

University of Tennessee, Knoxville TRACE: Tennessee Research and Creative Exchange

Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP)

Nursing

12-7-2023

Psychosocial Consequences of Diagnosed Malignant Melanoma

Savanna Eve Smallwood-Corcoran University of Tennessee, Knoxville

Mary Johnson University of Tennessee, Knoxville

Lindsay Frazier

Follow this and additional works at: https://trace.tennessee.edu/dnp

Part of the Other Nursing Commons, and the Quality Improvement Commons

Recommended Citation

Smallwood-Corcoran, Savanna Eve; Johnson, Mary; and Frazier, Lindsay, "Psychosocial Consequences of Diagnosed Malignant Melanoma" (2023). *Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP).* https://trace.tennessee.edu/dnp/89

This Poster is brought to you for free and open access by the Nursing at TRACE: Tennessee Research and Creative Exchange. It has been accepted for inclusion in Graduate Publications and Other Selected Works - Doctor of Nursing Practice (DNP) by an authorized administrator of TRACE: Tennessee Research and Creative Exchange. For more information, please contact trace@utk.edu.

NURSING

BACKGROUND

- Psychosocial consequences of MM have not been a primary concern in patient care
- Commonly psychosocial consequences accompany the diagnosis of malignant melanoma (MM). Psychosocial consequences commonly related to MM are fear, anxiety, lack of supportive care, lack of support systems, burden, impacted quality of life, lack of education, and coping mechanisms
- Research findings indicate patients are experiencing psychosocial consequences, such as anxiety, that are not being addressed in office via screening tools or conversations
- Patients diagnosed with MM have expressed a lack of assessment and supportive care by providers to address psychosocial consequences they are experiencing

LOCAL PROBLEM

- The setting for the quality improvement project was a private dermatology clinic in Knoxville, Tennessee
- In 2022, 884 individuals were billed in office using one or more of the diagnosis codes for MM
- There was no standard procedure for anxiety screening at the site
- Comparable to published studies, there is a lack of procedures for screening patients for anxiety during routine follow-up visits
- The purpose of this project was to implement a standardized anxiety screening tool with the aim of improving the psychosocial and emotional health of patients diagnosed with MM in a dermatologist office
- Aims for the integration of psychiatric interventions within the dermatologist office setting upon completion

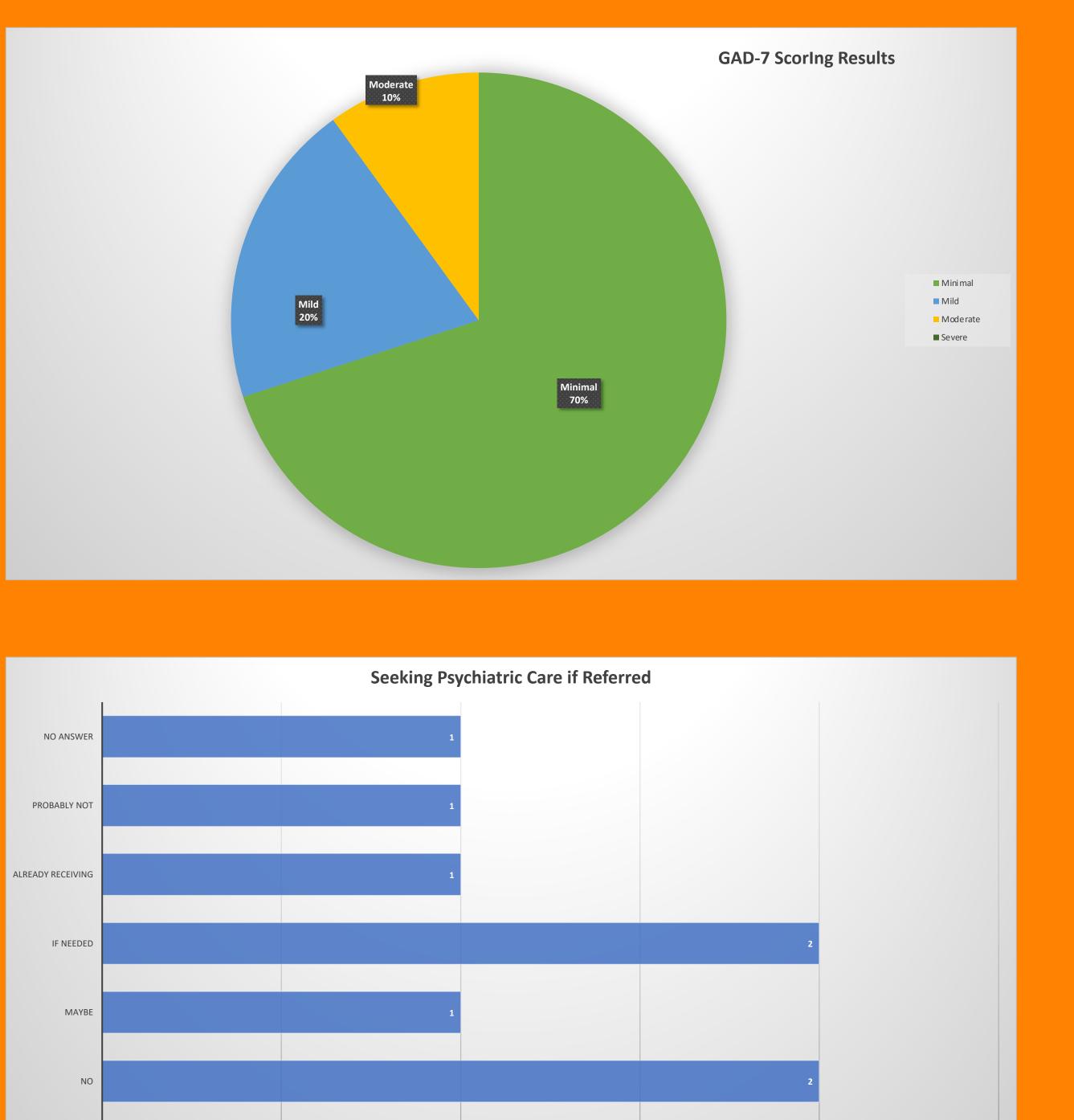
METHODS

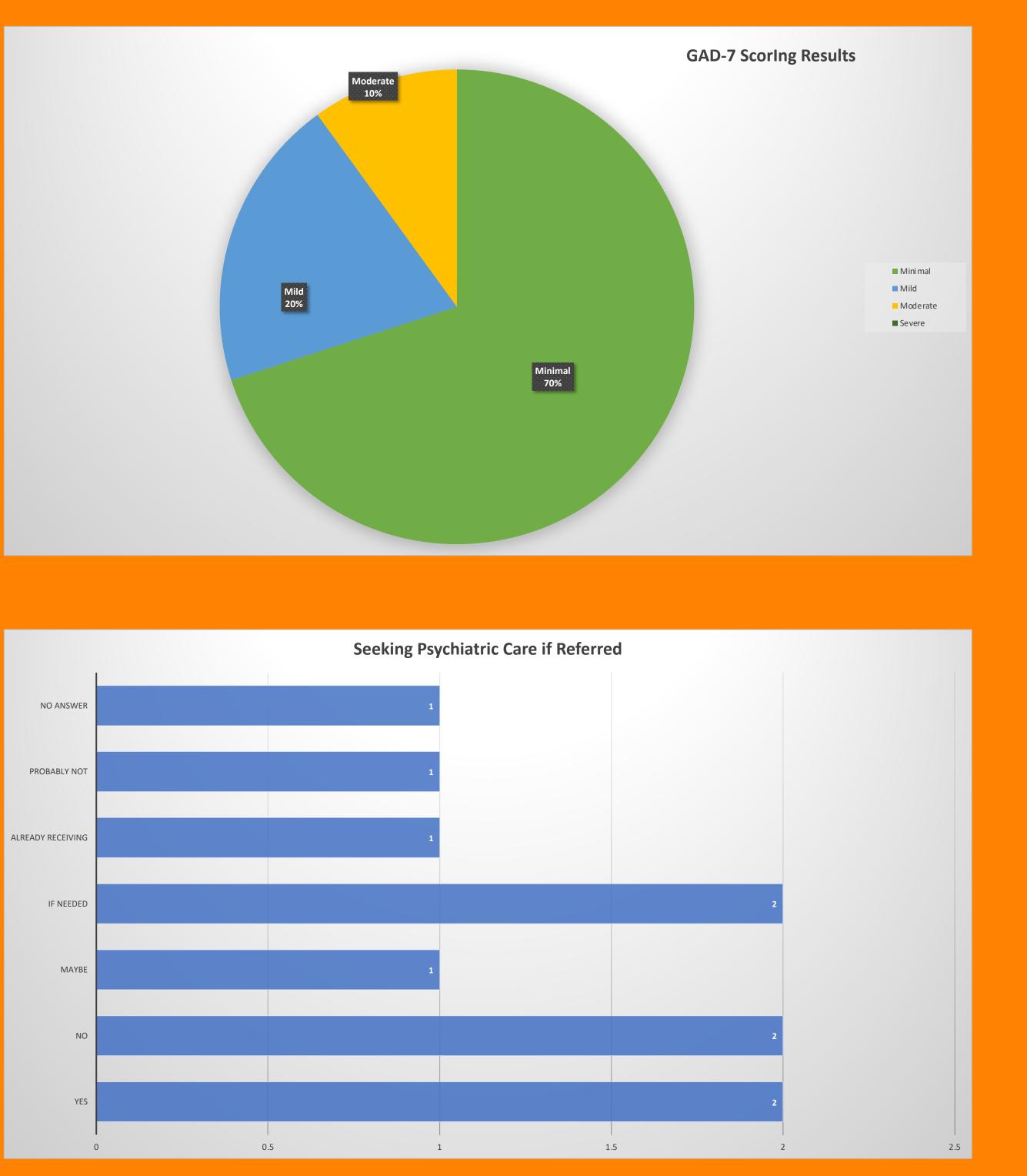
- The framework chosen to guide the project was the Evidence-based Practice Improvement (EBPI) model
- The PDSA (Plan-Do-Study-Act) cycles developed the phases of implementation
- Good and consistent findings from critical appraisal and synthesis of evidence
- Prior to implementation, staff members of the dermatology clinic will be educated on proper use and scoring of the GAD-7 screening tool

Psychosocial Consequences of Diagnosed Malignant Melanoma

Savanna Smallwood- Corcoran, BSN, RN; Mary Johnson, DNP, PMHNP-BC; Lindsay Frazier, MSN, FNP-BC

Implementation of the GAD-7 screening tool provided increased awareness of psychosocial consequences, such as anxiety, experienced by patients diagnosed with malignant melanoma







GAD-7 Score	
0-4	
5-9	
10-14	
15-21	

- results
- Only 30% of participants scored mild to moderate anxiety while the remaining 70% scored minimal anxiety
- Forty percent of participants reported current use of a psychiatric medication
- Half of the participants reported receiving some type of psychiatric treatment in the past
- tool

Psychosocial consequences of MM have not been a primary concern in patient care which has left a negative impact on the quality of life of many patients. Implementation of the GAD-7 provides Improving awareness of anxiety and psychosocial consequences patients experience in silence can enable providers and ancillary staff members to have a holistic approach to the care they provide. The opportunity was provided for participants to express their voice and concerns regarding their diagnosis. It emphasized the importance of looking at the person as a whole and not homing in on a particular body system. Implementation shed light on the importance of considering the impact that diagnosis may have on one mentally, not just physically when caring for a patient.

INTERVENTIONS

• All patients presenting for a visit with a history of MM were screened for anxiety using the GAD-7 tool Patients with a score of moderate to severe anxiety were provided a psychiatric referral

GAD-7 scoring meaning and actions

Meaning	Action
Minimal anxiety	Anxiety booklet and follow-up at next appointment
Mild anxiety	Anxiety booklet and follow-up at next appointment
Moderate anxiety	Psychiatric referral, anxiety booklet, and follow-up at next appointment
Severe anxiety	Psychiatric referral, anxiety booklet, and follow-up at next appointment

RESULTS

Descriptive statistics were completed on participants GAD-7

• Only 20% reported previous use of the GAD-7 screening

Forty percent of participants reported somewhat of difficulty when trying to complete work, take care of things at home, or getting along with others

CONCLUSIONS

ACKNOWLEDGEMENTS/FUNDING DISCLOSURE: Thanks to all staff and providers at the project site and the graduate faculty of the College of Nursing, University of Tennessee, Knoxville No funding was received for this project