

## BACKGROUND

The DECLIC EPRI intervention is implemented and evaluated through a Population Health Intervention Research Approach. Founded by the French National Cancer Institut (INCA) It aims at enlighten the public decision makers on the appropriateness of disseminating an effective Patient Education intervention in the field of Cancer pain. The study took place in 5 cancer centers. it's a multi-component intervention of which only the 'Influence' module is described here.

## OBJECTIVES

The aim of the "influence" module is to make members of the organization aware of their influential role, so that Patient Education is perceived as essential by and for patients.

## METHODS

Each team involved in the implementation of PE in their facility set up a group of people identified as influential, to take part in 2 ½ days of work using management team building techniques.

A management training professional designed and led this module

### Module workflow

Sending the **Cultural Orientations Framework (COF) Assessment™** questionnaire

### Module 1 - Day 1

Analysis of COF Assessment™ results Analysis of group operating modes Effective communication Assertiveness

### Module 2 – Day 2

Presentation of vision elements

Analysis of positive points and areas for improvement

Drawing up action plans

Assistance with action plan follow-up

- **Strengthen** cooperation for better group functioning around the project
- **Align** the project's main challenges and operational objectives
- **Share** a common vision.

## RESULTS

	Site Curie Paris	Site Curie Saint Cloud	Site Diaco nessee s	Site Pitié-Salpê trière	Site ICO Angers
Number of pre-seminar interviews	10	1	8	3	7
Number of people met during these interviews	10	1	2	3	2
Number of people invited to the 'influence' module	17	14	10	17	25
Number of participants in module 1	15	12	7	5	14
Number of people who completed module 2	15	9	9	6	15

Table 1 : mobilization of human resources in the implementation module

These modules enabled the identification of a very effective informal role of influence for each centre: that of liaison staff, **non-healthcare professionals, such as secretaries.**

The groups were of 5 to 15 people. 20-50% doctors, the others management staff. One centre included a partner patient.

Disparities in mobilisation of human resources were noted depending on the centre (table 1).

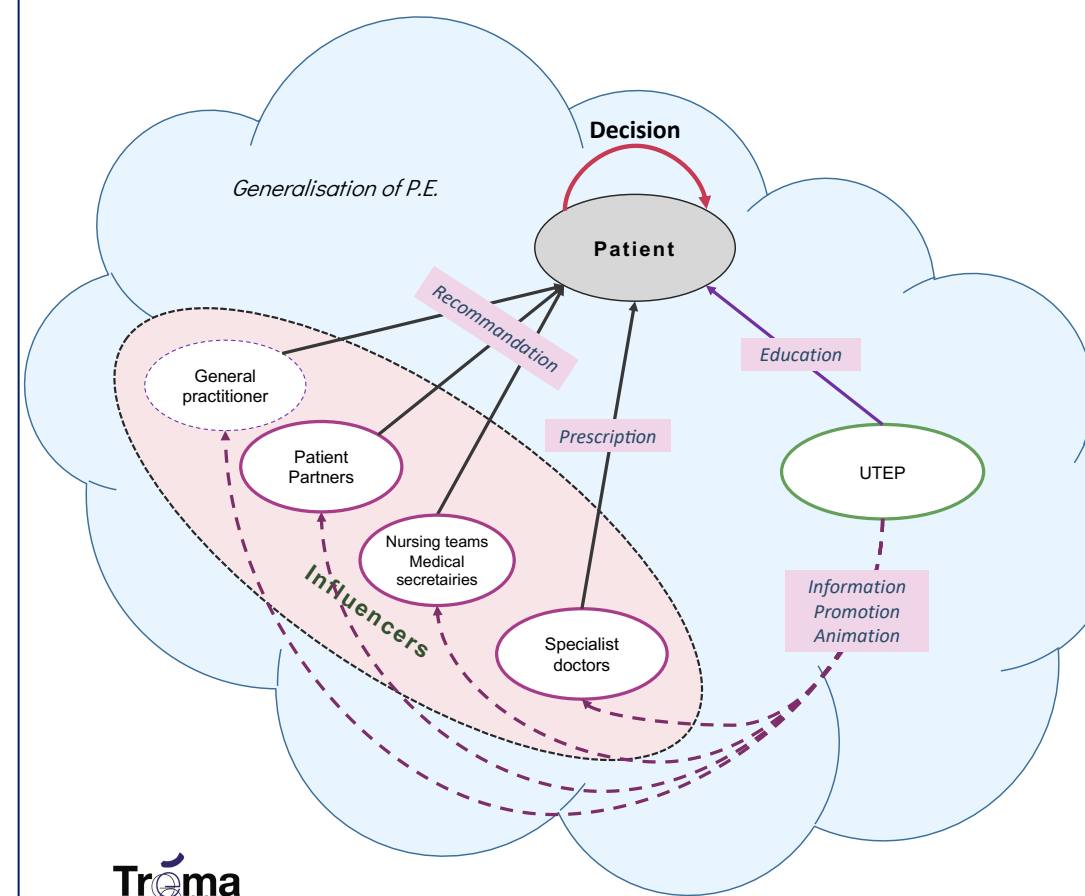
1 to 3 meetings were held at each centre to monitor the co-constructed action plan.

### Success factors for the module :

- The investigator's **leadership**
- Contribution of the new generation of doctors who brought positive energy
- Collective medical posture
- Humility of healthcare staff
- Presence of a partner patient

Figure 1: PATIENT EDUCATION DEPLOYMENT TARGET  
(Deployment = more patient benefiting from P.E.)

*The decision to join a P.E. program is up to the patient*



The module enabled :

- The conceptualization of an influence model (fig1),
- Shared identification of the added value of E.P. for the centre and the patient

## CONCLUSION

The Influence module conceptualizes the zones of influence and shows a benefit on the synergy launched between stakeholders conducive to the implementation of an intervention as complex as a TPE program.

This conceptualization sets out the favorable actions and levers that complement the usually visible influences of opinion leaders and facility managers

This construction is reproducible and adaptable to all patient education themes and teams involved in its implementation.

The patient is at the center of an organization in which all members can play an influential role.

Act and optimize, a specific module that complements team skills training. This limits the exhaustion of leaders in the practice of ETP by revealing the invisible and unthought-of positive influences.

Inverted process: **Missing link in management's fight against silos and not filled by training**

**Need to train medical assistants and secretaries in PE so that they can unleash their powers of influence**

Empowerment of healthcare professionals

## What is Cultural Orientation Framework ?

The **Cultural Orientations Framework (COF) assessment** facilitates the understanding of salient cultural characteristics for individuals, teams and organizations

-It analyses and stratifies human beliefs, attitudes and behaviours in a range of cultural dimensions/orientations grouped in seven categories of practical importance to understand human interactions in organizations

-It relies upon the findings of anthropology and communication sciences

-It enables identification of each person's aptitudes according to their : sens of responsibility, communication patterns, boundaries, organisational arrangements ability...

*A cultural orientation is an inclination to think or act, that is culturally determined*

An intervention component aimed at making effective influences visible within teams : targeting obstacles to implementation

## CONTACT

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