



## Patient Education Methods and Educators' Roles in a Health Education Model

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## Letter to the Editor

Patient education empowers patients to engage in their own health-related activities and supports them in making informed decisions [1]. That is why in a health system, effective care delivery and at the heart of it, efficient patient education is central to improvement of health outcomes. With proper education, health care providers augment their patients' motivation and collaboration in adherence to diagnostic and treatment plans [2].

Different methods and techniques can be employed to educate patients. In different studies, pamphlets, manuals, lecturing in the community of patients or face-to-face training have been practiced to commence the empowerment process, to transmit the knowledge, to explore and value patients' experiences. Many other methods such as peer feedback, online or computer-based education have been applied for teaching patients and encouraging them to manage their own health as well [3].

In order to inspire patients to succeed in the management of their own health, group-based education programs have been successfully tried by many motivated and committed educators all over in the world. To educate patients in a group, a practitioner should build an effective relationship with a patient. He/she should provide patient-centered education so that his/her patients will maintain in their partnership and collaboratively involve in their own health plans [4].

Along with the necessity of applying patient-centered collaborative methods to educate patients [5], educators have a very important role in the successful application of those methods. They need to play different roles when educating their patients. They are required to be aware of the different roles of an educator, too. They should also be able to proficiently play all roles and juggle them in practice. In order to undertake participatory and group-based education and manage different roles in one session, educators should be able to overcome the challenges they face in dealing with each role and the challenges with switching between them [6].

About the educator challenges in juggling the roles, Andersen *et al.* from Steno Health Promotion Center in Denmark, have reported a qualitative analysis about the challenges their 11 participating educators (with different fields of study and professional background) had faced to educate patients with chronic illnesses. They applied "The Health Education Juggler model" in their study [6]. Reading about the roles that were taught to the participating educators of this study can be very interesting and informative. Studying the challenges presented in this study report is impressive, too.

In "The Health Education Juggler model", educators should be good embracers. It means that they should be able to take care of the group and provide a

supportive environment for the patients so that they can interact with the educators in a safe and sustainable situation. Educators also need to be competent facilitators. In other words, they should do their best to build and maintain an effective relationship with their patients in order to promote the patients' collaboration and involvement. In addition, educators need to communicate scientific information to their patients whenever necessary. By doing so, they will play the role of a translator. The last and very important role of an educator, in this model, refers to an educators' ability in motivating action in patients. Playing this role means that educators should be capable initiators. They should be a catalyst of their patients' internal motivation to engage in self-management education [6].

To sum up, in order to provide patient-centered education for patients living with chronic diseases or illnesses, group-based training can be included as one of the most efficient methods in educators' teaching toolbox. In all, to employ group-based education, it is important to be aware of the different roles of an educator (roles such as embracer, facilitator, translator, and initiator). It is also important to be familiar with skills, which are needed to move among the roles in a session. The educators should also know the challenges of juggling the roles and be able to overcome them. Employing the Health Education Juggler model can be useful in rehearsing the above mentioned competencies and all health care providers, involving in patient education (regardless of their professional field of study), can integrate it into their daily practice.

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