PICOT Statement

Anileidys Tejera

**Picot question**:Are dermatological patients (P) who have been put under an education program (I) more informed on their condition (O) than dermatological patients (P) who have not received similar educational programs (C) for 3-4 weeks (T)?

**Problem**

Patients seeking dermatological treatment have been identified to lack adequate information. This has resulted in patients not fully understanding their needs, thereby causing them to have low self-esteem concerning how they feel. These patients have also been identified to take on minor issues in an expression of how they look. These involve a general tendency to worry due to their bad look. The dermatological clinics and equivalent health care agencies have been pinpointed to have facilitated the deteriorating concern on patients receiving dermatological care. This is as they have been identified not to have adopted the right mechanism to enhance patient-centered care.

**Intervention**

To address the concern of these patients, it is essential to adopt the need to offer education to the patients (Jain, Huang&Ferraz, 2017). There is,therefore, a need to combine the treatment process with a thorough brief and update on how the actual situation looks like and similarly what the patient should be working towards. This kind of intervention calls for an evidenced-based practice where information has to be sourced from the initial report of the problem all through the levels of advancement and treatment of process. Nurses should also adopt interrogation training as they help these patients recover. This helps up in the building of a resource of evidence, which will help through the recovery process. Such a kind of concern helps to realize a patient-centered treatment that is relevant to the needs of specific patients. The need to adopt such kind of education has, however, been identified to have some implication on nursing practice. The nurses are required to facilitate active engagement with the patient to allow them to understand the aesthetic dermatological procedures that they are to undertake. A comparison of performance on individual patients and at the health care institutions need further be put against the global aesthetic ranking scale. This is also essential in evaluating compliance and patient outcome.

**Comparison**

As compared to patients who have not been put under the described intervention measures, educated patients and those receiving an evidence-based practice will defiantly have high self-esteem, acceptance and they are likely to respond to treatment positively. Lack of the required information is detrimental as it poses one to infectivity in pursuit of treatment (Werschler, Calkin, Laub, Mauricio, Narurkar& Rich, 2015). On the other hand, when nurses and other medical practitioners have not thoroughly evaluated the patients' concerns, it puts them at risk of not fully understanding the real challenge that the patients are undergoing. These uninformed patients have been identified to have more concern about their physical outlook and ignore other measures that they should undertake to facilitate their wellbeing.

**Time and outcome**

The affected patients are supposed to be put under the educative program from the time they first visit a health care center go a period ranging to 3-4 weeks. During this period, the nurses are supposed to attend to them, carry out an evaluation, and thoroughly brief them on the outcomes of such kind of assessments. As the patient is receiving treatment and therapy during this period, they are supposed to visit the health institution for a minimum of two times a week, depending on the actual concern that they are experiencing. The result of this is patient-centered care that is facilitated by evidence-based practice. Both the nurses and the patients will also have realized a great impact on their roles. The nurse will have realized efficiency in addressing the patient's concern, and the patients will have deeply understood the actual problem that they are suffering from. Close monitoring of the problem from both the patients' side and the health care practitioner will also be necessary from the facilitated visits.

References

Jain, R., Huang, P., &Ferraz, R. M. (2017). A new tool to improve the delivery of patient‐ engaged care and satisfaction in facial treatments: the Aesthetic Global Ranking Scale. Journal of cosmetic dermatology, 16(1), 132-143.

Werschler, W. P., Calkin, J. M., Laub, D. A., Mauricio, T., Narurkar, V. A., & Rich, P. (2015). Aesthetic Dermatologic Treatments: Consensus from the Experts. The Journal of clinical and aesthetic dermatology, 8(10 Suppl), S2–S7.