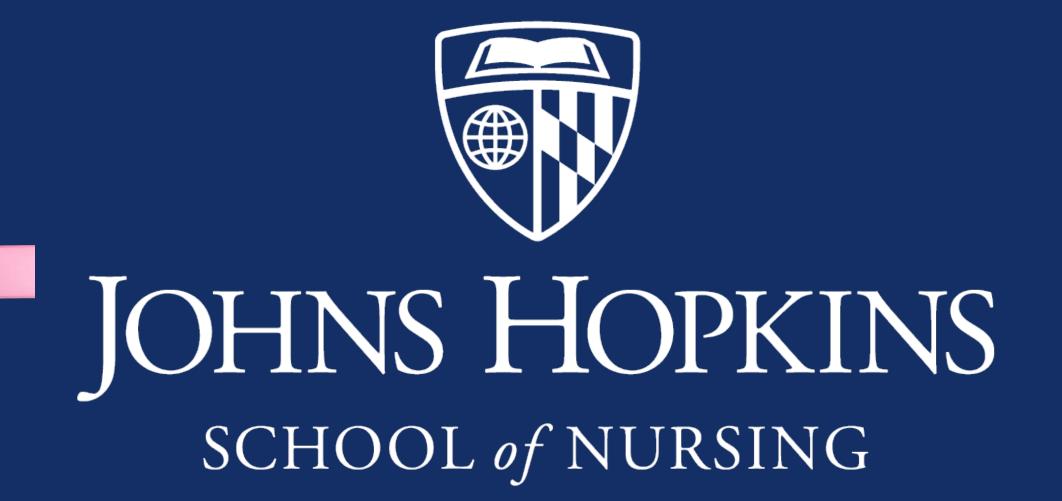
Implementation of an Educational Intervention to Promote Provider Knowledge of Depression Symptoms Among African American Breast Cancer Patients & A Culturally Sensitive Depression

Screening Tool

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Introduction & Background

Introduction

- Breast cancer is the most frequent type of diagnosed cancer in women worldwide as of 2021.
- A diagnosis of breast cancer can cause varying degrees of psychological distress.
- 30% of the African American community receives mental health support, compared to the U.S. average of 43%.

Background

- Depression in African Americans are frequently underdiagnosed and inadequately managed due to the lack of recognition of symptoms that can present differently.
- Depression among this patient population directly links to lower medication/treatment adherence and higher mortality rates.
- The need for a culturally sensitive depression screening tool to use with this patient population is vital for improvement of quality of life for the survivorship of African American breast cancer patients.

Purpose & Aims

The purpose of this DNP project was to evaluate the implementation of an educational intervention to support provider knowledge and self-efficacy of recognition of depressive symptoms among African American breast cancer patients, and the importance of cultural screening for depression.

Aim 1: Increase provider knowledge of depressive symptom presentation among African American breast cancer patients at a Mid-Atlantic outpatient oncology center, through a virtual educational presentation and educational resource guide.

Aim 2: Increase oncology provider self-efficacy in their ability to recognize depressive symptoms through participation in a virtual educational intervention addressing depressive symptom presentation & culturally sensitive depression screening tool (Center for Epidemiology Depression Scale: CES-D) for African American breast cancer patients.

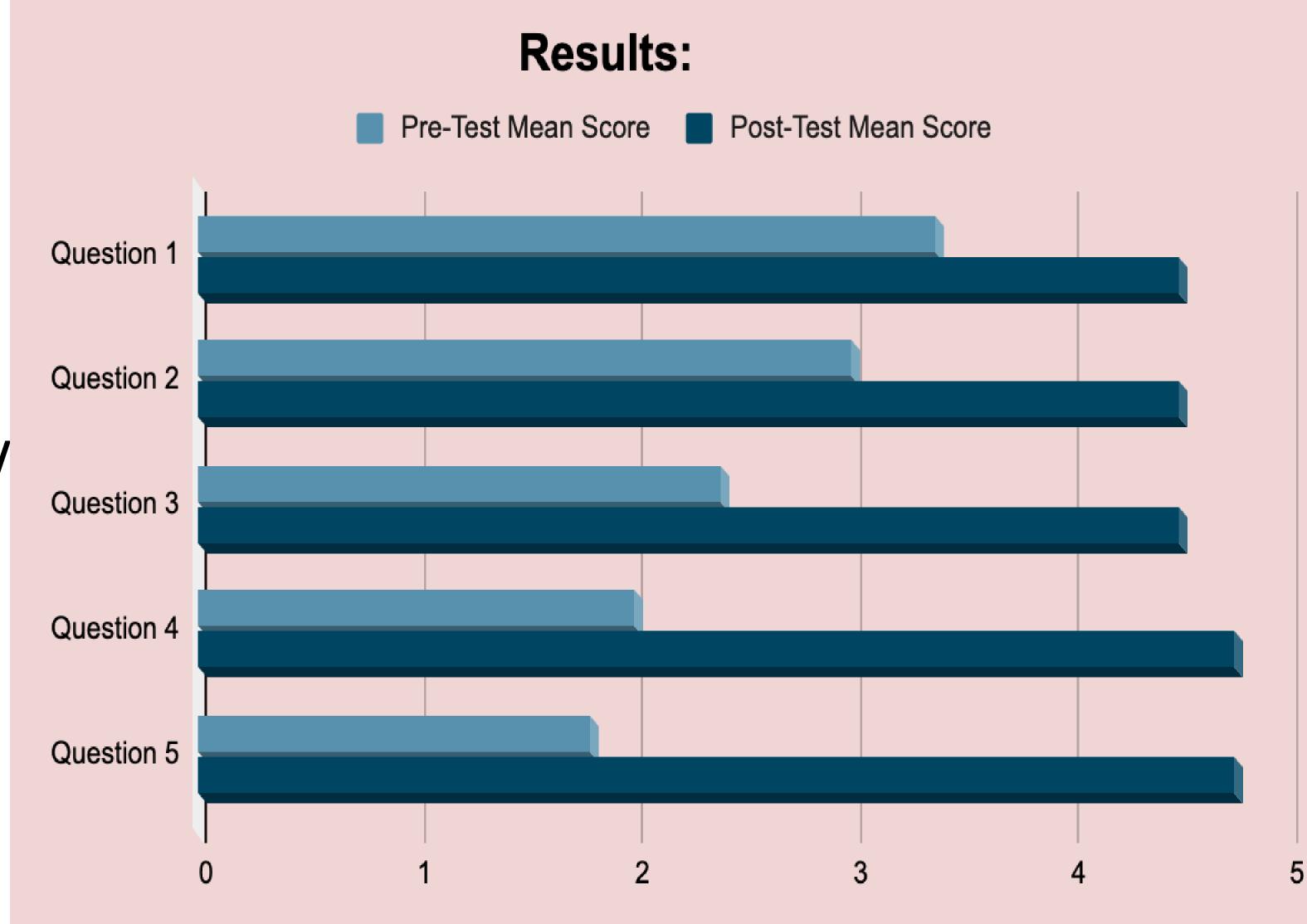
Methods & Intervention

Design: One group, pre-test/post-test design Sample: 27 Medical/Surgical Interdisciplinary team members

Demographics: Sex (78% female, 22% male); Race (11.1% African American, 55.5% Caucasian, 3.7% Hispanic, 29.6% Other); Experience (11.1% Less than 5 years, 14.8% 5-10 years, 29.6% 10-20 years, 44.4% >20

Setting: Breast Health Innovation Centers Intervention:

- Pre-test: Self-Efficacy and Knowledge Pre-Test rated on a 5-point Likert Scale (1= Not at all confident – 5=Extremely confident).
- Virtual Educational Presentation with Self-Efficacy and Knowledge Post-Test rated on a 5-point Likert Scale, over a two-month period (1= Not at all confident - 5=Extremely confident).
- Educational Resource Guide provided to all enrolled



Results

- Of the 27 enrolled participants, 9 (33.3%) participants completed a pre-test, and 4 (14.8%) participants completed a post-test
- Clinically significant results: Range of +1.12 2.95 mean score difference with pre-test compared to post-test (increase in knowledge of depressive symptomology of African American breast cancer patients, self-efficacy in the ability to culturally screen for depression, and potential utilization of a culturally sensitive depression screening tool in their clinical practice).

Conclusion

These findings support a positive self-efficacy of future utilization of a culturally sensitive depression screening tool for African American breast cancer patients in the clinical practice settings of the study

Dissemination

- The results of this intervention were shared with the Medical Director of the Breast Health Innovation Center locations at a Patient Related Outcome (PRO) interdisciplinary team meeting.
- The findings will be shared with the American Breast Cancer Foundation (ABCF) and the Black Mental Health Alliance Organization.
- Sustainability: Clinical setting leadership would like to see a future DNP student continue the project & initiate a pilot of utilizing the CES-D tool in practice.

Acknowledgements

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References: Separate List Provided Upon Request.