

Evaluation of a pilot Masterclass for dermatology nurses in psychosocial aspects of care

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Objectives: To deliver a Masterclass to eight dermatology nurses focusing on the bio-psychosocial aspects of care for people living with skin disease; utilise psychosocial assessment tools available for Holistic Needs Assessment (HNA); increase participant nurses' understanding of levels of psycho-social intervention; evaluate course impact on participants' **confidence** in HNA; evaluate course impact on participants' **competence** in HNA and record changes in practice following course completion.

Method: A pragmatic action research approach was undertaken, utilising standardised pre- and post-confidence and competence questionnaires and reflection (free-text and verbal feedback). A two-day interactive learning programme was delivered with a half-day feedback debrief session at three months.

Results: Overall confidence levels increased with mean total confidence scores increasing from 43.1 to 58.3 (range 0 to 90). Greatest percentage increase was demonstrated for: use of screening tools and discussing suicidal ideation. Overall competence levels increased with mean total competence scores increasing from 43.1 to 85.1 (range 0 to 130). Greatest percentage increases in competence were demonstrated for: use of the Distress Thermometer (386 per cent); use of screening tools for anxiety and depression (139 per cent); educating the patient about mechanisms of anxiety (129 per cent); structure and organisation of psychological practice (85 per cent) and assessing for suicidal ideation (85 per cent).

Conclusions: This Masterclass improved participants' confidence and competence levels in assessing psychosocial aspects of care. It met participants' expectations and course objectives. Development of an additional mentorship programme for participants following course completion is recommended to sustain change in practice.

Introduction

ADDRESSING the psychosocial needs of patients is essential to the success of any dermatological intervention and can improve patient experiences and outcomes. The Scottish Dermatological Nursing Society (SDNS) developed a Masterclass for dermatology nurses wishing to enhance their practice and address patients' psychosocial needs. The SDNS received an educational grant from LEO Pharma UK to support the development, implementation and evaluation of the Masterclass.

Dermatology represents a clinical specialty where the psychological and social impact of disease can affect individuals' experiences and clinical outcomes (All Party

Parliamentary Group on Skin, 2013). A recent SDNS audit (Bianchi et al., 2014) highlighted little or no psychosocial assessment or interventions are being undertaken in Scottish dermatology departments. This is of concern as national recommendations clearly state that psychosocial impact of skin disease can be profound and assessment must be undertaken (Report of the All Party Parliamentary Group on Skin, 2013). Further to this, the Nursing and Midwifery Council (NMC) also recommend that nurses are holistic in their approach and address the physical, psychological and social aspects of care (Nursing & Midwifery Council 2015).

The SDNS recognised a gap in knowledge and skills of nurses and proposed to develop and deliver a Masterclass on the psychosocial aspects of care for SDNS members. Rationale for undertaking this initiative was identified as:

- Dermatology nursing practice in Scotland failed to demonstrate adequate psychosocial assessment of patient needs (Bianchi et al., 2014). Yet there is strong evidence of increased levels of psychological distress and psychosocial needs of patients with dermatological conditions, which is often independent to the objective clinical disease severity (Affleck & Chouliara, 2015; Affleck et al., 2015; Jones-Caballero et al., 2007). Furthermore, there is evidence linking psychological distress and progression of skin conditions (Zouboulis & Bohm, 2004).
- Dermatology practitioners in Scotland indicated a lack of knowledge, skills and time to undertake holistic assessment in daily practice with patients' psychosocial needs not being met (Bianchi et al., 2014).
- NMC requirement for a holistic approach is integral to the code of professional practice (Nursing & Midwifery Council, 2015)

Benefits of psychosocial needs assessment

According to the World Health Organisation (WHO) health is:

'A state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' (WHO, 2014).

Health protective factors include individual coping skills, psychosocial support and access to resources and services (Myers et al., 2005). Given the prevalence and severity of psychological distress and psychosocial needs of patients with skin conditions, a systematic assessment of psychosocial needs can have key benefits for patients, practitioners and organisations.

Addressing the psychosocial needs of patients matters because:

- It helps patients understand and cope with their condition (Affleck & Chouliara, 2015; Affleck et al., 2015).
- It represents a more holistic approach in assessing the physical, cognitive, emotional, spiritual, social and financial aspects of care which are important to persons living with skin conditions (Affleck et al., 2015).
- It improves physical health and well-being. (Hurley et al., 2014).
- It can enhance patient consultation and improve adherence to treatment/management programmes (Snyder et al., 2014).
- It can improve patient experiences and outcomes (You et al., 2012).
- Practitioners attain greater knowledge and skills to improve practice, identify psychological morbidities promptly, enhance communication and improve clinical outcomes (Myers et al., 2005).
- Practitioners demonstrate greater job satisfaction (Hurley et al., 2014).
- Organisations fulfil NHS Scotland Quality objectives (Scottish Government, 2011) in ensuring assessment and interventions are patient focused, safe and effective.

Aim of project

The main aim of this pilot initiative was to up-skill dermatology nurses in order to increase confidence and confidence to undertake psychosocial assessments and be familiar with appropriate psychosocial interventions available to enhance care.

Objectives were to:

1. Deliver a two-day Masterclass for dermatology nurses focusing on the psychosocial aspects of care of persons living with chronic inflammatory skin disease.
2. Utilise psychosocial assessment tools for HNA:
SWIFT Tool (NHS Education Scotland, 2013)
Distress Thermometer (O'Donnell, 2013)
General Anxiety Disorder Questionnaire GAD-7 (Spitzer et al., 2006).

- Patient Health Questionnaire PHQ-9) (Kroenke et al., 2001).
3. Increase participant nurses' understanding of levels of psychosocial interventions.
 4. Evaluate course impact on participants' confidence (a feeling of self-assurance arising from an appreciation of one's own abilities or qualities) in HNA.
 5. Evaluate course impact on participants' competence (the ability to do something successfully or efficiently) in HNA.
- d. Participants were also invited to a half-day feedback debrief session at three months to reflect and share accounts of any change in clinical practice. The emotional wellbeing of nurses is integral to their success in recognising, assessing and addressing psychosocial needs of patients. A clinical psychologist facilitated the debrief session on this important aspect of 'self-care'.

Method and Masterclass delivery

A pragmatic action research approach (Mulhall 1999) was undertaken, utilising:

- a. Pre-course Assessment, comprising two questionnaires. Pre-course questionnaires related to confidence and competence in psychosocial needs assessment (NHS Education Scotland, 2011). A reading list and a programme were also sent to participants.
- b. Masterclass delivery comprised 15 hours interactive learning (two study days) for eight delegates. The course was delivered within an NHS educational establishment. Experienced SDNS nurses facilitated the Masterclass sessions and workshops. These included bio-psychosocial aspects of skin disease, motivational interviewing techniques, health literacy, psychosocial assessment tools (SWIFT Tool; Distress Thermometer; General Anxiety Disorder Questionnaire GAD-7; Patient Health Questionnaire PHQ-9) and levels of intervention. Colleagues from dermatology, psychology and psychiatry also contributed to the delivery of the programme on specialist topics such as psychological morbidity, use of language, suicide ideation (including risk assessment), self-care for health professionals, and relaxation techniques.
- c. Post-course evaluation was undertaken using standard course evaluation forms and post course confidence and competence questionnaires at three months after completion of the Masterclass.

Participants

The course was aimed at experienced dermatology nurses with a minimum of five years' experience in dermatology nursing. Eight successful applicants were selected based on experience and clinical speciality.

Ethical considerations

As an action research project, with participants being health professionals and using questionnaires local ethical committee approval was not a requirement. The sessions were delivered in a small group forum within a safe listening environment. Participants were assigned a study number for questionnaire analysis and reporting of findings to maintain anonymity. Confidentiality was respected at all times during all sessions. No identifiable patient details were mentioned during clinical discussions and feedback.

Data collection and analysis: Self-report confidence and competence questionnaires

Data were collected pre- and post-course (with permission) using standardised self-report questionnaires for confidence and competence (NHS Education Scotland 2011). Delegates were asked to indicate on a numerical rating scale the level of confidence and competence against specific criteria. 1=Not very confident/competent to 10=Very confident/competent). A further open question was asked regarding participants' main concerns about discussing psychological issues with patients. A space to write any other comments was also provided.

Using Microsoft Excel software package, confidence and competence questionnaire data were analysed using simple descriptive statistics. This included the range of scores for each criteria (pre and post), mean scores for each criteria (pre and post), percentage (per cent) change in scores for each criteria and total pre- and post-mean scores and percentage (per cent) change. This pilot programme involved small numbers of participants which is a limitation in terms of statistical analysis.

Reflective practice

Following the Masterclass, participants were invited to keep reflective diaries of one to two case studies. Feedback from these case studies was attained at the three-month follow-up debrief session and reported in relation to changes in practice, implementation of psychosocial assessment tools and psychosocial interventions undertaken.

Results: Course evaluation forms

One-hundred per cent of participants reported that their expectations were met and there was sufficient time for networking. The question of sharing learning with colleagues elicited responses which clearly indicated their intention to share knowledge and learning with others, for example:

'I will share the information about open questioning, assessment tools, relaxation and meditation techniques. Through discussion we can incorporate the tools with appropriate patients during consultation. We will also make sure the information from DLQI questionnaire is acted on rather than just filed in patient's notes.'*

(*DLQI=Dermatology Life Quality Index, Finlay & Khan, 1994)

Confidence and Competence questionnaire scores

Confidence questionnaires identified nine criteria on which to measure confidence. The questions (1–9) are detailed in Table 1 as are pre- and post-mean confidence levels.

Competence questionnaires identified 13 criteria on which to measure competence. The questions (1–13) are detailed in Table 2 as are pre- and post-mean competence levels.

Table 1: Pre- and Post-Mean Confidence Scores.

Question	Confidence Questionnaire (scale 1–10) How confident do you feel in/about:	Mean Score Pre- Course	Range	Mean Score Post- Course	Range	% Increase Mean Score
1.	Discussing psychological problems with patients	5.1	2–7	6.8	5–9	33%
2.	Eliciting worries or concerns from patients	5.1	2–7	6.7	5–9	31%
3.	Using specific screening tools to detect psychological problems	3.5	1–6	6.2	6–7	77%
4.	Recognising symptoms of psychological disorders	4.9	2–7	6.8	6–8	39%
5.	Managing a patient who is describing symptoms of psychological distress	4.5	1–7	6.0	5–8	33%
6.	Providing information to patients about how to manage their psychological distress	4.1	1–7	6.2	5–8	51%
7.	Discussing concerns about a patient's psychological distress with other members of your team	6.0	3–9	7.8	6–10	30%
8.	Discussing suicide ideation with patients and families	3.1	1–7	5.5	2–8	77%
9.	Managing your own feelings when dealing with patients with psychological distress	5.8	2–9	6.3	4–10	7%
	Total Mean Confidence Score	42.1		58.3		39%

Figure 1: Bar chart: Mean Confidence Scores Pre- and Post-Masterclass.

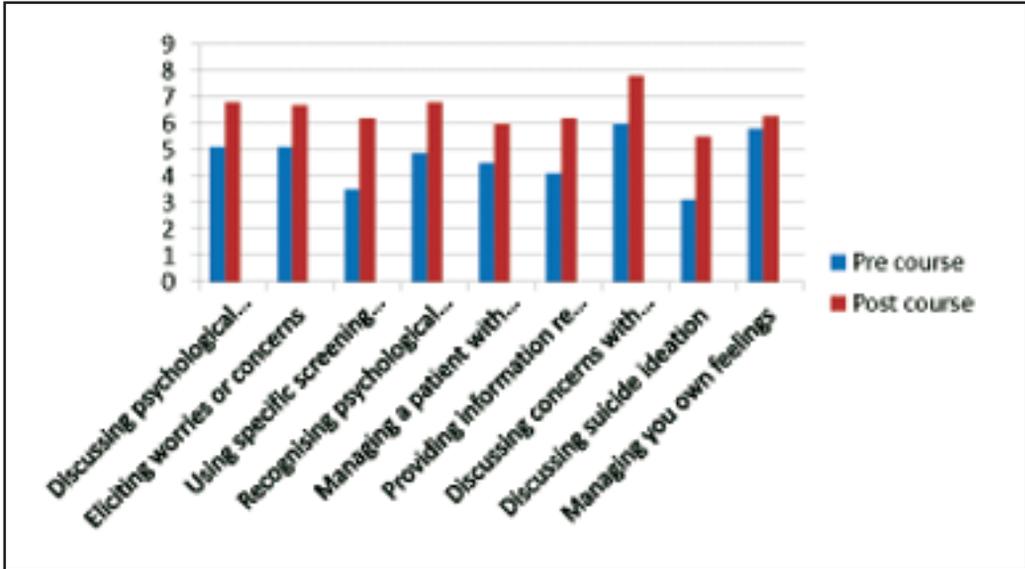


Figure 2: Bar chart: Pre- and Post-Mean Competence Scores.

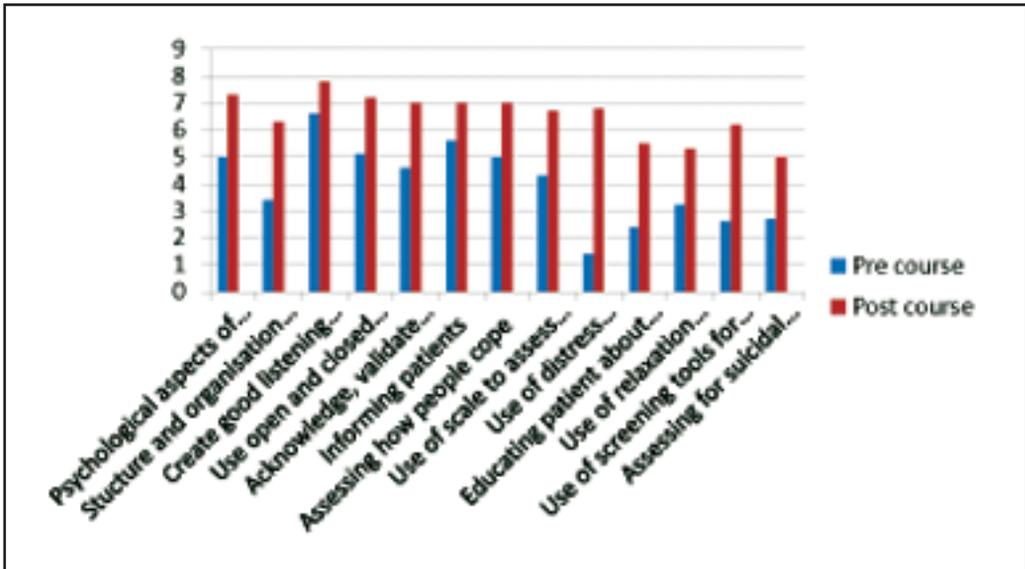


Table 2: Pre- and Post-Mean Competence Scores.

Question	Competence Questionnaire (scale 1–10) How Competent do you feel in/about:	Mean Score Pre- Course	Range	Mean Score Post- Course	Range	% Increase Mean Score
1.	Understanding what the psychological aspects of your current practice entail?	5.0	2–7	7.3	6–9	46%
2.	Understand how to structure and organise your psychological practice?	3.4	1–6	6.3	5–8	85%
3.	Creating a good listening environment?	6.6	4–8	7.8	6–9	18%
4.	Using open and closed questions and reflective listening?	5.1	2–8	7.2	6–8	41%
5.	Acknowledging, validating and normalising what your patients are discussing?	4.6	1–7	7.0	6–8	52%
6.	Informing patients?	5.6	1–8	7.0	5–8	25%
7.	Assessing how people cope?	5.0	1–7	7.0	5–8	40%
8.	Using scales to assess psychological issues?	4.3	1–7	6.7	6–7	56%
9.	Using the distress thermometer?	1.4	1–4	6.8	6–8	386%
10.	Educating patients about the mechanisms of anxiety?	2.4	1–5	5.5	4–6	129%
11.	Using relaxation techniques with your patients?	3.2	1–6	5.3	4–6	66%
12.	Using screening tools for anxiety and depression?	2.6	1–4	6.2	5–7	139%
13.	Assessing for suicidal ideation?	2.7	1–7	5.0	2–7	85%
	Total mean scores	51.9		85.1		64%

Open question responses:

Pre- and Post-course

Open question responses Pre-course:

Pre-course, participants' main concerns about discussing psychosocial issues with patients related to perceived lack of confidence and competence, for example:

(P001) *'The approach and wording. Knowing what to say without distressing them more.'*

(P008) *'Not having confidence using the screening tools available and having only a basic and life experience knowledge of psychological issues.'*

Open question responses: Post-course:

Post-course responses to the open question regarding their main concerns about discussing psychosocial issues related to time constraints and gaining experience in using tools.

(P003) *'That I know the principles but need to build confidence in practical experience.'*

Participant validation at three-month follow-up debrief session

Participants attended a three-month follow-up debrief session and provided group feedback and reflective notes relating to the course content, case histories and changes in practice. In the group feedback and reflective notes participants reiterated the questionnaire information, that is, that the course provided appropriate level of challenge, instigated a profound change of approach in addressing psychosocial issues with patients and increased levels of knowledge about these issues.

Discussion

Meeting expectations

Overall the Masterclass appeared effective in meeting the expectations of the participants. From the quantitative and qualitative analysis, the results demonstrate achievement in our overall aim.

The course content was reported as appropriate and met our original objectives to increase the confidence and competence

of participants in assessing psychosocial aspects of care for patients and participants' intention to change practice.

Confidence levels

Results from the self-report questionnaires indicated that overall **confidence** levels were increased following completion of the course for all nine criteria identified, with total mean confidence scores rising from 43.1 to 58.3 (scale range: 9–90) indicating a 39 per cent increase change in confidence levels.

Before commencing the Masterclass, participants felt **most confident** in discussing their concerns about a patient's psychological distress with other members of the team and managing their own feelings when dealing with patients with psychological distress. Likelihood is one action serves the other, discussing patients' psychosocial issues with colleagues can be reassuring and enhance/support confidence as well as acting as a portal for dealing with one's own feelings.

Before commencing the Masterclass, participants felt **least confident** in using specific screening tools and discussing suicide ideation. This is understandable as participants reported little knowledge of assessment tools. Lack of confidence in discussing self harm and suicide ideation is commonly reported as uncomfortable for the health care professionals and regarded as a 'no go area' for fear of 'opening up a can of worms' (Dazzi et al., 2014; Morriss et al., 2013). This was demonstrated in the pre-course confidence and competence questionnaires with participants stating main concerns are: not being able to deal with the issues, being out of their depth or not being able to provide help. Lack of knowledge and skills to manage an uncomfortable or potentially emotional situation reinforce this lack of confidence.

Three months following completion of the course, mean scores for confidence in using screening tools increased from 3.5 to 6.2 (77 per cent change increase in confi-

dence). This is an encouraging finding as it represents a core skill in holistic needs assessment.

Similarly, mean scores for confidence in discussing suicide ideation increased from 3.1 to 5.5 (77 per cent change increase in confidence). Greater confidence to have such a discussion with patients indicates the course content addressed fears and concerns of participants about suicide ideation. These sessions were led by a clinical psychologist, with input from a psychiatrist and a dermatologist, and reinforce the need for a multi-disciplinary approach in delivering a programme of learning.

Clarification of the specific psychosocial issues, motivational interviewing techniques and language used provided new insights and skills for participants to feel more confident in exploring thoughts and feelings with patients.

Competence levels

Results from the self-report questionnaires indicated that overall competence levels were increased following completion of the course for all 13 criteria identified, with total mean scores rising from 51.9 to 85.1 (scale range: 10–130), a 64 per cent change increase in reported competency levels.

Before commencing the Masterclass participants felt least competent in using the Distress Thermometer with a reported mean score of 1.4 on a Scale of 1–10. Following the Masterclass the mean score was 6.8 (386 per cent change) demonstrating a much higher level of competence.

Before commencing the Masterclass participants felt most competent in creating a good listening environment. This is interesting as the participants believed themselves capable of creating a good listening environment yet prior to the course were not taking the opportunity to assess psychosocial needs. There appeared to be a willingness to create an environment and also a lack of skills to assess psychosocial needs which perpetuated avoidance behaviour.

In the post-course comments, respondents commented on the need for support to practise psychosocial assessment and practise using the tools. The implementation of a mentorship programme for participants following course completion may enhance confidence and competence to facilitate sustained change in practice.

The largest percentage (per cent) increases in competency scores post-course were reported for:

- a. Using the Distress Thermometer (386 per cent change increase);
- b. Using screening tools for anxiety and depression (139 per cent change increase);
- c. Educating patients about the mechanisms of anxiety (129 per cent change increase);
- d. Assessing suicide ideation (85 per cent change increase);
- e. How to structure/organise their psychological practice (85 per cent change increase)

Limitations of this pilot work include small participant numbers and lack of control group. In future, with larger cohorts of participants, potential statistical analysis of findings will be as follows:

- A pre/post *t*-test analysis of competence and confidence levels to identify whether the Masterclass has made any difference in confidence and competence for individual participants.
- A three- to six-month *t*-test analysis of the same variables to see if there is any difference between these two points in time, that is, whether the differences are long lasting. The same analysis can be between pre-course data and six months data.
- A correlation matrix to check for associations between all variables.
- Checking whether years of experience in dermatology makes any difference in confidence and competence.
- With numbers over time, repeated measures analysis for all three time points and all variables can be undertaken.

Conclusions and recommendations

This two-day Masterclass received a positive evaluation from all participants, meeting course objectives. Such objectives are rooted into evidence on the extent and severity of increased psychosocial needs of dermatology patients and the potential benefits of psychosocial assessment and management of such patients. Despite such evidence, psychosocial training has been limited so far for professionals working in dermatology (Keyworth et al., 2014). This Masterclass programme aimed at addressing this gap, therefore facilitating better and more cost-effective management of such patients within the NHS. The multidisciplinary and interactive approach served well in creating a useful learning environment. The action research approach provided a robust framework for evaluation. The course content was appropriate and met the expectations of the participants. The small group forum served as a safe, non-threatening, supportive environment to discuss potential uncomfortable or distressing clinical experiences and situations. Limitations of the project include a small cohort of participants and absence of a control group. Ongoing evaluation of change in practice will be undertaken. This Masterclass can facilitate psychosocial assessment of patients' needs which in turn may enhance patient consultations to improve experiences and patient outcomes. A strong recommendation is for this course to be made available to a wider range of dermatology practitioners and rolled out across Scotland and the UK. An additional mentorship programme would be useful to support practitioners consolidate and sustain change in practice following course completion and most importantly to consolidate and embed into clinical practice psychosocial learning obtained through the training.

Key points/take home messages:

- Traditional models of care in dermatology often fail to provide an environment which encourages meaningful holistic needs assessment of patients.
- This paper documents a 'psychosocial' approach, in using a Masterclass to change the environmental, working practice and culture within dermatology settings.
- The Masterclass proved successful in increasing confidence and competence of dermatology nurses in assessing psychosocial aspects of care.

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