Helping patients with psoriasis achieve health behaviour change: A content analysis of the health professional core competencies

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BACKGROUND: There is evidence that people with psoriasis are likely to engage in unhealthy lifestyle behaviours including excess alcohol use, smoking, being overweight and living a sedentary lifestyle. As well as having associations with poorer psoriasis outcomes these are key risk factors for cardiovascular disease.

Healthcare professionals who see patients with psoriasis are well placed to intervene to reduce health risk factors by supporting them to change their lifestyle. Lifestyle behaviour training should be adequately reflected in the health professional core competencies, however to date there has been no systematic examination of this.

AIMS: This study aims to examine the content of the core competencies for general and dermatology specialist health professionals: (1) Dermatologists, (2) General Practitioners, (3) General Practitioners with a special interest in Dermatology; and (4) Dermatology specialist nurses. Specific references to lifestyle and health promotion were examined.

METHODS Publicly available core curriculum documents were retrieved from the relevant professional bodies. NVivo qualitative data management software was used to systematically search the documents and retrieve relevant terms associated with lifestyle and health promotion using a predefined search strategy. A summative content analysis approach was used to analyse the data.

Word frequency counts for each term were calculated and compared to the total number of words in each document. The broader meaning of each term was explored by examining the statements in which terms appeared. A frame was used to code each statement in terms of knowledge of the impact of lifestyle on health, behaviour change skills, and attitudes to addressing lifestyle with patients.

RESULTS A total of 11 core competency documents were analysed, identifying 71 references to health promotion and lifestyle. These were mostly categorised to domains of knowledge and skills, rather than attitudes to addressing lifestyle. The majority of references were found in the General Practitioner competencies (n=42), followed by those for Dermatology specialist nurses (n=19) and Dermatologist (n=10). No references to any lifestyle change was found in the General Practitioners with a special interest in Dermatology competency list.

CONCLUSION Given the role of lifestyle as a health risk and role that healthcare professionals have in supporting patients to achieve lifestyle change, we were surprised to find so little emphasis on behaviour change in their training. The evidence base for behaviour change training is good and should form part of the curricula core competencies for all health professionals.