Address by Maya El Hachem Head of Dermo-Pediatrics Department Gesu Pediatric Hospital Rome –Italy



EDUCATOR EXPERTISE IN PSYCHOLOGY

Therapeutic education for atopic dermatitis is based on precise expertise in several specialties. In addition to the management of treatment adapted to patients' dermatitis, this chronic disease has multiple factors and can cause confusion in the mind of the patient who, before being treated by a therapeutic team, would have received several separate diagnoses from a pediatrician, dermatologist, etc., because of the various aspects of the disease (dermal, physical, emotional or dietary problems). The surroundings of the patient must also be taken into account, as well as the family's perception of the disease. Listening, observing and communicating is a must. Exchanges take place between all the individuals involved in this chronic disease. The development of a personalized therapeutic education programme is subject to the experience of each patient. Training for specialists in therapeutic education must be recognized; we make use of publications and communicate our progress. Therapeutic education is not recognized in the Italian health system and all members of the medical team contribute voluntarily to therapeutic implementation and follow-up. The specialists who will participate in therapeutic education for the patient will adhere to the « permanent couple » system of nurse and dermatologist, thus the psychologist will always be present and available and the pediatrician will be informed of therapeutic treatment. The allergologist and pneumologist as well as other specialists such as ENT must also collaborate. It is necessary to work in a network and the draw from the skills of all involved.

The educator must know how to listen to, detect and understand the experiences of the patient, without trivializing or exaggerating the consequences of the disease. Working in a network means planning appointments with specialists to determine the therapeutic course to be followed and to communicate all information necessary for its continuation to the rest of the « network ». The educator must evaluate the perception and understanding of the information given to the child and to his or her family. Anxiety must be taken into account, as with any physical aspect of the disease. It is essential to know how to provide necessary information and avoid excess communication in order to manage the attitude of the patient towards the disease. Informing the pediatrician monitoring the child as well as all involved in the child's therapeutic education is also a way of allowing everyone to give same information to the child's family, and thus facilitate their adherence to the established protocol. For this follow-up a case manager is needed but each specialist contributes his or her main competence to the network of educators; thanks to this collection of clinical competence and the psychological approach of the educator, a model for a therapeutic educator can be created. All the verifications carried out by the educator as well as the analysis and efficacy of the protocols followed has permitted us to evaluate the efficacy of the educator.

Communicating and diffusing the evaluations from the «educator network" is important since it helps us to prepare seminars and to adopt the same jargon and allows us to put protocols into place with all the specialists involved in atopic dermatitis.