

**Dossier de candidature**

**Appel à Projet de**

**L’Agence Régionale de Santé Normandie**

**Développement et /ou promotion de l’offre d’éducation thérapeutique des patients atteints d’une maladie**

**Neurodégénérative et de leurs proches**

**IDENTIFICATION DE L’ETABLISSEMENT OU DE LA STRUCTURE**

Nom de la structure porteuse : **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Rue : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Code postal : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ville : Département : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Type de structure :

Associations de patients,

Associations de professionnels libéraux,

Structures ambulatoires de soins (maisons ou pôles de santé pluridisciplinaires,

réseaux territoriaux de santé)

Etablissements et services de santé ou médico-sociaux (SSIAD, SPASAD, EHPAD…),

## Nom du représentant légal (directeur de la structure porteuse) :

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tél : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom du responsable ETP au sein de la structure :**

**Fonction du responsable ETP au sein de la structure :**

**Mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tél : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## Pathologie concernée

Maladie de Parkinson

Sclérose en plaque

Maladie d’Alzheimer

**OBJECTIF DE VOTRE PROJET**

Développement d’un nouveau programme**d’éducation thérapeutique** concernant l’une ou l’autre de ces pathologies

**Adaptation d’un programme d’éducation thérapeutique déjà autorisé** aux critères de l’appel à projets

Ne concerne un programme ETP autorisé mais permet la **Promotion du recours à l’éducation thérapeutique** pour ces pathologies

**Description de votre projet et articulations avec les obligations réglementaires relatives aux programmes d’éducation thérapeutique**

# Programme déjà autorisé par l’ARS :

**Date d’autorisation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nom du coordonnateur :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Niveau de formation en ETP du coordonnateur : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

NB : Niveau de formation :

* *Niveau 1* : Expert en éducation thérapeutique (formations spécialisées)
* *Niveau 2* : Responsable d'éducation thérapeutique (DU de 120 à 200 h)
* *Niveau 3* : Sensibilisation intensive à l'éducation thérapeutique (modules de formation de 30 à 50 h)
* *Niveau 4*: Sensibilisation à l’éducation thérapeutique (congrès, enseignements post – universitaires)

**Composition de l’’EQUIPE ETP (en liens direct avec les patients)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Fonction** | **Nom/Prénom** | **Nombre** | **Niveau de formation ETP (1, 2, 3 ou 4)** |
| Assistante sociale  |  |  |  |
| Aide-soignant  |  |  |  |
| Association de patients  |  |  |  |
| Cadre de Santé  |  |  |  |
| Diététicien(ne)  |  |  |  |
| Educateur médico-sportif  |  |  |  |
| Ergothérapeute  |  |  |  |
| IDE  |  |  |  |
| Kinésithérapeute  |  |  |  |
| Médecin  |  |  |  |
| Orthophoniste  |  |  |  |
| Patient intervenant  |  |  |  |
| Podologue  |  |  |  |
| Pharmacien  |  |  |  |
| Psychologue  |  |  |  |
| Psychomotricien  |  |  |  |
| Autre association  |  |  |  |
| Autre  |  |  |  |

# Adaptation du programme envisagée aux critères de l’AAP (décrire les modifications)

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# Nouveaux programmes

(Décrire les différentes étapes du projet : objectifs, lieu, équipe, formation, écriture et autorisation du programme ETP ….)

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A noter que la mise en place d’un nouveau programme ETP est soumise à autorisation de l’ARS. Vous trouverez sur le site de l’ARS toutes les informations utiles pour préparer et déposer votre demande d’autorisation.

Si votre programme n’est pas suffisamment avancé pour déposer une demande d’autorisation, une description complète des étapes à mettre en place pour y arriver est attendue.

<https://www.normandie.ars.sante.fr/quest-ce-que-leducation-therapeutique-du-patient>

## Promotion du recours à l’ETP

Description des différentes étapes du projet, des acteurs, des cibles, des lieux, des modalités de mise en place…..

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## Pour tous les projets :

Dans tous les cas décrire :

**Les modalités de partenariat à établir pour impliquer l’ensemble des professionnels, des services et des établissements sanitaires et médico-sociaux concernés par la pathologie.**

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**Lien avec la ou les plateformes d’accompagnement et de répit du territoire ou du bassin de santé du programme.**

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**La participation de représentants des patients à la conception et dans le déroulement du programme**

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**La place de l’aidant dans la conception et le déroulement des programmes d’éducation thérapeutique**

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**La prise en compte du besoin d’accompagnement psycho-social.**

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**Mise en place d’un plan de communication** destiné à faire connaitre le programme aux patients et aux professionnels du territoire concerné, en particulier aux consultations spécialisées les prenant en charge.

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**Modalités d’évaluations annuelles et quadriennales**

Description des modalités d’évaluations, des acteurs, des indicateurs, des outils mis en place pour permettre ces évaluations du rythme …

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**BUDGET PREVISIONNEL**

Décrire la nature et les postes de dépenses les plus significatifs :

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**A noter que ce dossier est une première étape de sélection. Seuls les structures retenues dans le cadre de cet appel à projet recevrons une demande de subvention plus précise à compléter.**