

# Practical Guide to Therapeutic Education

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## Organization and implementation of therapeutic education within a structure

*In hospitals, therapeutic education motivates teams on the basis of a multidisciplinary project. The participation of doctors in therapeutic education is essential. Ideally, the educational team should include a doctor, a nurse, a psychologist and healthcare professionals specialized in the pathology (dietician, ergotherapist, physiotherapist, etc.).*

### **1- A few crucial rules before starting therapeutic education in dermatology**

#### *Human resources*

- Train or at least participate in one introductory session on therapeutic education
- Constitute a team (at least two healthcare professionals)
- Ensure that the approach is part of a departmental project supported by management and the department head
- Inform hospital administration
- Communicate inside and outside of the hospital (liberal professions and the media)

#### *Material means*

- Reserve a room (consultation and meeting rooms)
- Collect the materials required (board, crayons and pencils, and potentially educational tools)

#### *Establish a program*

- The program content and organization must be formalized before starting the practical therapeutic education.
- However, this structure may be very simple at first, and will evolve with the patients' practices and interaction.
- A program established by another team may be used.
- Define the frequency and length of the sessions.
- Bring together the caregivers involved to finalize the program (half a day).

## Recruitment

- Indicate the patient recruitment methods (based on hospital and/or non-hospital consultations, hospital sectors, a thermal center, etc.).
- Indicate the conditions in which the therapeutic education program will be offered to the patient (by whom, how).
- Define the methods to constitute the groups.

## 2) Program conduct

A therapeutic education program is broken down into three stages:

- 1) **The educational diagnosis:** this is an “inventory” of the patient’s skills and beliefs. Conducted during an individual interview with the patient, it is used as a basis for the personalized therapeutic education program.
- 2) **Individual or collective therapeutic education sessions** during which patients learn to better understand their disease and cope with it.
- 3) **The evaluation of skills acquired.**

Therapeutic education is a permanent process that is integrated into the treatment: the programs can be renewed in accordance with patient follow-up.

For example, therapeutic education includes: an educational diagnosis, two individual or collective therapeutic education sessions conducted one month apart, and a review session after a six month period.

### 1) The educational diagnosis

The educational diagnosis is the initial stage of a therapeutic education program. It allows the patient to express how he or she copes with the disease, the identification of the patient’s needs, resources and difficulties, and how to select the skills to be developed with the patient. It is conducted during an individual interview that lasts between 30 and 45 minutes between the patient and a trained caregiver.

The use of key question guidelines may be helpful for this interview.

*Example of educational diagnosis guidelines based on 10 questions:*

1. *Since when has your skin showed problems?*
2. *What are the signs?*
3. *In your opinion, what causes your skin problem? What aggravates it?*
4. *What effects do your treatments have on you? In your opinion, how do they work?  
Do some of the treatments scare you?*
5. *Are you at times tempted to stop them, reduce them or increase them?*
6. *What is your daily life like within your environment (with your friends and family, at work ...)?*
7. *Are there things you can’t do because of your disease?*
8. *What have you tried to do to feel better?*
9. *When you need help, how do you react and who can you turn to?*
10. *What are you expecting from our meetings? What are your future plans?*

It is conducted in a light atmosphere with children. The data is ideally collected in a file that can be shared by the various participants in the therapeutic education program.

The educational diagnosis can be conducted again in future patient follow-ups. This time is

not to be spent on therapeutic medical decisions. It can be conducted by a doctor outside of the hospital who may orient the patient to a hospital or a suitable structure for therapeutic education sessions.

At the end of this interview, the caregiver and patient select educational objectives and a therapeutic education program suited to the patient's needs.

A "contract" between the caregiver and patient can be established and put into practice during the individual consultation.

*For example:*

*Patient's objective = learn how to adapt local treatment to the state of the patient's skin*

*Contract compliance = demonstration of the treatments during the visit to the doctor*

## 2) Therapeutic education sessions

The therapeutic education sessions are forums to meet, learn and share knowledge on the disease. Their objective is to help the patient develop skills in a number of fields: to better understand his or her disease and related treatments, not to be fearful of the treatments, to know how to administer the treatments on a daily basis, to adapt to changes in daily life...

This is not about transferring a mass of theoretical knowledge with no tie to the patient's needs. This means focusing on the patient's needs and expectations.

The sessions are divided into a number of modules, for example:

*Module 1: Expressing how the disease is coped with on a daily basis*

*Module 2: Understanding the disease*

*Module 3: Understanding the treatments*

*Module 4: Understanding aggravating factors of the disease*

*Module 5: Knowing how to adapt the treatment to the disease*

### **Examples of practical skills to be acquired by the parents of children suffering from atopic dermatitis:**

- Adapt the treatments in accordance with the state of the child's skin and indicate:
  - On which part of the body?
  - What quantity?
  - How to apply the treatment?
  - The time the care is administered during the day?
  - Who will administer the treatment?
  - The length of the treatment?
- Put alternatives to scratching in place (massages, cold emollients, antihistamines).
- Identify dangerous situations (food allergies, herpes).
- Implement behaviors and attitudes to reduce sleep disorders.
- Adapt the environment and treatment to specific conditions (pool, seaside, sun, car, vacations...)

### **The organization of therapeutic education sessions**

Sessions can be *individual* or *collective*.

After the educational diagnosis, the patient chooses to follow a program composed of individual, collective or combined sessions.

**Collective** sessions favor exchanges of experiences and knowledge among patients. They must be led by at least two trained caregivers in a dedicated area. Leadership is multidisciplinary (doctors, psychologists, nurses, dieticians, etc.).

*Individual* sessions are simpler to organize and can be conducted outside of the hospital. They are appropriate for patients who are reticent in group settings.

The precise conduct of a therapeutic education session can be set out in a written document (session guideline) that is a step-by-step description of the session.

### **How to organize a collective session**

- Define a location (at least a room with chairs and a board)
- At least two trained leaders (a doctor and a nurse or a doctor and a psychologist)
- Define the role of each participant during the session
- Length: 30 minutes to three hours (with breaks)
- Recruit patients by pathology and age bracket (parents/children/pre-adolescents/adolescents/adults)
- Number of patients: 3 to 10
- Start with a presentation of the session framework and objectives (this is not group psychotherapy or a course on the disease)
- Reassure as to the confidentiality of what is said during the session
- Continue with the patients expressing their experience and beliefs in relation to their disease (potentially use educational means such as “photolanguage”)
- With the patients, select the learning modules (see “modules” above)
- Treat this as a priority and plan one or two sessions on this module
- Final round robin: make sure you find out how they experienced the session and what they gained from it
- Do a summary and end the session
- Evaluation
- Prepare a report on the session for the patient, the patient’s file and the attending doctor

*During the session, the leaders should encourage patient expression by reformulating their words. Various educational techniques can be used (interactive presentations, roundtables, treatment demonstrations, role playing, etc.), as well as tools (images, films, etc.). The tools must be simple and designed for a precise objective (learning a specific skill).*

*They must be supported by a precise user manual that allows all the teams to use the tool in the best conditions possible. They are useful, but not crucial when initiating a therapeutic education program.*

### **Individual session**

After the educational diagnosis, a contract is established between the patient and caregiver based on a precise objective, for example to know how to adapt local treatment to the state of the patient’s skin.

This objective may be worked on through demonstrations of the treatments and the implementation of a personal action plan evaluated over a number of sessions.

Certain educational tools help children become more autonomous.

### **Therapeutic education over the telephone.**

A scheduled telephone conversation between the patient and the educational team can be used for follow-up, to reassure the patient and to monitor the patient’s state of health. Patients enjoy this and it creates a closer tie to their daily life.