Accompanying patient in a “domomédecine” experiment: chrono-chemotherapy

V. Dupuis *, I. Molina **

* Laboratoire CEREP (Centre d’Etude et de Recherche sur les Emplois et la Professionnalisation), Université de Reims Champagne Ardenne, France
** Conseil en formation, Groupement d’Intérêt Public Education et Formation Tout au Long de la Vie, Reims, France

Abstract. “Domomédecine” is a new concept of health system proposed by the Academy of Technology in 2009 to maintain the patient at home. This health care system patient-centered, multi-actors and multi-pathologies is using telehealth and telemedicine as tools. The becoming of technology in the patient’s home should not be lived as an intrusion. Beyond technical performance, patient accompaniment quality seems to be a major challenge for the success of any “domomédecine” experiment. In the field of social sciences, accompaniment is a multifaceted concept. It is part of a constructivist principle but also in logic skills. In the theoretical field of the professional didactic, our approach is to articulate accompaniment to the service relationship such as defined by Mayen. The aim of this study is to characterize the patient accompaniment in a “domomédecine” experiment carried out by Mr. Francis Levi, oncologist at Villejuif Paul Brousse Hospital. This experiment is chrono-chemotherapy. Cancer patients are treated by chrono-chemotherapy at home. A digital platform is replacing classical monitoring and is installed at their home. The becoming of this technology in the patient’s home is made to have a early detection of complications and aims to improve the quality of life of the patient. In order to characterize the patient accompaniment, a qualitative methodology was used for data collection. Semi-structured interviews were conducted with various stakeholders of the service of Mr. Levi: professional actors (doctors, biomedical engineer, nurses) and non-professional actors (patient, caregiver: family). This technique aims to collect informations on the accompanying professional practices and needs of patients and caregivers. The content analysis of the interviews was crossed to obtain a characterization of the accompaniment in terms of activity, relationship and professional practice. The results highlight the required skills for professionals.
to accompany the patient. It also shows that the accompaniment contributes to the acquisition of skills for non-professional actors. This experiment involves a relational service innovation resulting in the emergence of new professional practices.

**Keywords:** accompaniment, skills, learning, professional practice, chrono-chemotherapy, “domomédecine”.

---

1. Introduction

Staying home when you are old and / or suffering from chronic diseases, it is the wish of everyone. The “domomédecine” [ARS12] is a new concept of health system proposed by the Academy of Technology in 2009 to maintain the patient at home. This health care system, patient-centered, multi-actors and multi-pathologies uses telehealth and telemedicine as tools [CES12].

“Domomédecine” is currently undergoing testing and development generating more jobs in the professions concerned, but also a transformation of the profession or the emergence of new professions. In this context, this research is based on a mission carried out by the GIP EFTLV (Interest Public Group Education and Training Throughout Life) to Reims. This mission aims to analyze new skills induced by “domomédecine” for actors and identify new training needs. GIP was created in France at the request of National Education in each academy to strengthen interventions in the field of adult education.

2. Research questions

The becoming of technology in the patient’s home should not be lived as an intrusion. Beyond technical performance, patient accompaniment quality seems to be a major challenge for the success of any “domomédecine” experiment. The aim of this study is to characterize the patient accompaniment in a “domomédecine” experiment carried out by Mr. Francis Levi, oncologist at Villejuif Paul Brousse Hospital [LS08]. This experiment is chrono-chemotherapy [Lé02].
Our research questions are as follows: does the patient accompaniment in chrono-chemotherapy experiment require specific skills for professional actors (doctors, nurses)? Does it contribute the acquisition of skills for non-professional actors (patients, caregivers such as the family)?

3. Context

The chrono-chemotherapy experiment concerns cancer patients who are treated by chrono-chemotherapy at home [LS07]. Patients are equipped with a programmable portable pump for the injection of anti-cancer drugs in accordance circadian rhythms. The implementation and programming of the pump are made in the hospital and the patient goes back to home for a four days treatment. Twice a month, he comes to the hospital start a new cycle.

As part of European Incasa project, a digital platform is replacing classical monitoring and is installed at their home. This platform informs daily nurses and doctors on the body weight changes, actimetry and any symptoms experienced by patients during or after chrono-chemotherapy. Every evening, the patient fills in questionnaire based on nineteen issues. It includes three questions about the severity of symptoms. Six other questions relate to the quality of life, that is to say, the impact of symptoms on the patient’s daily life. This project allows patients to test remote monitoring for six weeks and doctors to adjust the alert thresholds. From an ethical point of view, the patient signs a consent form as recommended by the CCP (Committee protections people) after participating in a demonstration in the hospital. The CNIL (Commission Nationale Informatique) has given its opinion on data privacy. This project is under experimentation.

A second national project Ile de France, Champagne-Ardenne, PICADo, funded by the Single Interministerial Fund, aims to change this by monitoring the real-time recording of several parameters of the patient and allow a coordinated relationship between the different actors. Under this project, the pump can be remotely programmed and tele-consultation can be considered. The platform is a tool to improve the coordination of the actors. The economic model and ethical issues are
being studied. This project began in 2012. It is in the scenarii write phase and the experimentation must begin in the end of 2013.

4. Theoretical fields

In the social sciences, accompaniment is a multifaceted concept \cite{Pau04}. Terms used to describe accompaniment are many and vary depending on the context. This concept is part of a constructivist principle but also in logic skills. In the health sector, the concept of therapeutic patient education (TPE) is a form of accompaniment to acquire self care skills and adaptation to patient \cite{HAS07}.

As part of the professional didactic \cite{Pas11}, work situations of professional actors belong to the class of situations is to "act for another and with him" defined by Mayen \cite{May07}. In these particular situations, a service relationship is established between professionals and non-professionals. Much of the work of these professionals is carried out in the interaction that is to say, through dialogue, exchanges and questioning. These interactions are governed by rules specific to language usually used in real life situations.

The accompaniment requires specific skills \cite{CB12}. We mobilize this concept of the skill defined by Le Boterf \cite{LB10}. He defines it as a mobilizing knowledge in a situation and a context.

The model Situations Activity Instrumented Collective (SACI) \cite{Rab95} allows us to take into account the collective dimension and instrumented activity involved in the project PICADo linked to the introduction of the ICT platform follow-up home the patient. It allows you to locate the diversity of interactions whether direct or mediated, synchronous or asynchronous.

5. Method

In order to characterize the patient accompaniment, a qualitative method was used for data collection \cite{Bar07}. Semi-structured interviews were conducted with various stakeholders of the service of Mr. Levi: professional actors (two doctors, one biomedical engineer, one
nurse) and non-professional actors (two patients, one caregiver: the wife of a patient). This technique aims to collect information on the accompanying professional practices and needs of patients and caregivers. Anonymous and individual interviews are recorded and fully transcribed to allow thematic content analysis.

An analysis of co-occurrences of each interview was conducted around the semantic field of the support offered by Paul [Pau04]. The co-occurrence analysis is a technique that allows the study of relationships between elements in a speech. ([Neg06]).

6. Results

Our thematic analysis performed on the interviews reveals the professional practices, the activity and patient learning. It has allowed understanding the relationships and the impact of the arrival of new technologies at patient’s home. The aim is firstly to identify the professional skills necessary to accompany, and secondly to identify the contribution of the accompaniment to the acquisition of skills by non-professionals.

6.1. The professional practice

This analysis shows that health professionals place patient education and other actors as an injunction to the success of the experiment. The staff has been trained to chrono-chemotherapy. Nurse consultation was set up to educate patients and their families on chrono-therapy and technologies.

Analysis of the interviews revealed the key role of the nurse. It performs a nurse consultation and coordination role. The nurse meets the patient every two weeks in the hospital. As reported by the patient during his visits to the hospital, there is always a way to interact with nurses on practical issues. Accompanying is different depending on the patient. The nurse accompanying individualized according to the patient’s age, the evolution of his illness, his fatigue, state of receipt. It reflects the fact that this is a first course, or if it is a relapse. It does not provide the same information and explanations to the patient or at least not at the same time. We identified the nurse takes into account the
feelings of the patient during the exchange. That is to say, she seeks to
determine if the patient is ready to receive information. A means used
by the nurse know about this condition is to reformulate the patient to
have a vision of what the patient has actually built as information. She
knows that for some it will have to review them because they did not
quite like. The nurse gives a lot of information to the patient but at
the same time does not want to scare them. It does not seek to educate
challenging negative emotions such as fear. For example, it does not
emphasize the risks, but prefer to have a proactive approach to prevent
problems from arising. The nurse also provides telephone support for
patients when the patient has a problem at home. As a part of Incasa
project, the nurse follows the patient remote monitoring data collected
via the platform.

The biomedical engineer accompanies the patient with the training
in the use of remote monitoring platform. He participates in monitor-
ing the patient in making an assessment of the data collected by the
platform.

For the caregiver, the accompaniment lies at the medical monitoring
of phone support in case of problems and collaboration with the medical
team. The caregiver is recognized as a full partner in the monitoring of
the patient, he advises, provides a sort of expert on the state of health of
the patient.

With PICADo project, it will be possible to achieve teleconsultation
or program the remote pump that will affect medical practices according
to interviewed doctors.

6.2. The learnings

Our analysis reveals six key learnings concerning the non-
professional actors.

To live with the pump. This learning reflects the need for acceptance
of treatment by the patient, to accept to live four days with a perma-
nently connected pump bothers her movements, her daily life.

To manage pump failures. Patient and accompanied are confronted
with any pump failures. This learning to handle this situation is accom-


plished by calling the nurse who tells them what to do to repair the pump and she told them to come the next day at the hospital if the failure is more important.

To control their anxiety about a pump failure especially at night. The hotline nurse and experience enable them to manage these situations.

To manage emergencies. When the patient is at home, support remote phone is not always easy to assess the urgency of a situation. So that the nurse finds that the assessment remains the patient or the caregiver.

To use the ICT platform of remote monitoring. Under the Incasa project, this training is provided by the biomedical engineer and basically uses the software to enter data.

To become autonomous. The first five have learning as a goal to provide a certain degree of autonomy to patients. This autonomy is relative because they are still under the responsibility of health professionals and are in a situation of dependence on their disease and treatment outcome. However, they have the responsibilities to make decisions. Doctors find patients at home much more involved in their treatment compared to hospitalized patients.

6.3. Relations between actors

6.3.1. Relationship between professional and patient

For all interviewed actors, "to be confident" is a paramount quality of the relationship. For the patients and the caregiver, that trust is already present even before starting treatment because they are aware of the success of this treatment in other patients. For the nurse, this trust is established as and when the relationship. Links are formed between nurses and patients or caregivers, they end up familiar with the patients and vice versa.

For doctors, this trust is built on openness in the relationship and an attitude of listening and understanding. Patients are sensitive to the fact that professionals take into account their feelings and give them the opportunity to express and exchange. They feel supported. It is also
clear from the interviews that the nurse has a "special" relationship with the patient and the caregivers. It is the first caller when the patient is at home and he has a problem.

6.3.2. Relationship between patients and caregivers

Caregivers are considered by the doctors and the nurse as full participants. They can provide assistance in case of problems in the patient’s home. Analysis of the interviews has shown that they are emotional support to the patient. With the arrival of the disease, the relationship between patient and caregiver will change. Tensions between them can perturb their relationship. As noted by the nurse, the caregivers often feel useless against the disease with the side effects of treatment because they do not live and have no medical skills but at the same time they feel more responsible for any problem. The interviewed caregiver thinks that he also had trouble finding a balance in their accompaniment, sometimes he is too protective.

6.4. The impact of new technologies on the actors

It emerged from the analysis of interviews that patients generally feel safe and they think the platform is not a substitute for direct contact with health personnel. This is a link with the hospital. In general, patients agreed to test the remote monitoring platform. However, the remote monitoring involves from the patient a long-term commitment. To complete the questionnaire every evening, to weigh himself, to transmit actimeter data can be considered as a constraint for some patients. If the questionnaire is not filled for 48 hours, the nurse calls the patient to know what is happening. Long-term patients motivation to transmit this information depends on the belief that they have the utility of this monitoring in relation to their own health.

For doctors, the becoming of this technology in the patient’s home is made to have a early detection of complications and aims to Improve the quality of life of the patient. It is a medical progress since they will have access to data to adjust and individualize the treatment.

For the nurse, the arrival of the platform in the patient’s home asked her about the impact on the evolution of his profession. These questions
are beginning to emerge with respect to the project PICADo when the nurse will have to act according to the warning thresholds defined in Incasa project. The role of the nurse is to consult the data transmitted by the platform and trigger a particular action based on the information received. In particular, she wondered what she’ll have to put up with the data on the quality of life experienced by the patient. She also wondered how this additional task will be inserted and organized in his work, how long will it be allowed to care for the remote monitoring of the patient. She is concerned about the recognition of this additional work.

7. Discussion

The discussion aims to cross our thematic and co-occurrence analysis with our theoretical fields at the beginning of this research. Three parties have feed our discussion to address our research questions. First, we compared the results on the relationship between the actors in relation to the service relationship defined by Mayen [May07] and accompaniment relation by Paul [Pau04] and Lacroix and Assal [Lac11]. Then we locate the accompaniment of the experiment compared chrono-chemotherapy proposed by Paul semantic field. This leads us to identify the skills necessary for the players to complete the project Incasa. Then we finish with a look on projective PICADo project linking the system with respect to the modeling Instrumented Activity Situations Collective [Rab95]

7.1. Service relationship and social relationship

A service relationship can be described as hybrid since it brings together professionals and non-professionals, and thus it is asymmetric. A service relationship relates to the professional ; a social relationship to non-professionals. Mayen recommends that professionals should take into account the feelings of non-professionals. This is what the nurse with patients during consultations by reformulating the patients to get an idea of how they feel and assess whether they are willing to receive information. She assesses their capabilities and limitations. By phone, it is true that distance it is difficult to understand what is happen-
ing. As example, the nurse feels this difficulty especially when she has to respond to an emergency situation. The nurse takes a sympathetic stance in relation to the patient allowing them to better understand the challenges faced by the patient and adapt its accompaniment. Mayen suggests that professionals analyze the patient’s activity outside of the interaction. Remote monitoring will provide information to the nurse and doctors about what happened to the patient’s home during the period intercures, how he lived his treatment, how have evolved his symptoms. This data becomes a resource to better interpret his behavior, emotional state during interactions and allow adjustments. As regards the patient, he has a social relationship with health professionals. We have highlighted in our analysis that the patient needs to understand, build a sense of what he proposes to do. Better he mastered the situation, the better it will adhere to treatment and to improve their quality of life. The patient may be considered as reflective practitioner in reference to Schön [Sch83]. Whether we consider the dimension of service or the social dimension [Baj09], we have shown that the relationship based on trust is the basis of successful accompaniment. Trust is a bet that involves a relationship with each other. It is the support of a social link which allows the commitment into action. Trust strengthens the self-efficacy within the meaning of Bandura [Ban03]. Mayen [May07], Lacroix [Lac11] and Paul [Pau04] positioned trust as the key to all human relationships.

7.2. Identified skills

The analysis of co-occurrences has allowed to position the chronotherapy accompaniment compared proposed by Paul [Pau04] semantic field. If the records provided by Paul related to each semantic region, "drive" is taken to refer to records of training and initiation, "guide" to the board and focus and "escort" to that of help and care. Given the support in this experiment is in the area of health, we might expect to find a majority of co-occurrences in the register of help and care. However, we noted that the accompaniment as it was revealed by the analysis is mainly to translate the records of training and initiation and the percentage of co-occurrences obtained for the council register and the orientation is equivalent to that obtained for the register of help.
and care. The following three verbs: educate, coordinate and to follow up define more specifically the semantic field of accompaniment in chrono-chemotherapy experiment. This shows that the accompaniment is in a register that does not correspond directly to the register of the first skills of health professionals. The current accompaniment is primarily oriented patient education although it is not therapeutic patient education as stated by the nurse. It seemed interesting to parallel the identified skills as well on the side of professionals and non-professionals with the TPE skills recommended by the World Health Organization [OMS98].

Generic skills to provide the TPE are defined in the official newspaper of August 4, 2010. The accompaniment in chrono-chemotherapy as currently practiced is not officially part of the TPE. There is no therapeutic diagnosis, or program with the patient. However, our analysis showed point accompanying skills that professionals have developed to make possible such experiment. It was found that the nurse has acquired some specific therapeutic patient education skills. His professional practice has adapted to the specificity of patients with chronic disease and also to the chrono-chemotherapy special treatment at home. For the nurse, the nurse consultation is not the patient education but therapeutic monitoring. What it does get very close but it is not recognized as such, and it has not been trained to provide therapeutic patient education.

Also, the nurse has developed a way to practice that is satisfactory to her. This "know how" shows an accompanying activity. This activity is not a prescribed activity; it’s not a task as defined by Pastré [Pas06] but a activity in the sense of the real of the activity of Clot [Clo08]. It is an invisible activity, personal.

For example, the nurse consultation is a prescribed activity. The nurse should educate the patient, to provide information on the treatment, on side effects, on what to do in case of problems. Her education practice is an accompanying activity. She asks patient to reformulate. She is attentive to his emotions, his receptive information state and his ability to understand. She takes into account the feelings of the patient. According the status of all these indicators, she adjusts her activity permanently. She sometimes gives up explaining to the patient because it is not ready to receive them and she prefers to recall later. This inside activity is part of her real activity and guides her actions. The nurse
sets up a personal practice to the nursing consultation in order to help the patient in the management of his treatment at home, so he could live the best possible every day. The nurse would like to develop this activity by implementing a therapeutic patient education. We sought to identify the skills targeted through the learnings that have been revealed by our analysis. We compared these skills with those that the patient is supposed to acquire through therapeutic patient education. If the skills outlined by Mayen [May07] on professional relations services are taken, he mentions skills "conversational" specific to the service relationship. It is true that the patient must acquire a medical vocabulary. In order to correctly appropriate this vocabulary, the representation that the patient combines these new words must be correct. If the patient does not understand the language or does not interpret well according to his beliefs, experience, interaction will not be effective. Professional to ensure understanding of the patient must adapt his speech to the patient but not too simplify, to reformulate the patient. Reach [Rea12] also recommends taking into account the emotional state of the patient to use positive emotions. We have seen that the nurse did not use negative emotions to educate the patient. She does not want to panic with the side effects. Psychological skills are actually acquired by healthcare professionals. With these skills related to patient education related to interactions with the patient in addition skills related to the introduction of monitoring the patient’s home. Nurses are trained in tracking software for remote data reception but the operation and interpretation of these data are also skills to be considered.

In summary, the accompaniment requires on the part of professionals, skills related to therapeutic patient education, skills "conversational", skills on service relationship. It requires medical and technical skills related to the pathology and treatment but also in relation to the introduction of new technologies at the patient’s home and skills about the collective work under the PICADo project. These skills are developed by professionals to deal with new situations they will be required to meet in the context of “domomédecine”. As well for patients and caregivers, they will have to develop skills to use this monitoring platform. Patient education is not only therapeutic but it must also include the appropriation of new technologies to ensure that this
technology arrival to the patient’s home doesn’t feel as an intrusion. The accompaniment is a lever to promote the acquisition of these skills.

7.3. Perspective

With the introduction of monitoring at the patient’s home, the medical professional practices will evolve. Under PICADo, health professionals will be required to work together in a different way since the digital platform is a system of data sharing between professionals. This remote monitoring at the patient’s home will also change the way to accompany the patient since, according to the data received, the actions will be implemented by professionals. The introduction of this monitoring will induce instrumental genesis. The approach identifies and discusses Rabardel instrumental genesis as the mixing of two processes: instrumentation and instrumentalization [Rab95]. The instrumentation is oriented subject that fits the artifact. The instrumentation is oriented artifact. The topic fits the artifact to its needs. The user builds patterns that will be required to correct, change depending on the response of the artifact. To remove this difference, it can either change and adapt its patterns or adapt the artifact. The desired result of the use may be linked to an instrumentation or manipulation depending on the setting in which it is processed. These schemes not only the result of an individual building but may be the result of a collective construction. In PICADo project stakeholders will outnumber the Incasa project, and they will have to work together. Professional actors are medical specialists, the general doctor, nurses or home structure, biologists medical analysis, radiologists, pharmacists laboratories.

This model allows us to situate the diversity of interactions whether direct or mediated between the nurse, the patient and other collective actors. The nurse was selected as the preferred partner for the patient. It provides the link between the patient and others.

Several types of relationships that can occur when the patient is at home are shown in this diagram. A relationship can be mediated (with the use of the platform) either directly (without the use of the platform). It can be either asynchronous (interactions are deferred) or synchronous (interactions are in real time).
7.3.1. Patient - others actors synchronous relationships

The nurse can take information directly to the patient without using the platform and turn the patient or caregiver can call directly to the nurse. These relationships can also be of this type with other actors.

7.3.2. Patient - others actors mediated asynchronous relationships

The platform can be used by the nurse to read the data from the patient (the questionnaire on symptoms and quality of life that fills). Based on these data, it will be this or that action to implement. The patient may also transmit the data to the doctor. The doctor will be able to achieve teleconsultation with the patient.

7.3.3. The mediated asynchronous collaborative relationships between professional actors

The platform is a collective instrument when an actor transfers information about patient monitoring. The actors do not act at the same time, exchanges are mediated.

7.3.4. Direct synchronous collaborative relationships

The nurse can also go directly to each of the actors to share about the monitoring of the patient or directly to the doctor to prevent emergencies. Direct relations with the instrument are mainly explore the remote monitoring platform during training. This scheme does not put the patient at the heart of the system, however it can be a way to represent the different situations that may arise in such an experiment to find out who does what and how to organize relations with stakeholders such as if warning or malfunction. Scenarii of PICADO project aim to define the protocols. The PICADO experiment will allow to implement and evaluate these protocols. The actions of each will help to understand their roles, see how changing their practices. The monitoring group away from the patient is the asynchronous collaboration, the actors do not act at the same time. The common goal of this collaboration is to improve the quality of life of the patient even if the immediate goals of the different actors. In the context of domomédecine, collective activity will be under the form of coordination, collaboration and cooperation within the meaning of Marcel [Mar07] based on business actors. Some
players need to learn to work together, for example, medical specialists and the doctor will be required to work that is to say, within the meaning of Marcel [Mar07] to communicate and work together. For now, it appears from interviews that generalized doctors do not really feel affected by this type of project. It could be considered to implement a hybrid TPE provided to the hospital by nurses during consultations and liberal nurse at the patient’s home by creating an application on TPE domomédecine platform for patient monitoring. This artifact allows the nurse to develop a liberal representation of the progress of the patient based on the information provided by the platform by the nurse at the hospital and vice versa. In this context, the monitoring platform is an artifact "prescriber" [VG09] which relates to one of cooperation [Mar07] asynchronous between these nurses. Patient follow-up on the platform would be an instrument of collective activity.

With Incasa PICADO and projects, professionals are being or will experiment with new practices and adopt new representations of their trades. They want to know who will do what and how they will be coordinated. The experiments domomédecine can test the system and a way to train the project actors. Professionals involved in projects domomédecine will acquire skills and work related to the experiment. The study of collective activity instrumented experimentation domomédecine is a line of research that could help to understand the interactions involved in this system that uses new technologies to monitor the practices of professionals but also their impact on the patient support.

8. Conclusion

“Domomédecine” represents a relational service innovation resulting in the emergence of new professional practices.

These new practices involve firstly the acquisition of new skills by health professionals, on the other hand, adaptation and ownership of the system for patients and caregivers.

Our thematic analysis confirmed that the accompanying activity in the experimental part of the work of health professionals, although it is
not required. The nurse was found to be the main actor in this patient support in this experiment. She educates, coordinates and monitors the patient by creating a "know how". We showed that she had developed skills that converge to those recommended by the WHO recommendations to provide the therapeutic patient education (TPE). We believe that to improve the quality of coaching, the TPE may be provided by nurses service chrono-chemotherapy and liberal nurses in the patient’s home by coordinating their actions via the remote monitoring platform.

We also demonstrated, this accompaniment requires from professionals specific skills. We have identified professional practice, willingness on the part of the doctors and nurses to build a service relationship with the patient based primarily on trust. This relationship facilitates the mobilization of the patient and learning and leads to the acquisition of skills necessary for autonomy to manage their treatment at home. Professionals must lead this support throughout treatment in order to maintain the patient’s motivation.

We have shown that the accompaniment allows patients and caregivers to overcome obstacles to the learning process and the skills needed. These barriers may be related to problems of understanding (too complicated medical language, false personal representations to pervasive emotional states and a lack of motivation. Professionals need to develop a set of indicators to identify these obstacles during the interaction and adjust their accompaniment in order to overcome practical.

We discussed the importance of caring for the patient by caregivers. Caregivers are actors. At home, they take over the medical team to care for the patient.

We have proposed a representation of the different relations involved between the actors taking the Situations Collective Activity Instrumented Rabardel model for the project PICADo.

A line of research would be to study the coordination of individual activities of professional actors in a collective goal in a general framework of collective professional action mediated by an artifact: the domémédecine platform.
It would be interesting to study the professional practices which will be built by the introduction of this new technology in the patient’s home.

The transfer of a portion of the medicine outside the usual places using new technologies is a challenge that requires players to adapt or change their business practices and patients to adapt to the new system. Changes are always a source of anxiety and patient support is a stepping stone to make sustainable actions in this area.

Our exploratory study focused on patient support has enabled us to understand the professional and personal challenges entailed by the concept of “domomédecine”. We found that the practices, relationships, activities professionals are changing.

Implementation of experiments “domomédecine” will allow to finer these new work situations to provide training areas "special domomédecine" in plans for initial and continuing training analysis.

References


