The Effects of Sun Safety Awareness Implementation in a Pediatric Population Beginning at 6 Months of Age to Decrease Risky Behaviors and Increase Sun Exposure Knowledge

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Structured Abstract

LOCAL PROBLEM
Melanoma is the deadliest form of skin cancer with statistics increasing yearly for new diagnoses. Partaking in risky behaviors, such as not wearing sunscreen or tanning in tanning beds, is statistically shown to increase the risk of developing skin cancer. Early prevention in childhood is key to decrease risky behaviors and, therefore, decrease occurrences later in life. Time to address all issues and screenings at well-child exams has been identified as a key issue to implementation in the pediatric population of Greenvale Pediatrics in Alabaster. Lack of a formal sun safety educational tool along with a lack of a simple way to document sun safety education when it has been provided is a critical component to the current inefficient method, or lack thereof, currently in place.

PROJECT PURPOSE
The purpose of this project is to add a check box to the providers’ electronic medical record (EMR) to prompt a reminder for sun safety education at wellness checks while also providing a review of a sun safety handout. This will be conducted at well-child examinations starting at 6 months of age up to age eighteen years. As a result of this health promotion project, it is projected that there will be a decrease in risky behaviors and less skin cancer occurrences.

METHODOLOGY
Pender's Health Promotion Model (HPM) was the guiding theoretical framework for implementation of the project. Conducting a survey of seven pediatricians at the practice assessed current sun safety educational practices and documentation. The survey was conducted prior to implementation of the educational tool. The survey consisted of three questions asking if sun safety education was provided as part of well child check ups, what percentage of patients education was provided, and if there was currently a quick way to document sun safety education in the EMR. "Play It Safe In the Sun: A Guide for Parents [PDF]" from the Centers for Disease Control and Prevention website was implemented as the formal educational tool utilized to 151 patients over the course of a week. After the tool was given to the patients and/or parents and discussed, they were asked for feedback consisting of verbally asking if they believed the education provided was beneficial and informative and if they would be less likely to allow their child to participate in risky behaviors in the future. After the week of implementation, results were shared with the providers. The link and hard copies of the
PDF both in English and Spanish was provided to the pediatricians. Instructions on how to change the current EMR to document the education was also provided to the practice administrator. A follow-up survey asked the pediatricians if sun safety education would increase with the implementation of the educational tool and a faster way to document the education in the EMR.

RESULTS
Pre-implementation survey results of the seven providers showed that three were currently providing sun safety education as part of well child checkups, two sometimes provided education, and two providers never provided education. An analysis of the surveys indicated an average of only 36.4% of the entire population was estimated to be receiving sun safety education. The percentages ranged from providers providing 0% to 90% of their patients with sun safety education. All providers unanimously answered “no” to the question related to utilizing an efficient EMR documentation of education when it was provided. Of the 151 patients and/or parents provided with the education, 98.7% stated believing the education was beneficial and informative with 97.3% stating they would be less likely to let their child participate in risky behaviors, such as tanning in tanning beds or not wearing sunscreen. Post-implementation, all providers unanimously answered “yes” to increasing sun safety education with use of the tool and access to easier documentation in the EMR.

IMPLICATIONS FOR PRACTICE
Overall, the response to implement the sun safety educational tool was well received by the administration, medical staff, and providers. The initial intention to change documentation in the EMR during the week of project implementation, was not feasible due to time constraints but will be changed in the upcoming months by the practice administrator. The need for updated changes to the current EMR documentation to include sun safety sparked ideas for other changes to the EMR for better efficiency. The simultaneous changing of plans and protocols will be time consuming and such plan has been determined. Copies of the sun safety tool were given to the providers as additional resources. Additional data collection over a longer period of time would be needed to assess long-term patient outcomes and adherence to not participating in risky behaviors.

*Keywords*: sun safety, skin cancer, pediatric, prevention, educational tool

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