

Assessing Skin Cancer Prevention and Detection Educational Needs: An Andragogical Approach

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ABSTRACT

Skin cancer is a significant public health challenge with an incidence reaching epidemic proportions. Many health care providers, including nurse practitioners, have expressed a concern that they are not optimally prepared with the current knowledge related to skin cancer prevention and early detection. The Roebuck SCAN (Skin Cancer Assessment of Need) tool was developed to assess the current learning needs and educational preferences of NPs related to skin cancer prevention and detection. The survey tool utilizes the theoretical frameworks of the novice to expert (Patricia Benner) and andragogy (Malcolm Knowles) principles.

Keywords: advance practice registered nurse, andragogy, barriers, cancer, dermatology, education, learning needs, melanoma, novice to expert, nurse practitioner, skin

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APPROACH

Cutaneous carcinoma continues to be a significant public health concern, with an incidence rising rapidly in the United States and worldwide. One in 5 Americans is expected to develop skin cancer in their lifetime.¹ The American Cancer Society (ACS) projected 3.5 million new nonmelanoma skin cancer diagnoses and 76,100 cases of melanoma for 2014.¹ Nonmelanoma skin cancer includes basal cell and squamous cell carcinoma, the 2 most common types of skin cancer originating in the epidermis. Melanoma is considered the deadliest form of skin cancer with 1 American dying every hour.²

Melanoma is the only major cancer in the US with an increasing incidence. From 1970 to 2009, the incidence of melanoma increased by 800% in young women and 400% among young men.³ It is the most prevalent cancer in women 25–29 years of age, and is second only to breast cancer in women 30–34 years of age.⁴ Currently, the incidence of melanoma is more than double that of new HIV infections and is increasing at an epidemic rate.⁵ The most important fact about skin cancer is that it is mostly preventable

with health care promotion and early detection endeavors. When discovered early, the survival rate for individuals with melanoma is > 98%, as compared with 15% for those diagnosed with advanced disease.¹

Medical costs to treat skin cancer in the US are estimated at \$3 billion annually. Kyle et al.⁶ reported that every dollar spent on sun safety educational initiatives saves the nation almost \$4 in health care costs from the reduction in morbidity and mortality associated with skin cancer. The SunWise Program, a free health education program developed by the US Environmental Protection Agency, is an example of a sun safety initiative that saves the US \$30 million in medical costs and productivity losses annually.⁷

Early diagnosis and treatment are crucial for the survival of patients with skin cancer, which can be affected by the availability of qualified health care practitioners trained to recognize the early stages of malignancy. Thus, training for all health care professionals, including nurse practitioners (NPs), is essential for primary prevention (public education and adopting sun protection strategies), secondary prevention (screening, evaluations of suspicious

lesions and appropriate treatment or referral), and tertiary prevention (avoiding skin cancer reoccurrence and lifelong screening evaluations).⁶ It is therefore important to be active in promoting of skin cancer prevention and detection.

Although Healthy People 2010 encouraged the allocation of resources for prevention and detection of skin cancer, Healthy People 2020⁸ advocates that such efforts be incorporated in regularly scheduled health visits. NPs excel at health care promotion and disease prevention, and can provide not only an opportunity to offer evidenced-based sun safety education, but can also properly identify cancerous lesions. This can promote early detection and appropriate treatment. Similar to other health care providers, NPs have expressed a concern that they are not optimally prepared with the most current skin cancer recommendations and training to provide such evidence-based care.

BACKGROUND AND SIGNIFICANCE

Shelby⁹ reported that only 10% of new graduates felt well prepared to practice as an NP. Dermatology education is one area noted to be in need of improvement in advanced practice nursing programs.

There is currently no standardized curriculum or practicum requirement for dermatologic education for NPs. Current NP programs offer 3–8 hours of didactics related to dermatologic care. In comparison, the medical student dermatology curriculum represents 0.24%–0.3% of the 4 years of study.¹⁰ Moore et al.¹¹ noted that 69% of fourth-year medical students reported an insufficient emphasis on skin cancer examinations in their medical training and, therefore, consider themselves unskilled in skin cancer examinations. Twenty-three percent of medical students reported never observing a skin cancer examination, 26.7% had never been trained, and 43.4% noted that they had never practiced a skin exam. This highlights the importance of continued educational efforts related to skin cancer prevention and detection for all health care providers.

LITERATURE REVIEW

NPs are historically involved in health assessment, disease prevention, and health promotion, as well as patient education. For example, NPs routinely teach

the importance of immunizations, proper nutrition, and other safety issues, such as car seat safety and wearing helmets when bicycling.¹² However, one of the health and safety issues NPs have not adequately addressed with their patients is protection from the sun and other forms of ultraviolet (UV) radiation exposure.^{12–14} According to the Skin Cancer Foundation,¹⁵ the increased incidence of skin cancer is primarily due to UV radiation exposure and barriers to accessing timely preventive information. Ninety percent of skin cancers are caused by exposure to UV rays.³ Most people are not aware that skin cancer is so prevalent and occurs across the lifespan. Therefore, it is important that preventive education be provided for all age groups. NPs need to embrace their role as advocates and empower patients with current skin cancer prevention strategy recommendations. This knowledge is essential; when nurses educate individuals and communities about skin healthy behaviors they positively impact future morbidity and mortality.¹⁶

NPs also need to recommend primary prevention strategies for patients that follow current evidence-based practices and national guidelines. For example, the US Food and Drug Administration¹⁷ recently released updated information about sunscreen labeling changes for consumers and proper use of skin protection lotions, creams, and sprays. Many professional organizations share a unified message about the importance of applying 1 oz. of sunscreen 2 hours before sun exposure and reapplying every 2 hours, seeking shade during peak hours (10:00 AM to 4:00 PM), wearing protective clothing including sunglasses, and avoiding tanning salons.

The dangers of using tanning beds should also be discussed with patients. The US Department of Health and Human Services and the World Health Organization (WHO) International Agency of Research on Cancer have classified sun tanning beds and sun lamps as carcinogens. This classification places indoor tanning in the highest cancer risk category, similar to arsenic and nicotine exposure.¹⁸ Studies reflect a 75% increase risk of melanoma in those who have had UV radiation exposure from indoor tanning and increasing risk with each exposure before the age of 35.^{1,18} According to the ACS,¹ nearly 70% of tanning salon patrons are white females between the ages of 16 and 29 years.

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