

APPENDEECES

Master Thesis Final Report

Pleun Heeres

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Appendix 3

Care Path and Patient Journey

Appendix 4

Theme Matrix



Master Thesis
Delft, 20 December 2021

MSc. Design for Interaction
Delft University of Technology
Faculty of Industrial Design Engineering

Supervisory team

Project chair
Dr. Valentijn Visch
Associate Professor, Design for Health Motivation

Project mentor
MSc. Armagan Albayrak
Assistant Professor, Coordinator Medisign

Collaborative support

Erasmus Medical Centre
Dr. MD PhD, Eveline Corten
Plastic Surgeon

Author

Pleun John Heeres

FACE IT;

a visual fore-glimpse in AR
for facial skin cancer patients' surgery?



APPENDIX 1

IDE Master Graduation

Project team, Procedural checks and personal Project brief

This document contains the agreements made between student and supervisory team about the student's IDE Master Graduation Project. This document can also include the involvement of an external organisation, however, it does not cover any legal employment relationship that the student and the client (might) agree upon. Next to that, this document facilitates the required procedural checks. In this document:

- The student defines the team, what he/she is going to do/deliver and how that will come about.
- SSC E&SA (Shared Service Center, Education & Student Affairs) reports on the student's registration and study progress.
- IDE's Board of Examiners confirms if the student is allowed to start the Graduation Project.

! USE ADOBE ACROBAT READER TO OPEN, EDIT AND SAVE THIS DOCUMENT

Download again and reopen in case you tried other software, such as Preview (Mac) or a webbrowser.

STUDENT DATA & MASTER PROGRAMME

Save this form according the format "IDE Master Graduation Project Brief_familyname_firstname_studentnumber_dd-mm-yyyy". Complete all blue parts of the form and include the approved Project Brief in your Graduation Report as Appendix 1 !

family name	<u>Heeres</u>	Your master programme (only select the options that apply to you):
initials	<u>P.J.</u> given name <u>Pleun</u>	IDE master(s): <input type="radio"/> IPD <input checked="" type="radio"/> Dfl <input type="radio"/> SPD
student number	<u>4309405</u>	2 nd non-IDE master: _____
street & no.	_____	individual programme: <u>- -</u> (give date of approval)
zipcode & city	_____	honours programme: <input type="radio"/> Honours Programme Master
country	_____	specialisation / annotation: <input checked="" type="radio"/> Medisign
phone	_____	<input type="radio"/> Tech. in Sustainable Design
email	_____	<input type="radio"/> Entrepreneurship

SUPERVISORY TEAM **

Fill in the required data for the supervisory team members. Please check the instructions on the right !

** chair	<u>Valentijn T. Visch</u>	dept. / section: <u>hcd/da</u>
** mentor	<u>Armagan Albayrak</u>	dept. / section: <u>hcd/aed</u>
2 nd mentor	<u>Eveline M.L. Corten</u>	
organisation:	<u>Erasmus Medical Centre, Plastic and Reconstructive Surgery</u>	
city:	<u>Rotterdam</u>	country: <u>the Netherlands</u>

comments
(optional)

⋮

Chair should request the IDE Board of Examiners for approval of a non-IDE mentor, including a motivation letter and c.v..




Second mentor only applies in case the assignment is hosted by an external organisation.



Ensure a heterogeneous team. In case you wish to include two team members from the same section, please explain why.

APPROVAL PROJECT BRIEF

To be filled in by the chair of the supervisory team.

chair Valentijn T. Visch date 28 - 01 - 2021 signature 

CHECK STUDY PROGRESS

To be filled in by the SSC E&SA (Shared Service Center, Education & Student Affairs), after approval of the project brief by the Chair. The study progress will be checked for a 2nd time just before the green light meeting.

Master electives no. of EC accumulated in total: 27 EC YES all 1st year master courses passed

Of which, taking the conditional requirements into account, can be part of the exam programme EC NO missing 1st year master courses are:

List of electives obtained before the third semester without approval of the BoE

Co-creating Sustainable Cities (MOOC at WUR, awaiting completion of course)

Comments box for missing 1st year master courses.

name _____ date _____ signature _____

FORMAL APPROVAL GRADUATION PROJECT

To be filled in by the Board of Examiners of IDE TU Delft. Please check the supervisory team and study the parts of the brief marked **. Next, please assess, (dis)approve and sign this Project Brief, by using the criteria below.

- Does the project fit within the (MSc)-programme of the student (taking into account, if described, the activities done next to the obligatory MSc specific courses)?
- Is the level of the project challenging enough for a MSc IDE graduating student?
- Is the project expected to be doable within 100 working days/20 weeks ?
- Does the composition of the supervisory team comply with the regulations and fit the assignment ?

Content: APPROVED NOT APPROVED

Procedure: APPROVED NOT APPROVED

Comments box

name _____ date _____ signature _____

Face it; a visual fore-glimpse in AR for facial skin cancer patients' surgery? project title

Please state the title of your graduation project (above) and the start date and end date (below). Keep the title compact and simple. Do not use abbreviations. The remainder of this document allows you to define and clarify your graduation project.

start date 14 - 12 - 2020 31 - 05 - 2021 end date

INTRODUCTION **

Please describe, the context of your project, and address the main stakeholders (interests) within this context in a concise yet complete manner. Who are involved, what do they value and how do they currently operate within the given context? What are the main opportunities and limitations you are currently aware of (cultural- and social norms, resources (time, money,...), technology, ...).

At the department of Plastic and Reconstructive Surgery in the Erasmus Medical Centre, around 100 to 200 facial reconstructions are performed annually. These procedures are required for patients that have facial defects after being treated for - mainly non-melanoma - skin cancer (NMSC). Although patients are advised to have the tumor resected to prevent further local growth, NMSC is rarely life-threatening since there is a considerably low risk that the cancer will spread to other parts of the body, however it can grow in size which can have complications when not acted upon.

Therefore, the primary goal of these reconstructions is to maintain Quality of Life (QoL). This means, that the goal of the surgery is to minimize the nuisance patients experience in their daily social interactions due to the (in)visible effects of skin cancer treatment. The face is an important functional body part and often plays a key role in the first way of interacting. This emphasizes the need to restore both function (e.g. talking, smiling, eating) and appearance, supporting (mental-)health and ultimately well-being.

Moreover, in healthcare there is an increased attention for the patient-centered care (Medicine, 2001). An established methodology to map how patients experience their treatment is Patient Journey Mapping. It is a comprehensible representation of a health service and its procedures, including relationships and feelings from a patient perspective. (Simonse et. al, 2019) In this project the preoperative phase in the outpatient clinic is taken as a focus. Before the surgery shared-decision making (SDM) and expectation management (EM) are central in order to achieve a patient-oriented treatment. It is bilateral, it works both ways from doctor to patient. In order to have SDM in cancer care, it requires the patient and doctor to both be well-informed about the clinical case and personal situation at hand. (Vromans et. al, 2019) The benefit of this is that more informed personal decisions can be made before surgery, by offering a glimpse into the future. The particular importance of SDM and EM in this project is that they can offer a way to empower and inform patients and strive to optimize their needs in the most supportive environment possible.

CURRENT RESEARCH CONTEXT

Irrespective of the outcome of the treatment, the QoL of patients changes throughout the process, it is dynamic. They go through different emotions and even visual change to their face over time. Patient reported outcomes (PROs) are already being mapped in an ongoing prospective study at the Erasmus MC. The current research is more focused on the preoperative part of the treatment and is a retrospective study, since former patients (up to 12 months after surgery) are participating. When obtaining this holistic approach to the treatment, interventions can be thought of and implemented preoperative that have effect at that moment but also postoperatively (see Figure 2). By using the current study as a control group, there might even be seen positive effect in the QoL after surgery.

STAKEHOLDERS IN THIS PROJECT

As afore mentioned a Patient Journey can be key in finding out the patient perspective over time. It is important not to focus solely on the plastic surgical procedure itself. For instance the story of the patient and patient related context are very important (e.g. family). The group which will be interviewed to map their journey will primarily consist of patients who have undergone a facial reconstruction and have been discharged from the plastic surgeon's check-ups (up to 12 months). A target group will ideally be tested with before they have surgery to evaluate the effects. In the Patient Journey it is relevant to take into account other actors, since the healthcare process can be complex. Actors become relevant if they influence and depend on each other (e.g. patient handover) and foremost the patients' health (e.g. physician-patient communication about treatment).

space available for images / figures on next page

introduction (continued): space for images

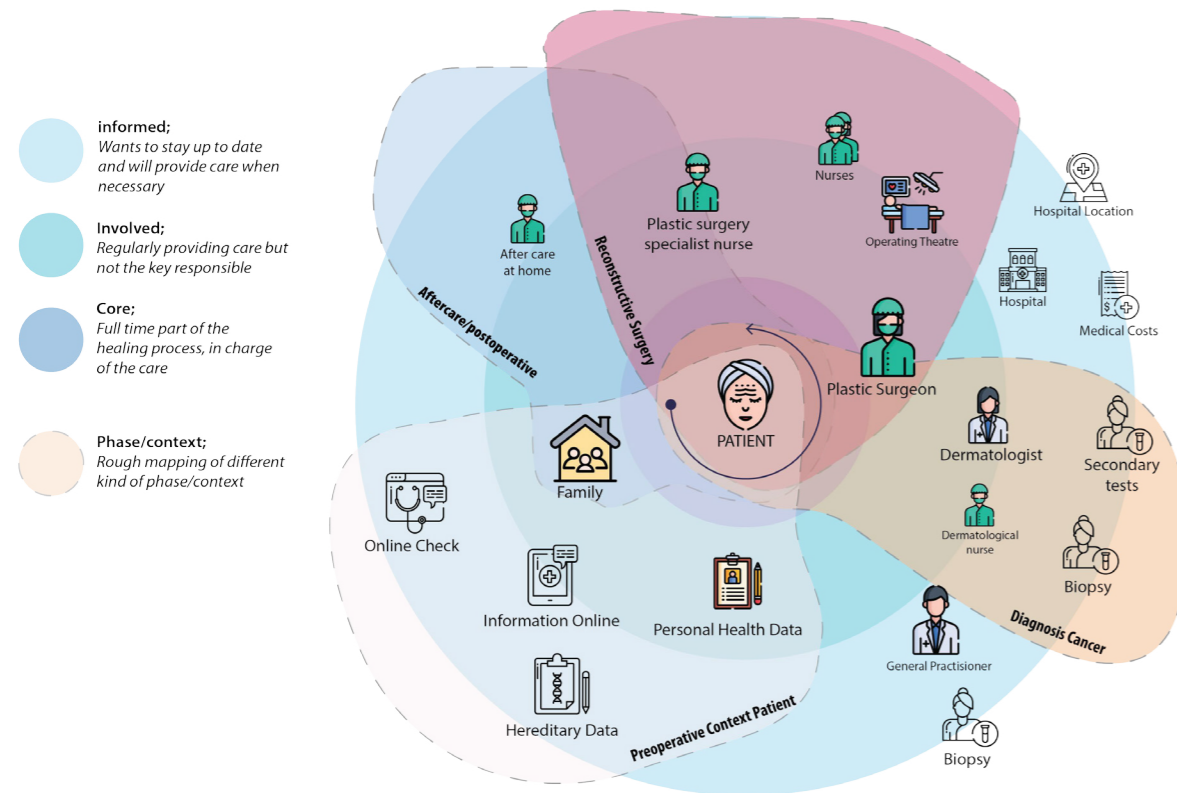


image / figure 1: An assumption map of actors involved in healing process

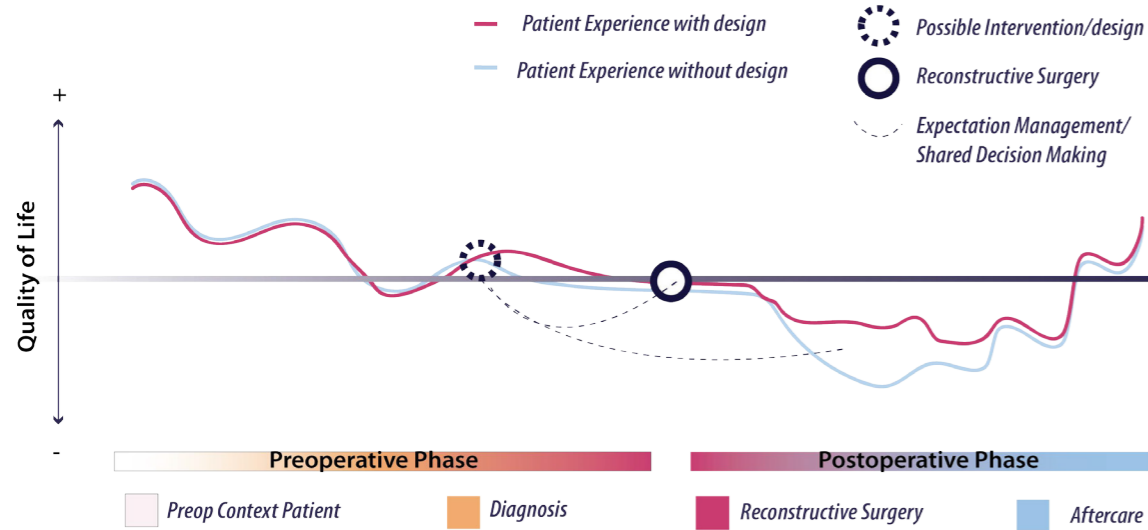


image / figure 2: Hypothetical positive influence on patient experience by preoperative phase design intervention

PROBLEM DEFINITION **

Limit and define the scope and solution space of your project to one that is manageable within one Master Graduation Project of 30 EC (= 20 full time weeks or 100 working days) and clearly indicate what issue(s) should be addressed in this project.

The main focus of this project is to obtain an in-depth understanding in the whole Patient Journey that facial skin cancer patients go through and the preoperative phase in particular. This is essential, because the choices that are made then and the way patients experience the preoperative process can impact how patients value their QoL postoperatively. To put it in other words: "From the moment of surgery, once the scalpel incises the face, there is no way back, it's irreversible."

The goal of facial reconstructive surgery is to optimize the QoL. This means it is not a matter of life or death, which makes motivating patients to act immediately sometimes difficult. When not acted upon this becomes problematic when their cancer grows to proportions that do affect their QoL. When, for instance trying to motivate patients to undergo surgery, behavior change is touched upon, which makes this problem more complex. The challenge with motivation in this project is to provide a personalized way of care, since every person is different. SDM and EM are central to achieve this patient-centered treatment.

It is assumed that time, investment and (visual-) expectation are important design elements that can be used. Patients may change their attitude over time, since emotions and expectations change over time, as well as visual appearance.

Currently, modern 3D technologies such as Virtual Reality (VR) and Augmented Reality (AR) have several potential applications in healthcare. They have a great link to this project, because they allow patients to take in information and content visually in an immersive environment. Since facial reconstructions can bring about visual aesthetic changes, VR and AR could be used to show the expected outcome and promote EM and SDM. The main driver is that perspectives of patients and professionals will be closer together and promote not only a better patient education, but also a personalized treatment for each patient.

ASSIGNMENT **

State in 2 or 3 sentences what you are going to research, design, create and / or generate, that will solve (part of) the issue(s) pointed out in "problem definition". Then illustrate this assignment by indicating what kind of solution you expect and / or aim to deliver, for instance: a product, a product-service combination, a strategy illustrated through product or product-service combination ideas, In case of a Specialisation and/or Annotation, make sure the assignment reflects this/these.

Designing a concept that helps to empower skin cancer patients before having facial reconstruction surgery. This by conducting in-depth qualitative research on the Patient Journey as a whole. The aim is to explore the promising use of 3D technologies in the preoperative phase. The goal is to improve postoperative patient experience in personalized way, by focusing on patient-oriented care with an emphasis on shared decision-making and expectation management.

Research Questions (RQ) and Methods (M);

RQ1 How do skin cancer patients experience their treatment throughout the whole process of healing?
M Patient Journey Mapping and Context Mapping of the whole patient experience (from diagnosis to their recovery)

RQ2 How can VR/AR be used as aid (visual) expectation management and shared decision making in order to empower patients in patient centered care?

M Experimentation through (digital) prototyping, testing and evaluating with patients and healthcare professionals

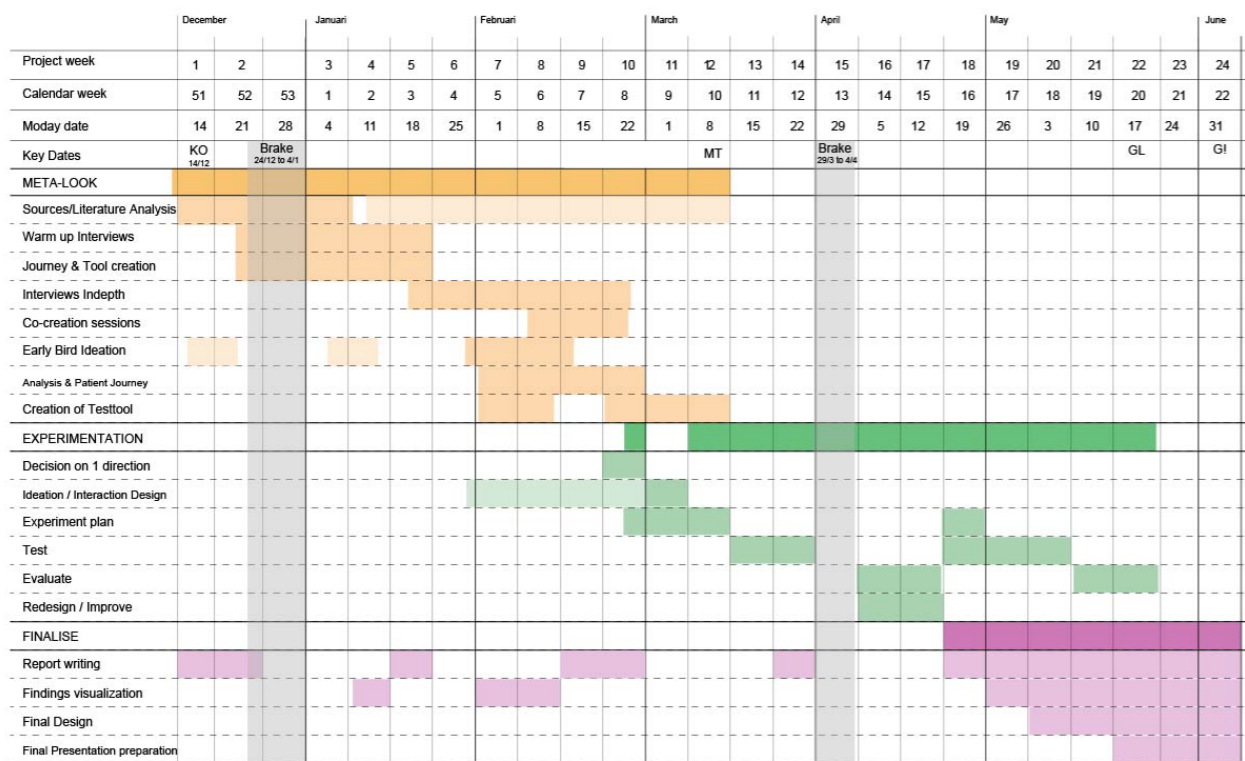
Requirements (R):

- R1 The design should show care from a patients' point of view, as well as the physician (bilateral).
- R2 The design should give patients meaningful insights in their own treatment and therefore empower them.
- R3 The design should not hinder the hospital staff in their workflow or disrupt them from giving the right care.
- R4 The design should be easily accessible through technologies and media at hand.
- R5 The design should touch upon testing with new 3D technologies.
- R6 The design should be exploring new ways that can contribute to a better Quality of Life.
- R7 The design should be an outcome, but also a reflection, of this period of time which is driven by more digital collaboration.

PLANNING AND APPROACH **

Include a Gantt Chart (replace the example below - more examples can be found in Manual 2) that shows the different phases of your project, deliverables you have in mind, meetings, and how you plan to spend your time. Please note that all activities should fit within the given net time of 30 EC = 20 full time weeks or 100 working days, and your planning should include a kick-off meeting, mid-term meeting, green light meeting and graduation ceremony. Illustrate your Gantt Chart by, for instance, explaining your approach, and please indicate periods of part-time activities and/or periods of not spending time on your graduation project, if any, for instance because of holidays or parallel activities.

start date 14 - 12 - 2020 31 - 5 - 2021 end date



*note for planning: during the first 10 weeks there will be spend 4 days a week instead of the full time 5 days

The aim of this project is twofold:

- To gain insight into the relevant aspects of the 'patient experience' in the preoperative path of the facial reconstruction cancer patient
- To explore VR/AR as possible solutions to optimize the preoperative 'patient experience' and thereby QoL postoperatively

The first phase focuses on acquiring knowledge and taking a 'zoomed-out perspective' to see the patient in a journey from a holistic approach. The goal is to take the patient's perspective and represent this convincingly elaborated through the use of Patient Journey(s). Within the experience is key and could even be the ultimate aim, showing what and how emotions and motivations play a role for the patient.

For this it is also important to gain ideas from the stakeholders within this healthcare context, through co-creating ideas with them. Getting professional feedback throughout the process of ideation.

Within the second phase the focus lays upon the experimentation of potential concepts and evaluating their impact. The best framework to evaluate and test with is the previous made Patient Journey(s). This can offer as a base to identify the potential applications of new 3D technologies in the process of facial reconstructive surgery, but also helps in the ideation of the potential effects on the patient.

MOTIVATION AND PERSONAL AMBITIONS

Explain why you set up this project, what competences you want to prove and learn. For example: acquired competences from your MSc programme, the elective semester, extra-curricular activities (etc.) and point out the competences you have yet developed. Optionally, describe which personal learning ambitions you explicitly want to address in this project, on top of the learning objectives of the Graduation Project, such as: in depth knowledge a on specific subject, broadening your competences or experimenting with a specific tool and/or methodology, Stick to no more than five ambitions.

Personal Motivation

Throughout my Bachelor in Eindhoven and Master in Delft I have become more intrigued to design for empowerment of groups of people that really could be impacted in their lives by design. Ranging from sports to vitality to wellbeing. Often these groups are labeled as 'vulnerable' however from a design perspective you could also see it as challenging and intriguing to find out what they really experience and want.

This project has both; potential to have real impact and a fascinating topic. It is a perfect matched combination of area of interest (health), comfort zone (experience-centered design) and a new context (clinical health/hospital) to dive into. As this project is together with external stakeholders with real motivations to change it gives motivation to take a deeper look in the clinical treatment. I see this project also as multi-stakeholder which gives me a lot of energy, gaining different perspectives to a problem, while at the same time allowing me to show the power of design.

Flagship Project

As this is my final and therefore last moment to show what I am capable of in a personal project, I want to put the highlights of my capabilities in this project. Aiming on getting the user-perspective (in this case patient perspective), trying to bring about empowerment to this often overseen side and doing so in a healthcare context.

Stakeholder management/ 'clinical buddies'

Within these times, the on-boarding and managing of expertise is something that is extremely valuable. Especially when there is limited access to the real world context the importance of expertise about this area which is already there is something to be aware of.

Fluid in Corona Times

This context as well as these times will give me a chance to show the capability to adapt to unforeseen situations and show that obstacles can be turned into opportunities.

Advocate of the Designer role in the Health context

Since this project will let me be in touch and help actively in a healthcare context, I would like to show the potential of a more holistic Designer role or mindset. In a more academic context this means for me to show the added value of qualitative research and translating insights into real world ideas. Wherever I could be of an assistance of qualitative research I hope to showcase my willingness to help.

Potential of putting new technology to good use

Due to the knowledge gap specific emphasis will be on how patients have experienced the preoperative process and how they view the possible future applications of VR and AR to optimize the experience. For me personally it is not only for the sake of 'good' use, but also to reflect on the stigma around plastic surgery in society and the mental health related concerns of using for instance filters on social media. I want to use this project to counter the sometimes ridiculous side of AR/VR (mis)use by showing the potential.

FINAL COMMENTS

In case your project brief needs final comments, please add any information you think is relevant.

APPENDIX 2



Een terugblik op uw ervaring met plastische chirurgie

interview voorbereidingsboekje

We zien elkaar (digitaal) voor een interview op:

.....

Goedendag

Beste deelnemer, allereerst dank dat u mee wilt werken aan dit onderzoek!

Waar is dit onderzoek precies voor?

Dit onderzoek gaat over uw ervaringen gedurende uw behandelproces, met een focus op de periode vóór de plastische chirurgische ingreep. Uw ervaringen zullen gebruikt worden om het zorgtraject van het Erasmus MC te verbeteren, en daarmee hopelijk leiden tot een betere patient ervaring.

En waar dient dit boekje voor?

Om u alvast voor te bereiden op het interview van volgende week, wil ik u vragen dit boekje in te vullen. Voor iedere dag tot het interview, is er een korte opdracht. Elke opdracht duurt ongeveer 10 minuten. Ik ben benieuwd naar uw persoonlijke ervaringen, dus er zijn geen foute antwoorden!

Goed om te weten:

Het is niet verplicht om het boekje in te vullen, maar het zou voor mij van grote meerwaarde zijn tijdens het interview. Ik zou u willen vragen het boekje te bewaren voor ons interview, zodat we het samen kunnen bespreken.

Nog even mezelf voorstellen:

Ik ben Pleun Heeres, student Industrieel Ontwerpen aan de Technische Universiteit Delft. Ontwerpen doe ik het liefst vanuit het perspectief van de gebruiker. Om erachter te komen wat de gebruiker echt belangrijk vindt in een bepaalde situatie, is het belangrijk kwalitatief onderzoek te doen met ervaringsdeskundigen. In dit geval bent u dat.

Een project door:



Vragen? Bel : **+31 630899641** of email : p.j.heeres@student.tudelft.nl

Dag 1. Even voorstellen

Naam

Leeftijd

Diagnose

Sinds

Wat ik graag in het dagelijks leven doe:

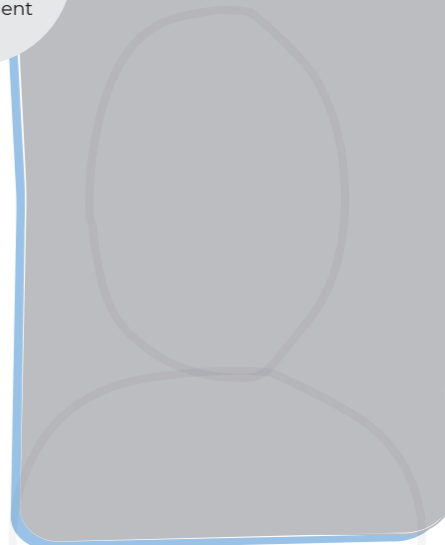
Het doen van

maakt me blij omdat



Komt u niet op een levensmotto, laat dan zien hoe u zichzelf ziet op het moment

Mijn Levensmotto



Hoe ik mezelf zie, heeft invloed op:

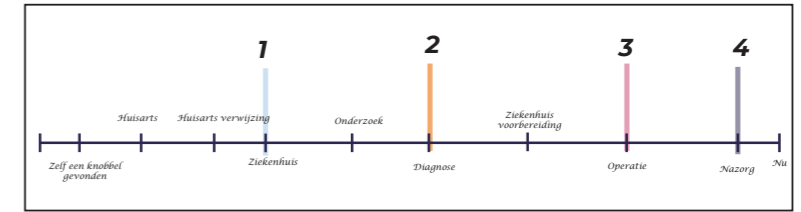


Dag 2. De weg van mijn behandelproces

Stap 1: Hieronder is een tijdlijn weergegeven. **Probeer deze in te vullen met de grote momenten uit uw behandelproces.** Denk hierbij bijvoorbeeld aan wanneer en wat er gebeurde, maar ook wie erbij betrokken waren.

Stap 2: **Probeer nu de tijdlijn op te delen in 4 delen:**
1) tijd voor het ziekenhuis
2) de diagnose stellen
3) voorbereiding op de operatie
4) het leven na de operatie

TIP! Zet bijvoorbeeld lijnen bij de momenten om de delen aan te geven.



Dag 3. Hulp in de behandeling

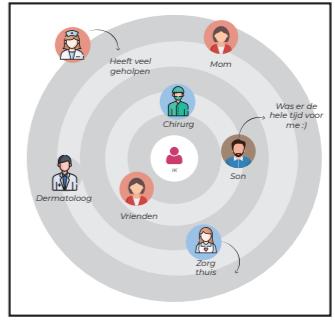
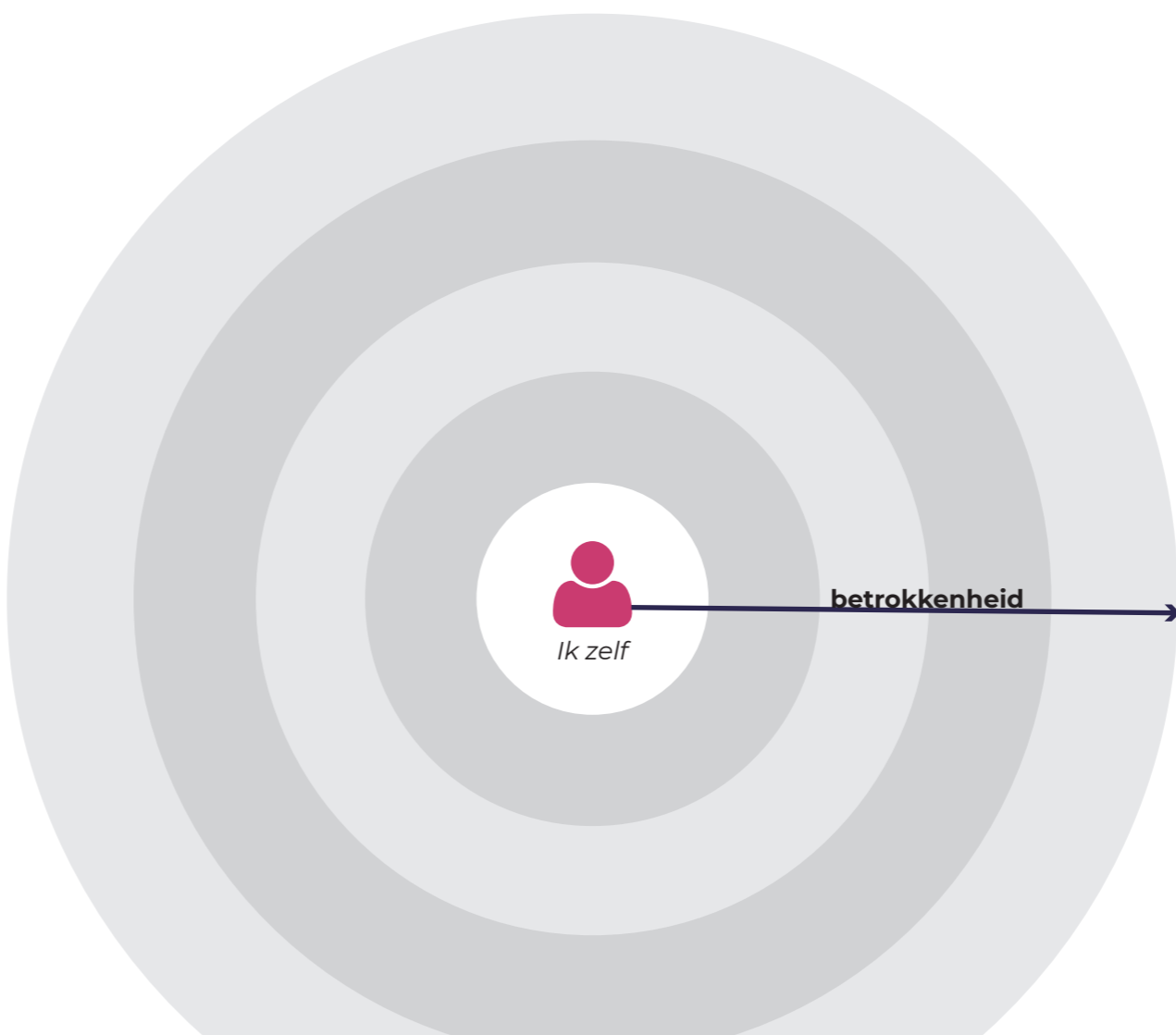
Stap 1: De tijdlijn van dag 2 bestaat uit veel verschillende momenten, met veel verschillende betrokkenen.

Dit waren alle betrokkenen voor mij:

- bijvoorbeeld dochter, huisarts, chirurg -
-
-
-
-
-
-
-

Stap 2: Geef in de cirkels hiernaast aan **wie belangrijke personen of andere hulpmiddelen zijn geweest in uw behandelproces.** Plaats de belangrijkste personen dichtbij u en de minder belangrijke mensen meer naar de buitenste cirkel.

TIP! gebruik het lijstje uit stap 1 en de stickers van het stickervel



Stap 3: Wat of wie heeft het meest geholpen in uw behandeling?

De beste hulp was

tijdens

omdat

.....

Het minst behulpzame was

tijdens

omdat

.....

Dag 4. Mijn voorbereiding op de operatie

Door het hele behandel proces spreekt u veel betrokkenen en daarvan krijg je ook informatie. **Welke informatie was het nuttigst?** Welke informatie had u het liefst eerder gehad? En wat had geholpen om uzelf voor te bereiden op de operatie?

Dit was de nuttigste informatie:

.....
.....
.....
omdat
.....
.....

Dit heeft mij geholpen:

.....
.....
.....
omdat
.....
.....

Dit zou ik een ander vertellen om zich voor te bereiden op een operatie:

.....
.....
.....
omdat
.....
.....

Dag 5. Betrokkenheid bij zorg

In het kader van informatievoorziening zijn er verschillende momenten waarop er dingen besproken worden met artsen. Er kunnen bijvoorbeeld dingen samen besproken worden, opties doorgenomen worden en beslissingen gemaakt worden. **Op welke manier was u betrokken bij uw zorg?**

samen met de artsen is dit besproken:



opties zijn gegeven of vergeleken door...

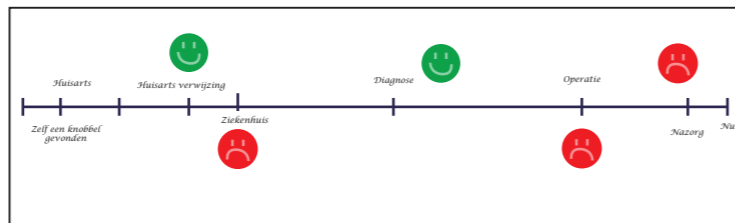
beslissingen genomen op deze manier:



Dag 6. Positieve en negatieve momenten

Stap 1: Als u terugkijkt naar de tijdlijn van dag 2 van uw behandelproces, welke momenten ervaarde u als positief of negatief? Geef deze momenten aan op de lijn van dag 2.

TIP! gebruik de smiley stickers van het stickervel, zoals het voorbeeld hiernaast



Stap 2:

Meest positieve moment:

.....
.....
.....

Hoe voelde u zich toen?

.....
.....

Hoe hebben betrokkenen en/of omgeving dit moment positief beïnvloed?

.....
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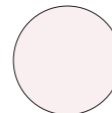






Heel erg bedankt voor het meedoen aan ons onderzoek!

Het zou fijn zijn als u het boekje bewaard voor het interview

Is er nog iets anders dat u kwijt wilt?

.....
.....
.....
.....
.....
.....



 bijvoorbeeld familie lid	 bijv. familie lid	 plastisch chirurg	 dermatoloog (huid arts)	 Thuiszorg
 bijvoorbeeld vrienden	 andere patienten	 verpleeg- kundige		 Huisarts
 ander ziekenhuis	 aanvullende diagnostiek	 online info	 iets anders	
 bijvoorbeeld familie lid	 bijv. familie lid	 plastisch chirurg	 dermatoloog (huid arts)	 Thuiszorg



Dag 1. Even voorstellen

Kort u niet op een levensmotto, het kan zijn hoe u zichzelf ziet op het moment

Mijn Levensmotto
alles voor de knippen
huiten is vrijheid
opkomen voor wat knipbaar is

Hoe ik mezelf zie, heeft invloed op:
zorg, stemming, /kracht
/beest

Wat ik graag in het dagelijks leven doe:
Het doen van fitness, wandelen, knippen met een knippen bezag zijn
maakt me blij omdat ik een geneek en in het moment leef

Dag 2. De weg van mijn behandelproces

Stap 1: Hieronder is een tijdlijn weergegeven. Probeer deze in te vullen met de grote momenten uit uw behandelproces. Denk hierbij bijvoorbeeld aan wanneer er wat er gebeurde, maar ook wie erbij betrokken waren.

Dag 3. Hulp in de behandeling

Stap 1: De tijdlijn van dag 2 bestaat uit veel verschillende momenten, met veel verschillende betrokkenen.

Dit waren alle betrokkenen voor mij:
- huisarts, opleiding, chirurg
- dr. de Groot
- dr. Lecluse
- 2 domes bij Meks behandeling
- drs. Kuykendorp + andere dome → discussie behandelplan
- operatie reconstructie

Stap 2: Geef in de cirkels hiernaast aan wie belangrijke personen of andere hulpmiddelen zijn geweest in uw behandelproces. Plaats de belangrijkste personen dichtbij u en de minder belangrijke mensen meer naar de buitenste cirkel.

TIP! Gebruik het lijstje uit stap 1 en de stickers van het stickervel

Stap 3: Wat of wie heeft het meest geholpen in uw behandeling?

De beste hulp was: probe
tijdens
omdat de pijn anders voorkomt was

Het minst behulpzaam was:
tijdens
omdat

Dag 4. Mijn voorbereiding op de operatie

Door het hele behandelproces spreekt u veel betrokkenen en daarvan krijg je ook informatie. Welke informatie was het nuttigst? Welke informatie had u het liefst eerder gehad? En wat had geholpen om uzelf voor te bereiden op de operatie?

Dit was de nuttigste informatie:
de digitale informatie was goed
omdat van vooraf

Dit heeft mij geholpen:
Hoe ont je op met plastisch chirurgie bij knippenplankte
omdat van vooraf

Dit zou ik een ander vertellen om zich voor te bereiden op een operatie:
Naar iemand meer naar het gesprek was
omdat je niet moet wat er gezegd wordt worden

Dag 5. Betrokkenheid bij zorg

In het kader van informatievoorziening zijn er verschillende momenten waarop er dingen besproken worden met artsen. Er kunnen bijvoorbeeld dingen samen besproken worden, opties doorgenomen worden en beslissingen gemaakt worden. Op welke manier was u betrokken bij uw zorg?

samen met de artsen is dit besproken

opties zijn gegeven/afgeleken door dokter, samen met mij

beslissingen genomen op deze manier door artsen buiten mij om (wel in mijn voordeel)

Dag 6. Positieve en negatieve momenten

Stap 1: Als u terugkijkt naar de tijdlijn van dag 2 van uw behandelproces, welke momenten ervoerde u als positief of negatief? Geef deze momenten aan op de lijn van dag 2.

TIP! Gebruik de smiley stickers van het stickervel, zoals het voorbeeld hierboven

Stap 2: Meest positieve moment:
2. Leve, ook met humor bij Meks behandeling
+ plastisch chirurg knippen
Wel was opvallend verteld me om te doen
Hoe voelde u zich toen?
- serieuze maar in goede boeien
- oplicht en zelfverzekerd

Hoe hebben betrokkenen en/of omgeving dit moment positief beïnvloed?
1. Humor, interesse, en supportieve tonen
- was persoonlijk contact en samen voor een positief
2. Tijd nemen en aandacht behandeltafel (aanspreken)

Heerlijk bedankt voor het meedoen aan ons onderzoek!

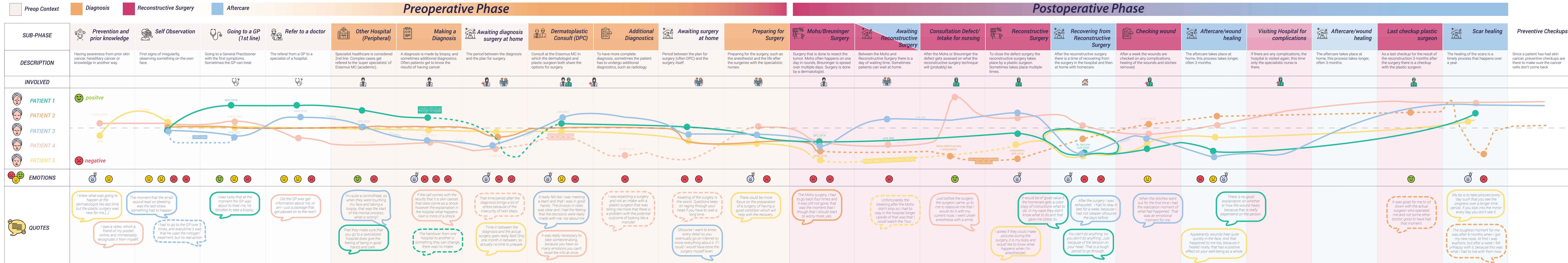
Het zou fijn zijn als u het boekje bewaard voor het interview

Is er nog iets anders dat u kwijt wilt?
- is een goed contact geweest voor het psychische trauma
- wat bij deze groep komt

APPENDIX 3

PATIENT JOURNEY; Reconstructive surgery of skin cancer patients.

Pre- and post-operative patient experience of skin cancer patients; journey from prevention to aftercare.



APPENDIX 4

