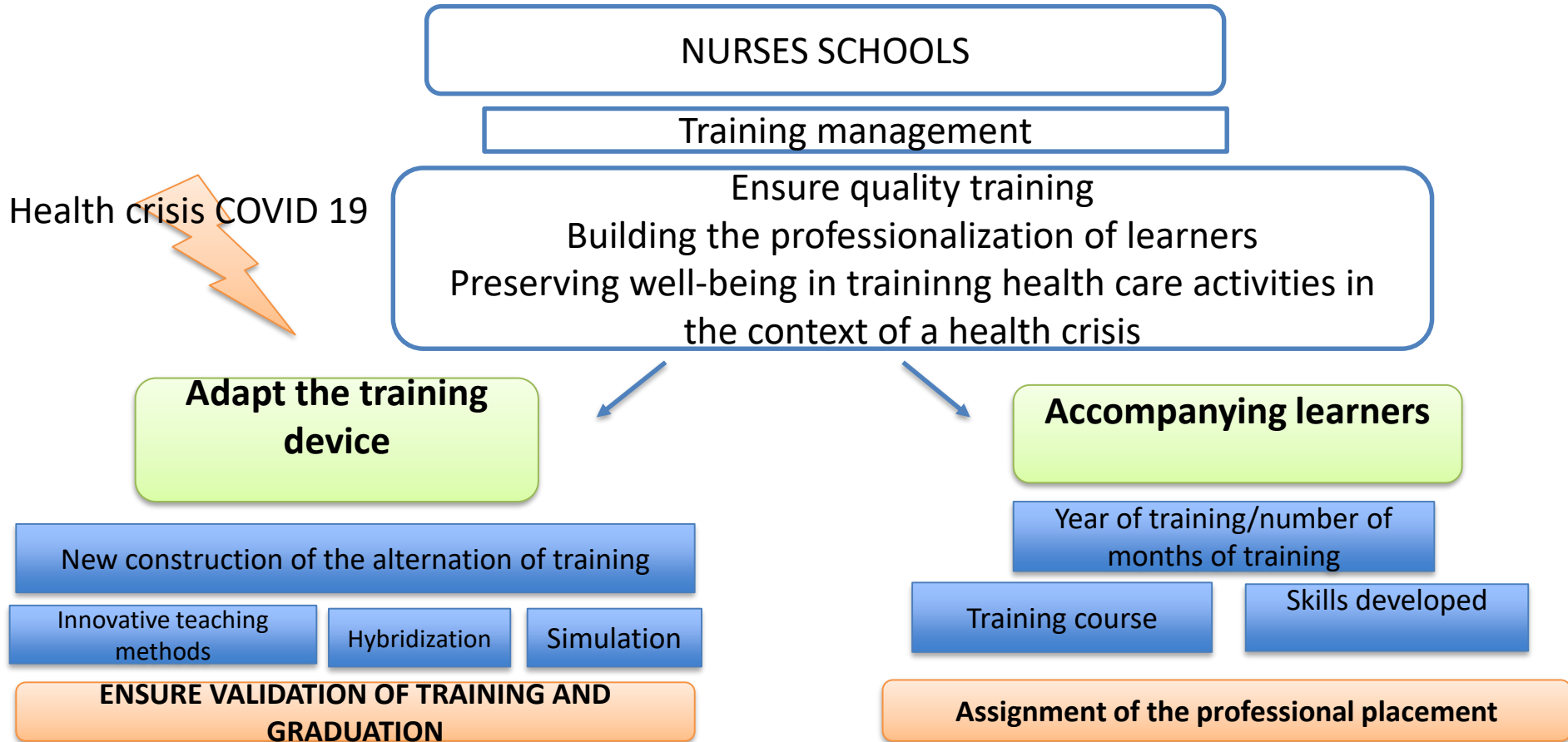
Positive feedback from his patients

Thanks to this action, I've been warmed about two persons who really needed quick medical assistance although they didn't call for help.

Conclusion

- This project had a double impact. First, it was able to prevent many health issues in this fragile population with an optimal use of the medical health care system. Second, it enabled the undergraduate medical students to perform their first experience as a responsible member of the healthcare system. In addition to provide a valuable service, crucial in this COVID period, they showed their collaborative spirit and enhanced their medical skills in a completely new and innovative manner.

ENSURING QUALITY TRAINING IN THE CONTEXT OF A HEALTH CRISIS: AN ISSUE IN THE DAILY ACTIVITY OF HEALTH TRAINING INSTITUT



• PREMIER CONSTAT

Réponse territoriale

- Déploiement adapté et ciblé aux besoins exprimés
- Déploiement inscrit dans la durée
- Toutes les structures demandeuses ont eu des ressources

Dispositif de formation

- Restructuration de la maquette pédagogique
- Communication importante par rapport aux intervenants, aux apprenants
- Construction d'une nouvelle offre de formation (outils numériques/plateforme)
- Mobilisation des cadres de santé formateurs sur le terrain → affaiblissement des équipes

Apprenants

- En fonction de l'équipe d'affectation :
 - Développement des compétences/reconnaissance du travail/ valorisation des actions entreprises → apprenants satisfaits
 - Remplacement de personnel/pas d'encadrement/ pas de reconnaissance → apprenants insatisfaits
 - Suivi individualisé / soutien de la part des équipes pédagogiques voir un suivi avec un psychologue
 - Reconnaissance financière par l'état et des actions locales

• FIRST OBSERVATION

Territorial answer

- Coordinated partnership with directions, care directions, crisis units
- Deployment adapted and targeted to the needs expressed.
- Long term deployment
- All the requesting structures had resources

Training device

- Restructuring of the pedagogical model
- Important communication in relation to intervenants, learners.
- Construction of a new training (digital tools/platform)
- Mobilisation of health executives as trainers in the field → Weakening of teams

Learners

- **Depending to assignment team:**
 - Skills development/work recognition/ valuation of the actions undertaken → satisfied learners
 - Staff replacements/no framing/ no recognition → unsatisfied learners
 - Individualized follow-up / support from the pedagogical teams see a follow-up with a psychologist
 - Financial recognition by the State and local actions

Merci



*EUROPEAN FEDERATION OF EDUCATORS
IN NURSING SCIENCE* *FÉDÉRATION EUROPÉENNE
DES ENSEIGNANTS
EN SCIENCES INFIRMIÈRES*

