Educational Needs Assessment in Psoriasis: Developing Competencies-Based Continuing Interprofessional Education Programs for Dermatologists and Nurses

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1 INTRODUCTION

Psoriasis is:

- A chronic inflammatory autoimmune disease with a prevalence estimated at 2-3% in Canada^[1]
- Poorly understood and poorly recognized

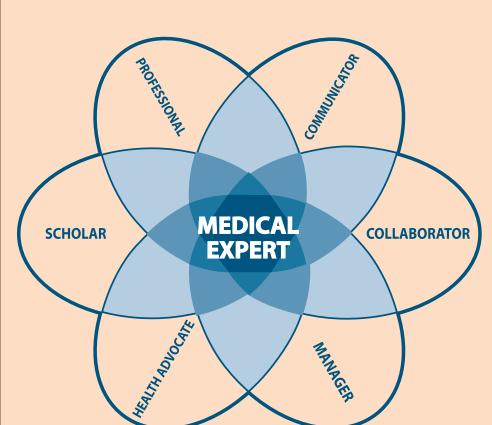
To help patients live longer, healthier lives, a better understanding is needed of:

- The disease and its characteristics
- The challenges and barriers to optimal care that health care providers face^[2]

Identification of the current clinical care gaps and educational needs of Canadian dermatologists and nurses specialized in dermatology

Design of more targeted competencies-based interprofessional educational initiatives

Better integrated team practice towards patients with psoriasis



CanMEDS Framework^[3]

- Adopted in 1996 by the Royal College of Physicians and Surgeons of Canada to define essential physician competencies
- Seven Roles:
 - Medical Expert
- Manager
- Communicator
- Scholar
- Collaborator
- Professional
- Health Advocate

Medical organizations from other countries have adopted multi-competency models as well:

For example, in the US, The American Board of Internal Medicine^[4] uses a model with the following 6 competencies: (1) patient care; (2) medical knowledge; (3) practice-based learning and improvement; (4) interpersonal and communication skills; (5) professionalism; and (6) systems-based practice.

2 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

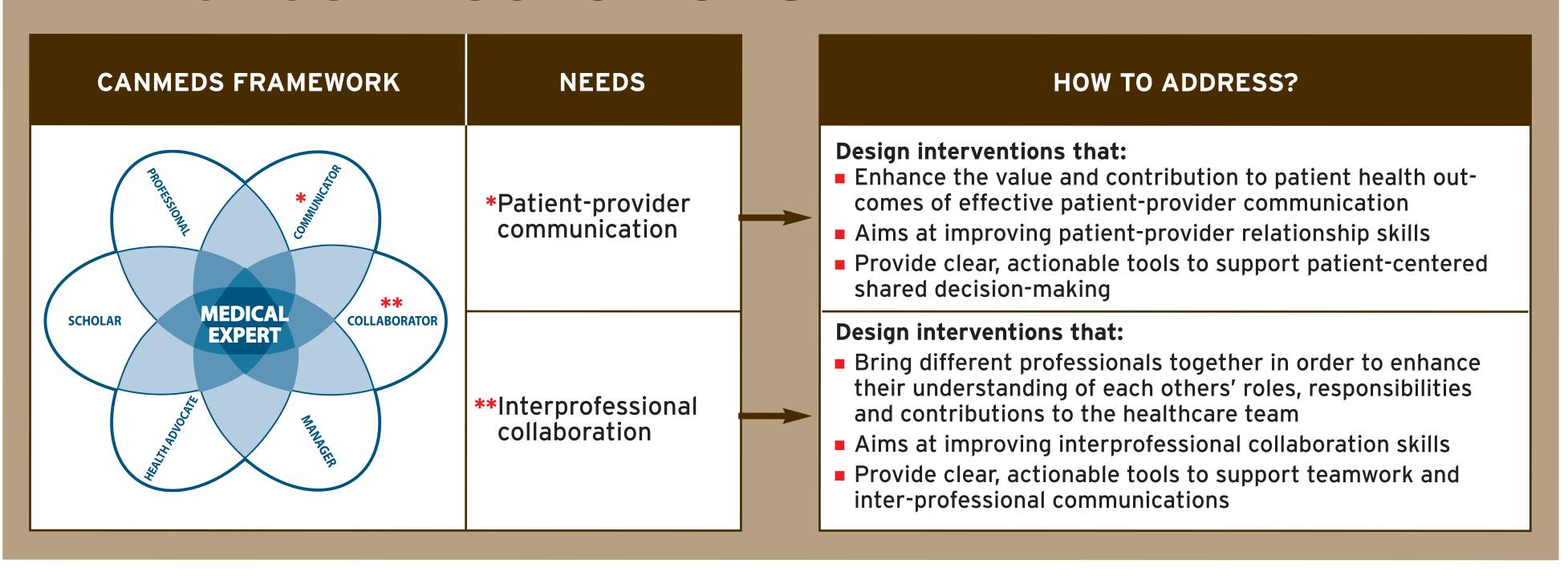
B METHODS

Phase 1	Phase 2: Qualitative Exploratory Data Collection			Phase 3: Quantitative Confirmatory Data Collection		
Literature Review	Discussion Group	Telephone Interviews		Online Survey		
IRB Review	Dermatologists (n=6)	Nurses (n=6)	Patients (n=7)	Dermatologists (n=50)	Nurses (n=14)	

4 FINDINGS

Qualitativ Dermatologists a	Quantitative Survey	Perceived and Unperceived Educational Needs	
Difficulty in dealing with patients' beliefs, fears, and unrealistic goals, contributing to inconsistent and incomplete patient education and emotional 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	24% of dermatologists rated their own skills in dealing with emotional reactions of patients with psoriasis as "high"	Need for optimization of healthcare providers' communication skills
Suboptimal collaboration and lack of clarity on the roles and responsibilities of primary care physicians, dermatologists and nurses caring for patients with psoriasis.	"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 [Asking patient] "Did you try anything? No. Did your PCP recommend anything? No. It's irritating, frustrating." Dermatologist	74% of dermatologists indicated the lack of communication with PCPs as a barrier to optimal management of patients with psoriasis	Need for optimization of collaboration skills among the healthcare team and clarification of each health care provider's roles and responsibilities

5 PROPOSED SOLUTIONS



6 REFERENCES

- [1] http://www.psoriasisguide.ca Accessed April 1st, 2010.
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- [4] American Board of Internal medicine. Policies and procedures for certification. http://www.abim.org/pdf/publications/Policies-and-Procedures-cert-August2009.pdf Accessed April 1st, 2010.