

SKIN CANCER CHECKS

Julie Humphries

“Would the rate of skin cancer in New Zealand decrease if nurses could provide free clinics within the community, checking people over the age of 25 for skin cancer?”

INTRODUCTION:

New Zealand has an increasing rate of skin cancer, in 2012 there was 486 mortalities due to skin cancer (Sun Smart, 2016). This caused me to question whether having nurses perform free skin checks and referring patients with suspicious lesions to dermatologists for a diagnoses would decrease the skin cancer rate within New Zealand. With the use of the PICOT model (Whitehead, 2013) I formulated my question: “Would the rate of skin cancer in New Zealand decrease if nurses could provide free clinics within the community, checking people over the age of 25 for skin cancer?” The purpose of my literature review was to see whether having nurse-led clinics to perform free skin checks would be beneficial in New Zealand and the future of skin cancer prevention.

SUN EXPOSURE & AWARENESS:

Good sun awareness starts with educating children about sun protection against UV rays and the risk of developing skin cancer due to UV ray exposure (Glanz, Saraiya & Wechsler, 2002). This can be done by parents, care givers, teachers and health professionals. Parents using sunscreen on children at a young age and schools enforcing sunhats when children are outside, (slip, slop, slap) has proven that it will encourage children be more proactive and vigilant in sun protection as they mature (Cancer Society, 2015). and reducing chances of developing skin cancer in future.

RECOMMENDATIONS:

- Nurse - led clinics to provide people with free skin checks and provide education around skin cancer.
- Have education and resources readily available within clinics and online informing patients around preventative steps of skin cancer and the importance of skin cancer checks.
- Subsidise sunscreen costs for the public and provide schools with free sunscreen, encouraging the regular use of sunscreen.

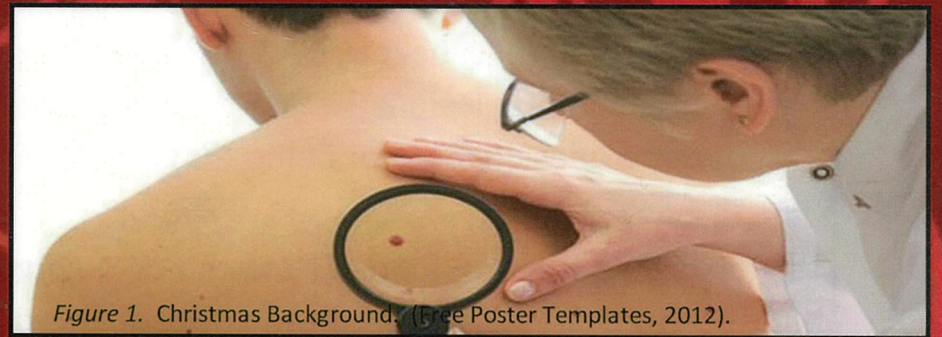


Figure 1. Christmas Background. (Free Poster Templates, 2012).

ADVANTAGES:

- Nurses are approachable, easy to access and can easily provide education around skin cancer prevention and the importance of skin cancer checks.
- Reduces dermatologists work loads, meaning patients with suspicious lesions will get seen sooner (Cassie, 2009).
- Higher chance of people being diagnosed with skin cancer and beginning treatment earlier.
- Free clinics are more affordable and accessible to the community then current private dermatologist practices.
- Potential for lower mortality rates of melanoma skin cancer within New Zealand.

IMPLICATIONS:

- Expensive and time consuming to provide nurses with the specialist training to identify potential cancerous lesions.
- As nurses cannot diagnose, patients with potential cancerous lesions would have to be referred to a dermatologist for a diagnoses (Cassie, 2009).

CONCLUSION:

By using my research question, the evidence showed that having nurse-led clinics to provide free skin checks is beneficial as it means patients with suspicious lesions will be seen sooner by dermatologists and those diagnosed with skin cancer will be treated earlier. Nurses are also able to provide people with education regarding preventative steps and the importance of skin cancer. This would assist with creating awareness of skin cancer and decrease the rate of skin cancer within future generations of New Zealand.

REFERENCES:

- Cancer Society. (2015). *About Skin Cancer*. Retrieved from: <https://otago-southland.cancernz.org.nz/en/reducing-cancer-risk/what-you-can-do/sunsmart/about-skin-cancer/>
- Cassie, F. (2009). Skin Deep. *Nursing Review*, Retrieved from <http://www.nursingreview.co.nz/issue/january-2010/skin-deep/#.VvoR7HrpclM>
- Free Poster Templates. (2012). *Christmas Background*. Retrieved from: <http://www.freepostertemplates.co.uk/category/poster-backgrounds>
- Glanz, K., Saraiya, M. & Wechsler, H. (2002). Guidelines for School Programs to Prevent Skin Cancer. *Recommendations and Reports*, 1- 17.
- Skin Cancer Foundation. (2016). *Skin Cancer Facts & Statistics*. Retrieved from <http://www.skincancer.org/skin-cancer-information/skin-cancer-facts>
- Wellcare Medical Centre. (2015). *Why are yearly Skin Cancer checks so important?* <http://www.wellcaremedicalcentre.org.au/blog-post-1/>
- Whitehead, D. (2013) Searching and reviewing the research literature. In Schneider, Z., Whitehead, D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence-based practice* (4th ed.). Sydney, NSW, Australia: Moseby

RATIONALE:

Melanoma is the fourth most common cancer within New Zealand, (Ministry of Health, 2015). I decided to research “Would the rate of skin cancer in New Zealand decrease if nurses could provide free clinics within the community, checking people over the age of 25 for skin cancer?” and since my research was based on New Zealand skin cancer rates and international literature about how nurses running clinics to identify potential cancerous lesions before referring to doctors for a diagnosis, and wherever nurses running clinics improves peoples chances of being diagnosed with skin cancer earlier.

I believe that creating a poster instead of a submission would be more beneficial for knowledge transfer to both health professionals and members of the public. I am presenting my information on a poster as it is a user-friendly way as it is visually appealing and is easy to read the information compared to a written submission. This poster can be easily displayed both online and in facilities where nurses and member of the public can easily access this information at any time, so people are able to read and understand the importance of getting skin checks, and the benefits of being checked within a nurse run clinic.

PICOT MODEL:

I have used the PICOT model (Whitehead, 2013) to help formulate my question “Would the rate of skin cancer in New Zealand decrease if nurses could provide free clinics within the community, checking people over the age of 25 for skin cancer?”. The PICOT model helped define my question so I could effectively critique the evidence supporting my research.

PICOT CATERGORY	INFORMATION RELATING TO QUESTION	EXPLANATION
PATIENT	New Zealanders over the age of 25 years old, with suspicious cancerous lesions.	As this is the age that skin cancer can be commonly diagnosed in people within New Zealand (Ministry Of Health, 2015).
INTERVENTION	People who get checks for skin cancer	As a preventative measure and a early diagnosis of skin cancer to begin earlier treatment.
COMPARISON	People who do not get regular skin checks	I am interested in the benefits of having nurse-led clinics to provide people with skin checks and whether it will cause early detection (Cassie, 2009) of skin cancer and decrease the mortality rate of skin cancer within New Zealand.
OUTCOME	Early identification of skin cancer	Earlier diagnose of skin cancer and earlier treatment, resulting in a lower mortality rate of skin caner within New Zealand.
TIMERAME	N/A	

REFERENCES:

- Cassie, F. (2009). Skin Deep. *Nursing Review*. Retrieved from <http://www.nursingreview.co.nz/issue/january-2010/skin-deep/#.VvoR7HrpclM>
- Ministry Of Health, (2015). *Melanoma*. <http://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/melanoma>
- Whitehead, D. (2013) Searching and reviewing the research literature. In Schneider, Z., Whitehead, D., LoBiondo-Wood, G., & Haber, J. (2013). *Nursing and midwifery research methods and appraisal for evidence-based practice (4th ed.)*. Sydney, NSW, Australia: Moseby