Patient Questionnaire to Reduce Anxiety Prior to Full-Body Skin Examination

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PRACTICE POINTS

- Full-body skin examination (FBSE) is an assessment that requires examination of sensitive body areas, any of which can be seen as intrusive by certain patients.
- A pre-encounter survey on the FBSE can offer an efficient means by which to determine patient preference and reduce visit-associated anxiety.

To the Editor:

A thorough full-body skin examination (FBSE) is an integral component of a dermatologic encounter and helps identify potentially malignant and high-risk lesions, particularly in areas that are difficult for the patient to visualize.¹ Despite these benefits, many patients experience discomfort and anxiety about this examination because it involves sensitive anatomical areas. The true psychological impact of an FBSE is not clearly understood; however, research into improving patient comfort in these circumstances can have a broad positive impact.² The purpose of this pilot study was to establish patients' willingness to complete a pre-encounter questionnaire that defines their FBSE preferences as well as to identify the anatomical areas that are of most concern.

This study was approved by the University of Kansas institutional review board as nonhuman subjects research. A pre-encounter questionnaire that included information about the benefits of FBSEs was administered to 34 patients, allowing them to identify anatomic locations that they wanted to exclude from the FBSE.

Following the patient visit (in which the identified anatomical locations were excluded), patients were given a brief exit survey that asked about (1) their preference for a pre-encounter FBSE questionnaire and (2) the impact of the questionnaire on their anxiety level throughout the encounter. Preference for asking was surveyed using a 10-point scale (10=strong preference for the pre-encounter survey). Change in anxiety was surveyed using a 10-point scale (10=strong reduction in anxiety after the pre-encounter survey; 1=strong increase in anxiety after the pre-encounter survey). Statistical analysis was performed using 2-tailed unpaired *t* tests, with P<.05 considered statistically significant.

Twenty female and 14 male patients were enrolled (mean age, 53 years)(Table). The most commonly excluded anatomical location on the pre-encounter survey was the genitals, followed by the buttocks, breasts/chest, legs, feet, and abdomen (Table); 10 (71%) male and 13 (65%) female respondents did not exclude any component of the FBSE.

After the provider visit, females had a higher preference for the pre-encounter survey (mean score, 9.0) compared to males (mean score, 7.2; P=.021). Similarly, females had reduced anxiety about the office visit after survey administration compared to males (mean score, 8.3 vs 6.0; P=.001)(Table).

The results of our pilot study showed that a brief preencounter questionnaire may reduce the distress associated with an FBSE. Our survey took less than 1 minute to complete and served as a useful guide to direct the provider during the FBSE. Moreover, recognizing that patients do not want certain anatomic locations examined can serve

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Full-Body Skin Examination Preferences

	Male Respondents	Female Respondents
No. of respondents	14	20
Mean age (SD), y	53 (19)	53 (14)
Anatomical exclusions, ^a n (%)		
Genitals	4 (29)	7 (35)
Buttocks	4 (29)	4 (20)
Breasts/chest	2 (14)	2 (10)
Legs	3 (21)	1 (5)
Feet	3 (21)	1 (5)
Abdomen	2 (14)	1 (5)
Scalp	0	0
Other	0	0
Exclusions, ^b n (%)		
0	10 (71)	13 (65)
1	0	3 (15)
2	1 (7)	0
3	0	3 (15)
≥4	3 (21)	1 (5)
Preference for asking,° mean score	7.2	9.0
Change in anxiety, ^d mean score	6.0	8.3

Abbreviation: SD, standard deviation.

^aRespondents who indicated on the pre-encounter survey that the site should be excluded from the full-body skin examination.

^bRespondents who requested 0, 1, 2, 3, or ≥4 exclusions.

^cSurveyed using a 10-point scale (10=strong preference for the pre-encounter survey; 1=strong preference against the pre-encounter survey). ^dSurveyed using a 10-point scale (10=strong reduction in anxiety after the pre-encounter survey; 1=strong increase in anxiety after the pre-encounter survey).

as an opportunity for the dermatologist to provide helpful home skin check instructions and recommendations.

The small sample size was a limitation of this study. Future studies can assess with greater precision the clear benefits of a pre-encounter survey as well as the benefits or drawbacks of a survey compared to other modalities that are aimed at reducing patient anxiety about the FBSE, such as having the physician directly ask the patient about areas to avoid during the examination. A pre-encounter survey about the FBSE can serve as an efficient means of determining patient preference and reducing self-reported anxiety about the visit.

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