For change implementation to be successful, it is vital to engage the main stakeholders often and early in the change process and to ensure that staff assist with the development of the proposed interventions. We want to identify a board Canadian dermatologist perspective therefore we developed a survey to assess the burden and epidemiological characteristics of psychodermatological conditions. A national online survey to all dermatologists in Canada to assess several areas in psychodermatology including their knowledge, practice patterns and challenges.

**CAUSE-AND-EFFECT/FISHBONE DIAGRAM**

**PATIENTS**
- Rejecting referrals and psych fix
- Poor insight into their conditions
- Lack of resources & supportive environment

**System**
- Referrals system complications; lack of specialized units; shortfalls in reporting system (no centralized database)

**Clinicians**
- Time constraints; lack of training, referrals
- Lack of collaboration with other specialists

**Other stakeholders**

**PROCESS MAP**
This map illustrates the current process of providing care to psychodermatology patients.

**IMPROVEMENT SELECTION:**
Interventions were chosen based on what was most impactful, manageable, measurable, and affordable.

**Issue: lack of collaboration between specialists and referral system complications**
**Arising Intervention:** establish a psychodermatology clinic with a jointly structured referral process
**Role(s) Responsible:** dermatologists, psychologists, and nurses

**Issue: lack of training**
**Arising Intervention:** collaborate with specialists at the U of A and the Canadian Dermatology Association to facilitate more learning opportunities; online and offline.
**Role(s) Responsible:** clinicians and scholars

**Issue: lack of data and research studies**
**Arising Intervention:** conduct several reviews and prospective studies and report findings at the psychodermatology clinic.
**Role(s) Responsible:** clinicians and scholars

**LONG-TERM IMPACT:**
- The first POSA cycle of interventions is set to begin at Kaye Edmonton Clinic in June, 2020.

**SUSTAIN RESULTS**
Sustainability, measurement and sharing:
- The psychodermatology clinic will be held once a month and managed by the dermatology department at KEC.
- Frequent assessments will be carried out to measure outcomes, assess progress and bridge any gaps.
- Several research studies will be conducted at the psychodermatology clinic after obtaining required approvals.
- Recurrent learning sessions will be held and experience form the clinic will be shared in scientific events.

**LESSONS LEARNED**
- Psychodermatology is an understudied and underappreciated field of medicine with a gap between demand and resources.
- More efforts are needed in several aspects of psychodermatology including awareness, training, research and specialized services.
- A multidisciplinary approach can fill multiple gaps and address short falls in current practices.

**The Impact of our QI Project**
**Patients**
A simplified joint referral process and clinic offers patients a specialist care team (i.e., better care, less waiting time, more knowledge and support).

**Clinicians**
Enhanced educational training along with a direct collaboration with another specialist (multidisciplinary approach). The Healthcare System
Streamlined referral and clinic process can significantly decrease referral system delays and complications, improve the quality of care to patients and decrease the cost of unnecessary doctor visits.

**ACKNOWLEDGEMENTS**
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**PSYCHODERMATOLOGY**
Psychodermatological conditions are multi-faceted disorders with skin- and mind-related components.

**REFERENCES**