

‘Skin is in the eye of the beholding
junior doctor’

A Quality Improvement Project (QIP) on Awareness of Skin Disorders by Junior Doctors

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Background and Aims

- Skin conditions are common in the elderly with 2/3 of the ageing population reporting symptoms¹
- Symptoms can be debilitating and affect ADL²⁻³
- Trainees often have limited dermatology teaching in medical schools, creating challenges in diagnosing and managing dermatoses
- Anecdotally when reviewing AMU clerking proforma, documentation of skin disorders was poor
- We investigated to see if this observation was true and to try to identify any areas for improvement

Methods

This was conducted in 3 stages:

- ❖ Admission proforma completed by junior doctors were reviewed to look for documentation of dermatoses
- ❖ Nursing skin care bundles were utilised as a comparator for documentation of dermatoses as this is mandatorily completed daily
- ❖ A survey assessing trainee knowledge and confidence when diagnosing and managing skin conditions was performed

Post initial data collection a teaching programme in dermatology was established for trainees ranging from Foundation to SPR level. This ran over 4 months.

Admission documentation and Surveys were reassessed post intervention

Results

100 admission proforma were assessed pre and post intervention of patients over 75 years (Cycle 1 and Cycle 2)

Results

Documentation of dermatoses in the Clerking Proforma history sections by Junior Doctors:

History of skin disorders	Symptoms of Dermatoses		Documentation of current or PMH of dermatoses	
	Cycle 1	Cycle 2	Cycle 1	Cycle 2
Not documented	95	79	80	50
Documented	5	21	20	50

Results

Documentation of dermatoses in the Clerking Proforma examination sections by Junior Doctors:

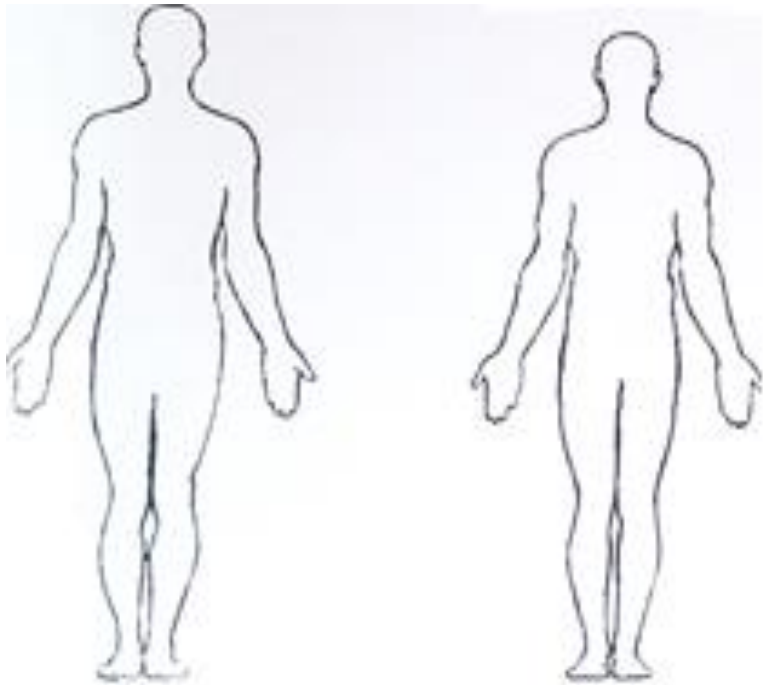


Figure 1: Skin map in proforma

- **Writing on the Skin Map:**
 - Cycle 1: 20%
 - Cycle 2: 51%
- **Drawing on the Skin Map:**
 - Cycle 1: 13%
 - Cycle 2: 25%

Results

Comparison between admission assessments by Trainees and Nursing staff:

	Medical Clerking Proforma		Nursing Skin Care Bundle	
	Cycle 1	Cycle 2	Cycle 1	Cycle 2
Musculocutaneous system	5%	10%	-	-
Pressure areas	6%	10%	57%	67%
Skin assessment	10%	29%	82%	98%

Junior Doctor Survey

The junior doctor survey was conducted to assess knowledge and confidence in diagnosing and managing skin conditions

Cycle 1

- ❖ 50 doctors surveyed
- ❖ Range: FY1- SPR
- ❖ Juniors were surveyed across all general and acute wards and at organised teaching

Cycle 2

- ❖ 56 doctors surveyed
- ❖ Range: FY1- SPR
- ❖ Juniors were surveyed on the wards- initially on Care of the elderly wards then on general medical and acute wards
- ❖ Small teaching sessions post survey were delivered on the wards

Junior Doctor Skin survey



1

Venous Eczema



2

Erythema Multiforme



3

Asteatotic Eczema



4a

Venous Ulcer



4b

Arterial Ulcer



5

Cutaneous Horn

Junior Doctor Skin survey



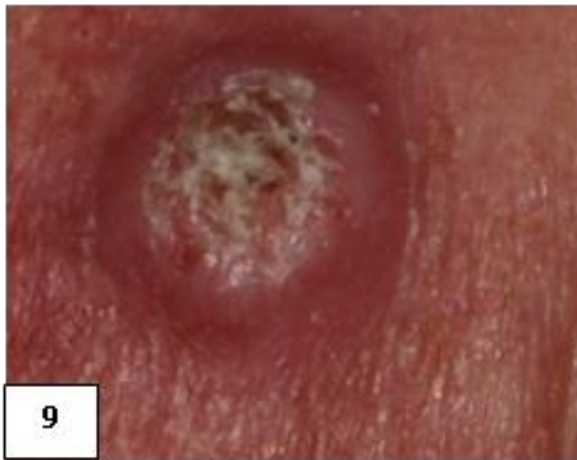
Seborrheic Keratosis



Cellulitis



Melanoma



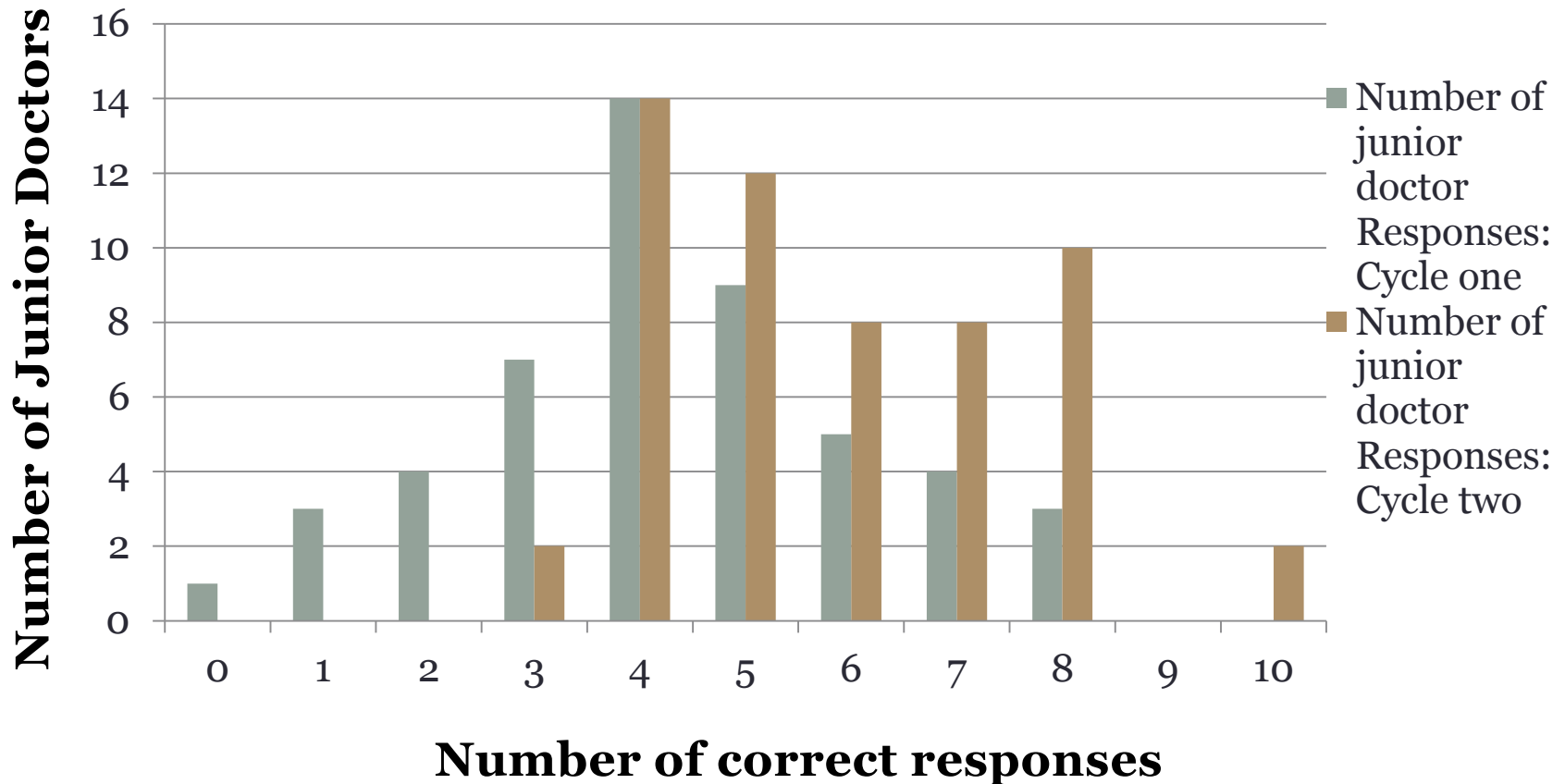
Squamous Cell Carcinoma



Basal Cell Carcinoma

Junior Doctor Skin survey

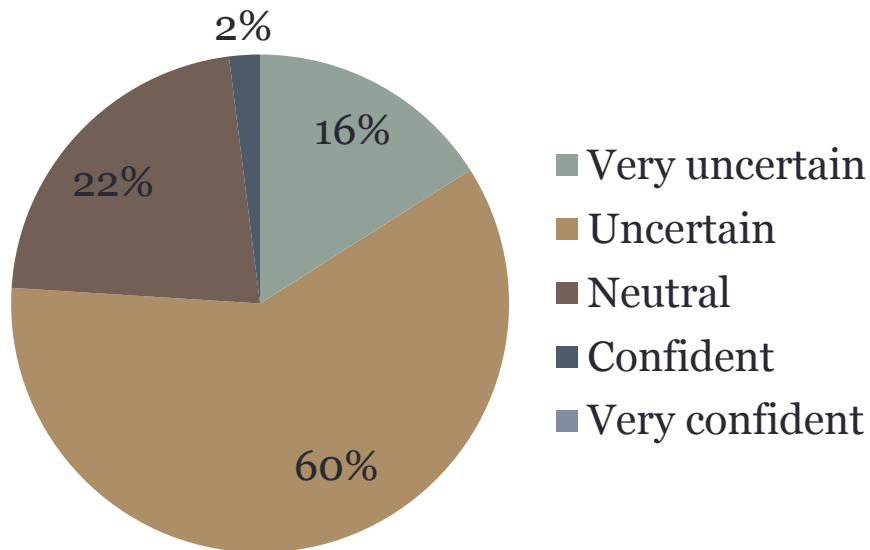
Comparing the number of correct responses by junior doctors out of ten skin images pre and post intervention



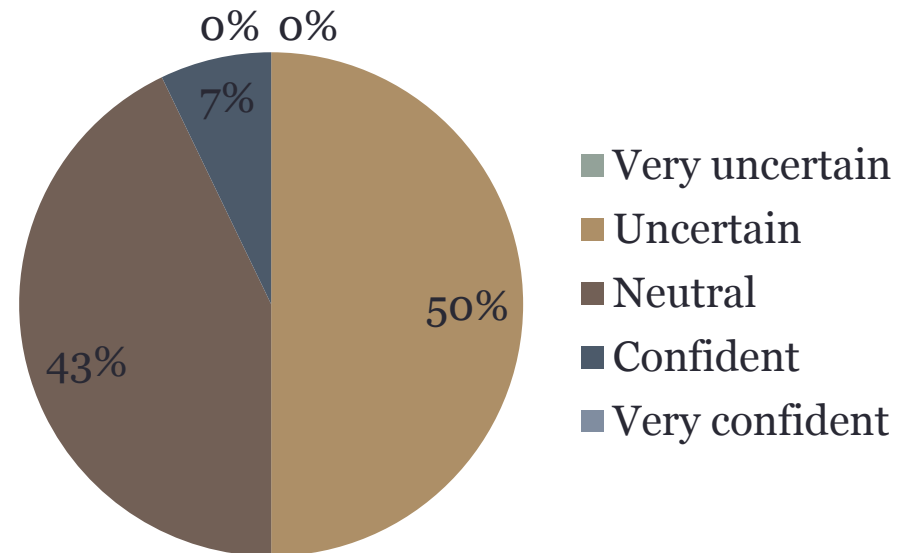
Junior Doctor Skin survey

- Comparison of junior doctors confidence when **diagnosing** dermatoses in patients **over 75**

Cycle 1

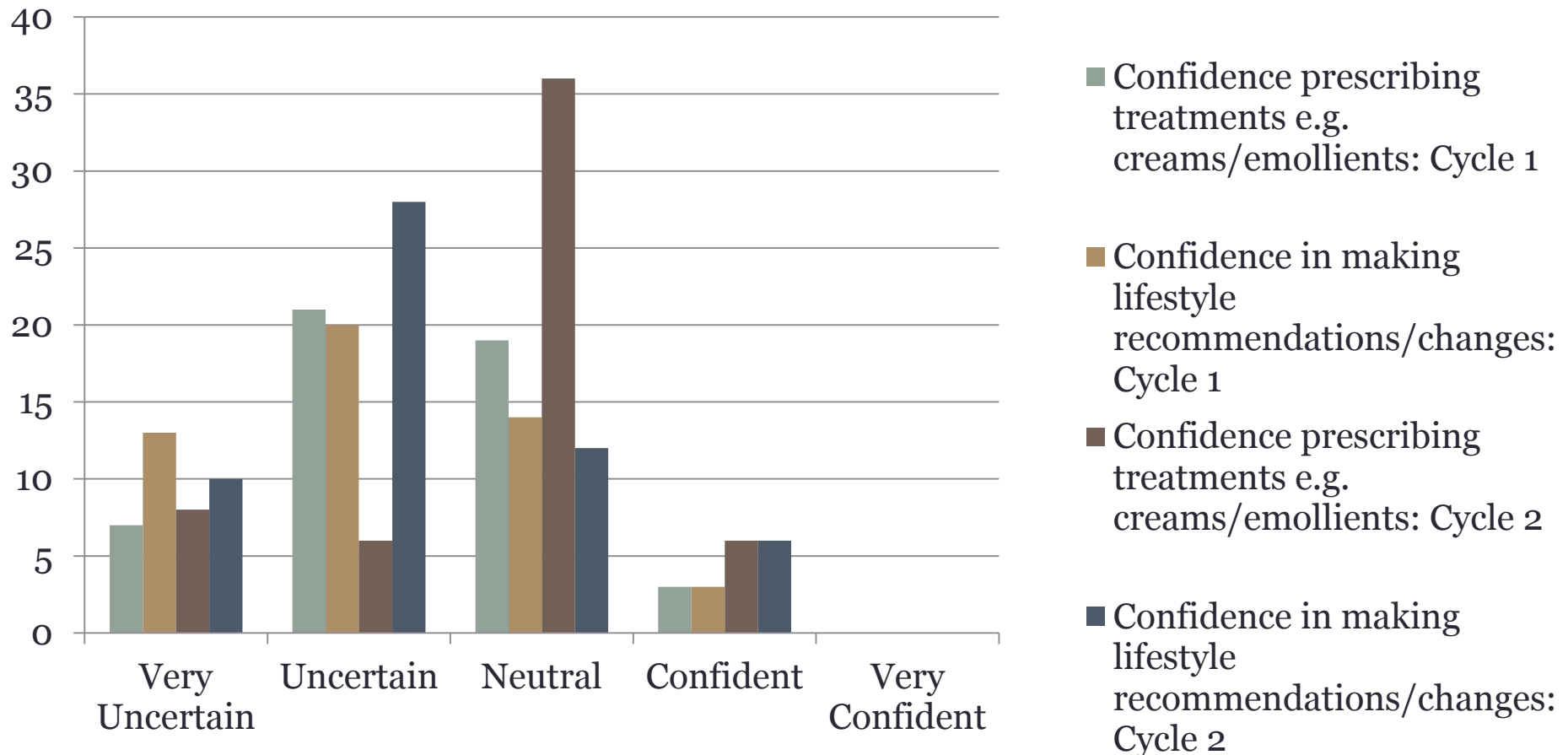


Cycle 2



Junior Doctor Skin survey

Comparing the confidence of Junior Doctors when Managing skin



Summary

Outcomes from the proforma data comparing cycle one to cycle two:

- ❖ Documentation of dermatoses by trainees on admission proforma from Cycle 1 to Cycle 2:
 - ❖ History
 - ❖ Symptoms documented: 5% to 21%
 - ❖ Documentation of current/past skin disease: 20% to 50%
 - ❖ Examination
 - ❖ Drawing on the skin map: 13% to 25%
 - ❖ Free comments on the skin map: 20% to 51%

- ❖ Documentation of dermatoses by nursing staff in the Skin Care Bundle: 82% to 98%

Summary

Outcomes from the junior doctors survey:

	Cycle 1	Cycle 2
Undergraduate training	92%	82%
Postgraduate training	10%	29%
Skin survey: Identifying >5 correct responses on the skin quiz	24%	50%
Confidence diagnosing dermatoses in patients ≥ 75	24%	50%
Confidence managing dermatoses via pharmacological therapies	44%	75%
Confidence managing dermatoses with non-pharmacological therapies	34%	32%

Recommendations

- ❖ Continue providing a dermatology teaching series which can be integrated into the established teaching programmes for trainees
- ❖ Additional teaching focussing on management and lifestyle modifications
- ❖ This will be maintained by the dermatology core trainee
- ❖ Assimilate these teaching sessions onto the intranet as a hospital guideline to improve the standard of care in dermatology
- ❖ To re-assess once the above have been carried out

References

1. Cohen KR, Frank J, Salbu RL, Israel I. Pruritus in the Elderly. Clinical approaches to the improvement of quality of life. *Pharmacy and therapeutics*. 2012. 37(4): 227-232, 236-239
2. Chinniah N, Gupta M. Pruritus in the elderly- a guide to assessment and management. *Australian Family Physician*. 2014. 43(10): 710-713
3. Farage MA, Miller KW, Berardesca E, Maibach HI. Clinical implications of aging skin: cutaneous disorders in the elderly. *American Journal of Clinical Dermatology*. 2009. 10(2):73–86.
4. Davies E, Burge S. Audit of dermatological content of U.K. undergraduate curricula. *The British journal of dermatology*. 2009. 160(5): 999-1005

Thank you for listening

Any questions?