

The doctor as the patient educator

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An integral role of a doctor is being an educator. The word “doctor” comes from the Latin word, “docere”, meaning “to teach and to lead forth”. This has been endorsed by Hippocrates since early as fifth century BC. Teaching not only the trainee doctors and medical students, but teaching patients and family members about their bodies, health, and illness as well as complications, prognosis, and potential side effects of therapies is a characteristic of being a doctor.

Over recent years the physician’s function is fast becoming preventive rather than individual or curative and they are encouraged to use educational strategies as a means of enhancing patient decision making skills. (1) Patient’s nonadherence to therapeutic regimens is a serious issue in the practice of medicine. Empiric studies done by professionals from diverse backgrounds have shown that physicians who use educational strategies can be effective in gaining the cooperation of patients to follow their recommendations. (2)

The educational strategy of pedagogic model is the relationship between the teacher and learner is based on authoritative expertise. The teacher’s role is to instruct the passive cooperative learner. In the andragogic model, the teacher-learner relationship is one of mutual participation. The teacher’s role is to facilitate, promote, and encourage the learner’s active involvement in developing and planning. (3) This model is more appropriate for adults and will work when educating patients.

Estimates of patient nonadherence to physicians’ therapeutic recommendations range from 50% to 92%. (4) Reviews of empiric studies have repeatedly emphasized the magnitude and pervasiveness of this problem and recently Haynes et.al identified it as one of the most important issues medical practitioners face today. (5) The educational theory most familiar to physicians and the one they use most frequently when educating patients is pedagogy and may contribute to the nonadherence of treatment. Hence an andragogic model must be adopted in educating patients.

The generic behaviors that doctors have to adopt to instill the knowledge in their patients is to establish

a good rapport with their patients, assess their needs, develop a plan, implement the plan and finally evaluate the plan. Clinicians, continually pressed with the medical aspects of the interview and ever mindful of time, are not expected to carry out each of these behaviors at every patient visit. This can be a continuous process.

Encouraging and promoting active participation of patients in the decision-making process has been shown to enhance motivation and build commitment to the therapeutic plan. (2)

A strategy that can be adopted to educate patients is to use the technology effectively. Educational resources can be customized to the patient’s needs, printed and handed over. It is best to review the printed material and ensure they have understood it.

Another strategy is to determine the patient’s learning style and provide the information using the range of techniques available to different styled learners. Techniques like demonstrations, diagrams, reinforcement, review, teach-back and support can be used based on the learning style of the patient. Stimulating the patient’s interest by making them understand the importance of the therapy by answering questions and addressing specific patient concerns will also encourage the patients to understand better.

Involving family members in patient teaching improves the chances that the instructions will be followed. Families play a critical role in health care management hence having a family member is an effective strategy. A multidisciplinary approach including nurses as educators can play a critical role in the education of patients.

When considering the mode of information, Johnson and Sandford (2005) conducted a systematic Cochrane review that compared written with verbal information to verbal information only in a study of parents of children with health problems. In the two trials selected by the study, findings indicated that parents were more knowledgeable and satisfied with the combination of written and verbal information than verbal education alone. (6)

The ability to comprehend and retain information may decline as patients age. Barriers to information retention may also include anxiety, denial, memory deficits, pain, stress, or unfamiliarity. Talen et al. (2008) found that higher satisfaction with patient-provider communication correlated to the patient's ability to remember his or her provider's recommendations and comply with the instructions. (7)

Members of the health system should be empathetic and pay attention to patients' fears. Practices like using concrete instructions may be considered common sense but may be difficult to achieve unless one focuses on doing so. Effective patient education practices need to be learned and reinforced in order to become part of the everyday provider care environment.

References:

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