

# Educational Needs Assessment in Psoriasis: Perspective from Dermatologists, Nurses, and Patients

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## 1 RESEARCH OBJECTIVES

- Determine clinical care challenges of dermatologists and nurses specialized in dermatology
- Identify perceived and unperceived educational needs on multiple levels: Knowledge, skill, attitude, behaviour, context, and system
- Characterize the experience of patients diagnosed with / receiving care for psoriasis

## 2 METHODS

PHASE	METHOD
1	<b>Mixed-method:</b> Design qualitative and quantitative data collection instruments <b>IRB - ethics review</b>
2	<b>Purposive sampling</b> based on demographic criteria, specialization, and practice profile <b>Qualitative data collection - exploratory phase</b> <ul style="list-style-type: none"><li>■ Dermatologists - discussion groups (n=6)</li><li>■ Nurses specialized in dermatology - telephone interviews (n=5)</li><li>■ Patients - telephone interviews (n=7)</li></ul>
3	<b>Quantitative online survey - validation phase</b> <ul style="list-style-type: none"><li>■ Dermatologists (n=50)</li><li>■ Nurses specialized in dermatology (n=14)</li></ul>

## 3 SUMMARY OF RESULTS

- Dermatologists and nurses indicated being challenged to objectively monitor response to therapy
- Dermatologists and nurses reported providing inconsistent and incomplete patient education
- Dermatologists indicated difficulty in providing optimal emotional and psychological support to patients
- Dermatologists reported lacking knowledge and confidence to optimally use biologic therapy
- Healthcare team: Suboptimal collaboration and lack of clarity on the roles and responsibilities of healthcare team

## 4 RESULTS

### A. Dermatologists and nurses indicated being challenged to objectively monitor response to therapy

#### Dermatologists skeptical about role of validated tools in monitoring

- Existing tools (e.g. PASI) seen as only useful for studies
- Tools not seen as useful in clinical practice

"Tools exist, but they are not useful (...) only for research. Life is too short for things (tools) like that." DERMATOLOGIST

#### Nurses lack knowledge of tools in monitoring

"Part of the problem of assessment is that there is no standardized tool." NURSE

### B. Dermatologists and nurses reported providing inconsistent and incomplete patient education

#### Dermatologists and nurses reported a lack of confidence & skill in managing:

- Patients' denial of disease / acceptance of treatment
- Patients' goals and expectations of quick fix
- Patients' fear of drugs, side effects, and injections

"How to explain risks to patients... especially unknown risks?" DERMATOLOGIST

### C. Dermatologists indicated difficulty in providing optimal emotional and psychological support to patients

#### Dermatologists acknowledged:

- Lack formal training in dealing with emotional / psychological reactions following diagnosis
- Lack skill in managing patients' stress associated with the disease
- Struggle to set boundaries in their role as providers of this support
- Lack time and reimbursement for this type of support

"I don't want to be mean, but he (dermatologist) looks, he prescribes a cream, and... See you later!" PATIENT

"We have to deal with any problem, but I'm not a psychologist!" DERMATOLOGIST

### D. Dermatologists reported lacking knowledge and confidence to optimally use biologic therapy

#### Dermatologists and nurses indicated being unclear on biologic therapies' features

- When to introduce biologic therapy?
- How to combine biologic therapy?
- What has been tested?
- Long-term effects
- Underlying mechanisms of biologic therapy
- Differences between each type of biologic therapy

"With new biologics, it's really complex to understand how it is working."

"I don't know how long you should be on that (biologics)." DERMATOLOGIST

### E. Healthcare team: Suboptimal collaboration and lack of clarity on the roles and responsibilities of healthcare team

#### Dermatologists and nurses reported that:

- Referral from primary care physicians (PCPs) not specific: "Skin", "Rash"
- PCPs may not suggest or try any treatment before referring
- PCPs lack knowledge of who needs to be referred

"But when I see somebody who's been using nothing but cortisone for 2 years and nobody's offered them anything else and they have a lot of psoriasis, I'm not pleased!" NURSE

#### Lack of consensus on the roles and responsibilities of dermatologists

##### % of dermatologists who think they should:

Help patients obtain their insurance / disability	42%
Provide emotional support	74%
Manage psoriasis patients' co-morbidities	56%

## 5 IMPLICATIONS

Findings may be used to stimulate the development of educational initiatives to address identified challenges and needs of healthcare professionals and to:

- 1) Increase knowledge and confidence in treatment with biologic therapies

- 2) Enhance skill in management of patients' emotional and educational needs by targeting patient-provider relationship skills

- 3) Design interventions that support teamwork and inter-professional communications