

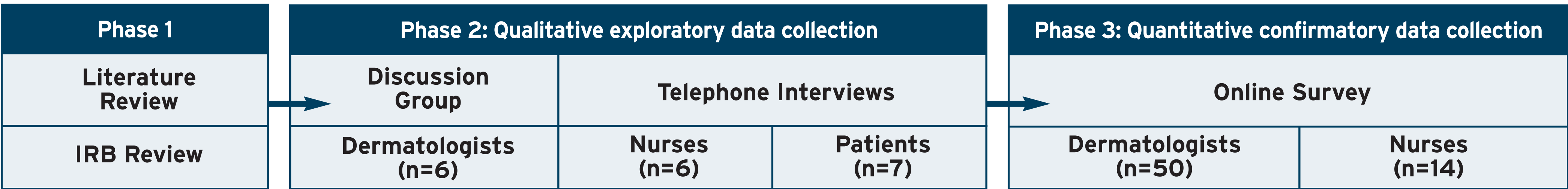
Educational Needs Assessment in Psoriasis: Perspective from Dermatologists, Nurses and Patients

Sean M. Hayes, Psy. D., AXDEV Group ■ David Gratton, MD, FRCPC, Associate Professor of Dermatology, McGill University, Montreal General Hospital ■ Suzanne Murray, AXDEV Group

1 RESEARCH OBJECTIVES

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

2 METHODS



3 RESULTS

A. Dermatology physicians and nurses indicated being challenged to objectively monitor response to therapy

Nurses unfamiliar with monitoring tools

- Lack of knowledge of standardized tools
- Lack of training in use of existing tools, such as PASI

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

NURSE

B. Dermatology physicians and nurses reported that they lack confidence and skill in providing consistent and complete patient education

Cause: Patients' denial, fear or unrealistic expectations

Nurses also reported difficulty in finding balance between educating and reassuring patients

"We play a big role in educating and trying to help alleviate some of the fears with these patients."

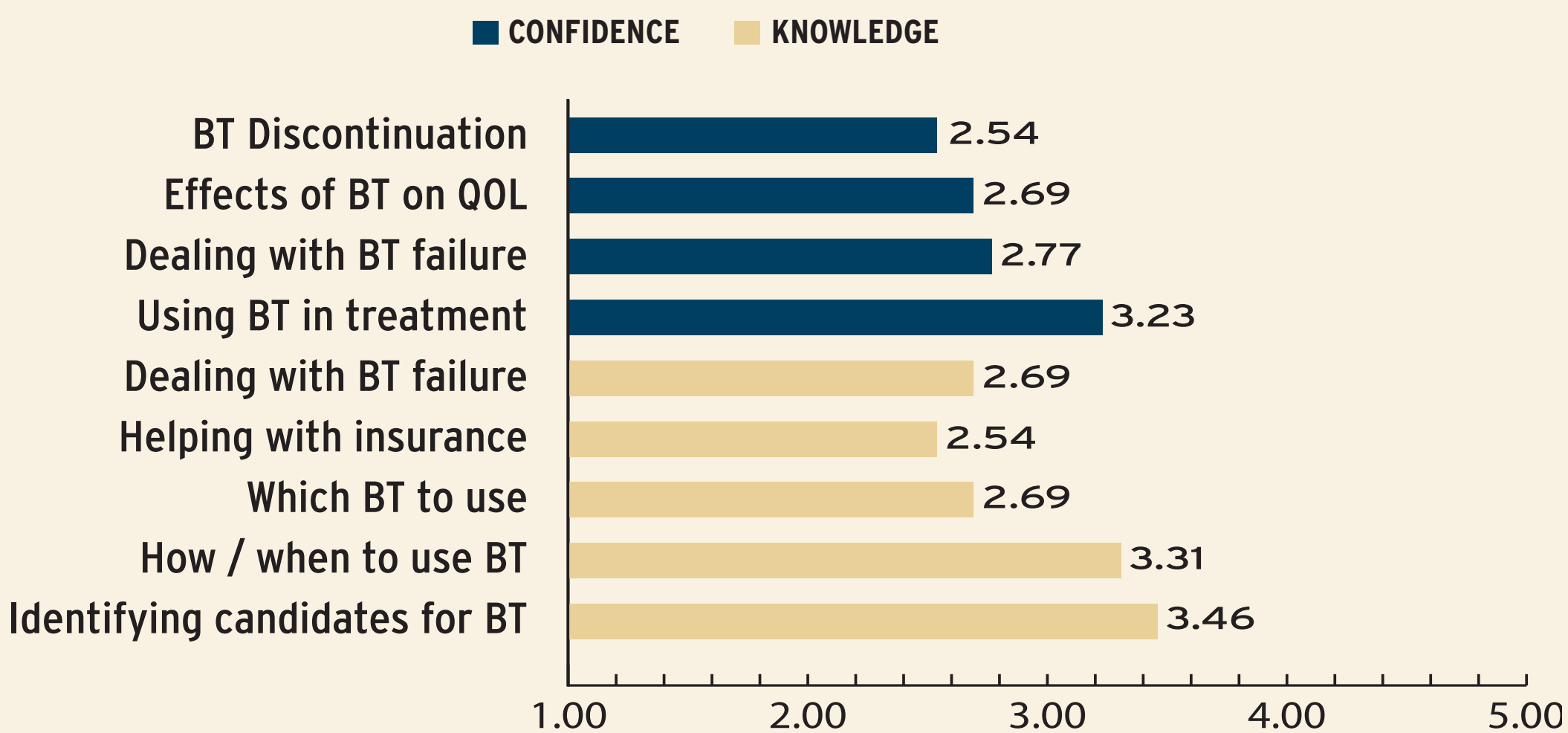
NURSE

C. Dermatology physicians and nurses reported lacking knowledge and confidence in managing biologic therapy

"We don't really know 20 years down the road what impact these drugs are going to have on patients."

NURSE

Average reported levels of knowledge and confidence regarding biologic therapy (BT) by dermatology nurses (1=Low; 5=High)



D. Dermatology physicians and nurses reported suboptimal collaboration on the roles and responsibilities of the healthcare team

Cause: Lack of clarity regarding who should be doing what in treatment and management

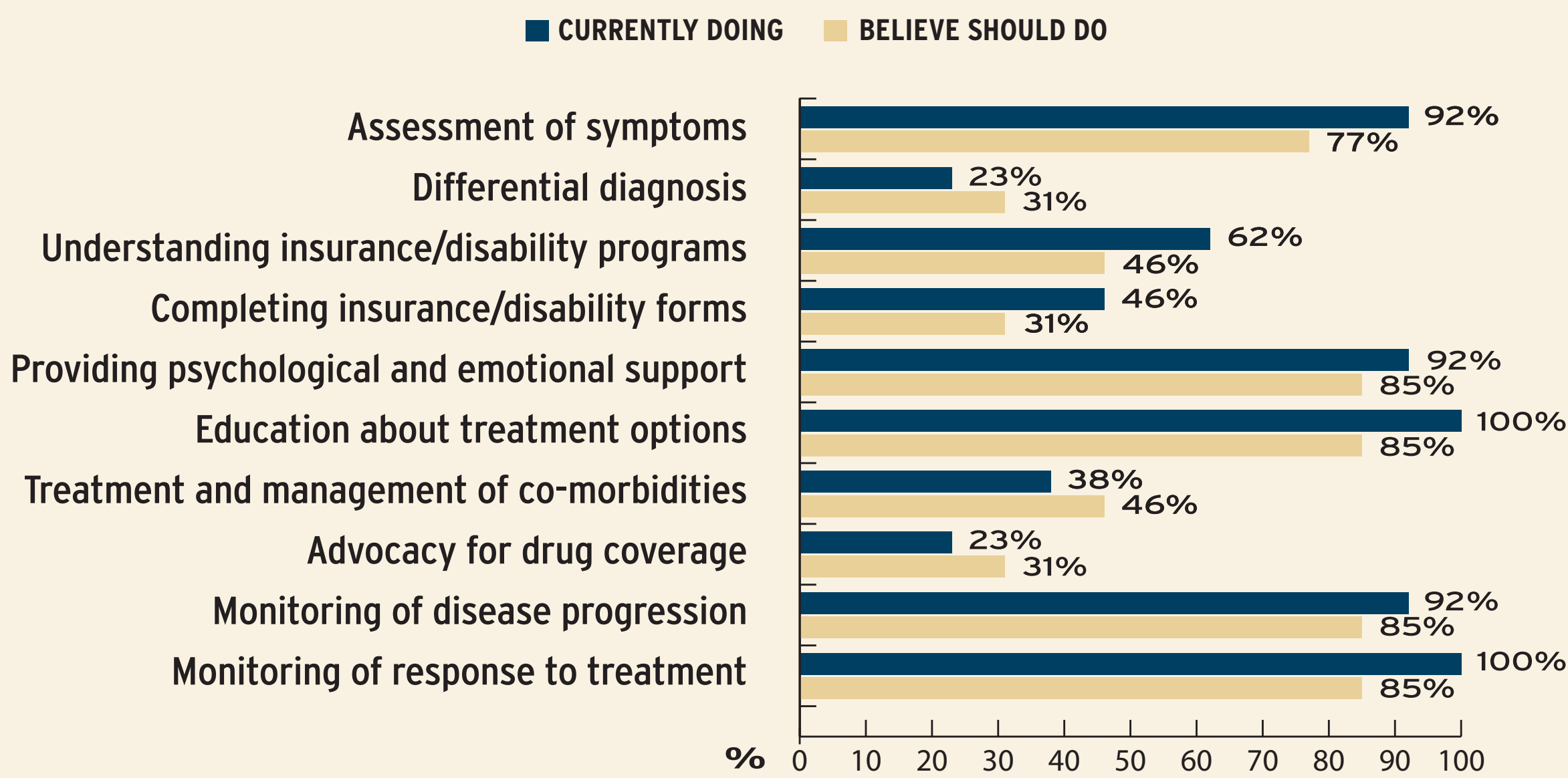
Dermatologists and nurses reported that:

- 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

Nurses' perception of their role in treatment and management of psoriasis



E. Both dermatology nurses and patients reported that the condition of psoriasis carries a burden of social stigmatization

Public lacks knowledge about psoriasis

- Stereotypes: Contagious disease

Lack of perceived importance

- "Just a skin disease"; "Not dying of psoriasis"
- Impact: • Psoriasis not prioritized
• Patients not forceful in getting care

"People, when they see us, they ask : "what is that? What do you have?" I found that very unpleasant. People can't get used to it (...) I refrain myself from doing a lot of things because of that"

PATIENT WITH PSORIASIS (TRANSLATED FROM FRENCH)

4 NURSING IMPLICATIONS

1) Findings provide direction for development of educational modules to:

- Increase knowledge and confidence in use of monitoring tools and in treatment with biologic therapies
- Enhance skill in management of patients' emotional and educational needs by targeting patient-provider relationship skills in psoriasis
- Support teamwork and inter-professional communications

2) Findings underline the need for a public health education campaign to lessen the social stigma of psoriasis.

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"I've heard [of] patients that have lost their jobs, people who won't sit next to them, there's a real stigma attached to psoriasis because people assume that it's some sort of really bad contagious disease and you know they're going to catch it by being near them."

NURSE