

## Patient Education and Therapeutic Medical Education in Dermatology

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Patient education is the process of influencing patient behavior and producing changes in knowledge, attitudes, and skills necessary to maintain or improve health. The Latin origin of the word doctor, 'docere,' means 'to teach'. The education of patients and their families, as well as communities, is the responsibility of all physicians. To support patients and their families, a newly prioritized movement in patient care is patient education, also known as therapeutic medical education.<sup>1</sup> Therapeutic patient education can be viewed as a set of structured activities that consist of "helping the patient and his or her family to acquire knowledge and competencies about the disease and its treatment, to better collaborate with the caregivers, and to improve his or her quality of life".<sup>2</sup> It encourages the patient to assume a certain level of responsibility for his or her care.

It has been used extensively in the care of atopic dermatitis and other medical conditions, offering patients—and, for children, their caregivers—knowledge, skills, support, and coping strategies for managing many chronic diseases that severely compromise their quality of life.<sup>3</sup>

The goal of therapeutic medical education (TME) in chronic dermatological conditions like albinism, atopic dermatitis, contact dermatitis, and vitiligo includes the understanding of the disease and the importance of treatment. It is hoped that this will drive behavioural modification, self-management, and the ability to observe the effectiveness or ineffectiveness of the therapy. Observed benefits of TME include a decline in the number of unnecessary hospital visits and a reduced burden on limited health resources which is particularly important in low to middle-class income countries. Patient education has led to reduced medication errors, improved compliance with treatment, reduced unnecessary physician contacts, improved outcomes, and reduced complications.<sup>1</sup>

Some of the major barriers to TME are patients' and relatives' understanding which may be a function of the literacy level, cultural barriers, and cognitive function, especially in the elderly with cognitive decline, hearing, and visual decline. It is recommended that communications are as simple as an eighth-grade or junior secondary school student could understand. Materials should also be prepared so they are culturally adapted. Poor patient recall is another limitation of TME, and it is recommended that there should be a follow-up of patients to ensure appropriate recall and understanding of the information. With the increasing ease of access to information on the internet (including social media and television), and from family and friends, patients gather conflicting and unverified information about their diseases. Physicians are under additional stress as a result of having to clarify information and re-inform patients and family members to ensure accurate communication.<sup>1</sup>

Experts and advocates of patient education suggest the use of methods based on both pedagogy and psychology, where verbal information is reinforced by leaflets, brochures, visual aids, and the

internet/social media.<sup>4</sup> Digital measures are available to aid patient information including WhatsApp® patient groups and education websites.<sup>5</sup> Dermatologists in Africa need to emphasize patient education for holistic skin care.

In the August edition of Nigerian Journal of Dermatology, many of the articles address areas in which dermatologists must actively participate in both patient and public education. The articles report on antiseptics and disinfectants, self-medication, albinism, and skin-bleaching techniques. The most important preventive measure against skin cancers and the attending morbidity and mortality of people with albinism is education on sun protection measures which needs to be continuous.<sup>6</sup> There is a global epidemic of bleaching as a cosmetic practice, and sub-Saharan Africa is not left out as we deal with complications such as exogenous ochronosis, dyschromia, and infections which are seen regularly in dermatology practices throughout Nigeria and Africa.<sup>7</sup> Most cases of adverse cutaneous drug eruptions seen in clinical practice are from self-medication, and from the use of topical herbal medication, which are potentially lethal. A common cause of irritant contact dermatitis is the use of antiseptics either as soaps or liquids added to bathing water with the erroneous belief that it will prevent skin infections.

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