

British Association of Dermatologists Undergraduate Elective Prize/Project Grant Report – Summer 2018.



Top Left: Mount Maunganui
Top Right: Putaruru Blue Springs
Bottom Left: Auckland
Bottom Right: Cap Reinga

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I have recently returned from a 4-week elective in the Dermatology department in Waikato Hospital, a leading research centre in New Zealand. The Waikato District Health Board serves a population of just less than 400,000 people and stretches over 21,000 square kilometers. Dermatology services in New Zealand are provided through a combination of public and private services. For the most part, public dermatology is provided at a tertiary level within regional public hospitals (such as Waikato) where patients are referred by their general practitioner.



Waikato Hospital seen across Hamilton Lake



I split my time in the Dermatology Department between various activities. I undertook a teledermatology service evaluation and got involved with clinical, teaching and academic sessions within the department.

Clinical experience

I gained varied clinical experience in a range of general adult, paediatric and specialist vulval clinics where I saw a wide range of skin pathology.

The Dermatology Department made great use of teledermatology from both a clinical and educational point of view. Every Friday morning images of inflammatory skin conditions and suspicious skin lesions, taken off site, were reviewed by the Dermatology team. Medical students from Auckland University and I attended this session, where we had the chance to practice describing skin lesions and have begun to formulate a differential diagnosis. Ultimately this allowed the Consultant to triage, diagnose and provide advice on appropriate subsequent management steps. Not only was this educational, but it also optimised resource use and clinician and patient time.

I also spent time assisting the registrar with the minor ops list where he carried out a range of procedures from cryotherapy and curettage to more complex excisions of suspicious skin lesions. I was struck by the wide variation in the clinical presentation of non-melanoma skin cancer. It also made me aware of the importance of high quality clinical photography and accurate clinical descriptions were a lesion is to be excised or biopsied at a later date. I was taught how to carry out a punch biopsy independently and was given plenty of opportunities to practice this skill.

I was also able to attend histopathology teaching, departmental journal club and MDT meetings where complex cases were discussed.

Service evaluation project

Teledermatology is the referral of skin images alongside accompanying clinical details to a skin specialist to enable triage to appropriate services or to provide advice regarding diagnosis and management, in some cases negating the need for face-to-face consultation.

There are potential risks to patient safety were teledermatology is used to replace the face-to-face consultation. These largely relate to the referring clinician, responsible for collating the relevant clinical information, being a non-specialist and so potentially omitting important clinical information. Additionally referring clinicians must ensure that clinical information is accompanied by appropriate good quality images.

In recognition of these challenges The Primary Care Commissioning (PCC) Group's document entitled 'Quality Standards for Teledermatology' clearly sets out the standards that must be upheld to provide a good quality integrated service. The comprehensive guideline covers the wider issues surrounding the clinical accountability, consent and information governance. My project focused on standard 5 entitled 'The teledermatology referral: patient history and suitable images.' This provided a reference standard to assess a sample of teledermatology referrals for advice regarding inflammatory skin conditions.

Undertaking this audit developed my transferrable skills in quality improvement project design, robust data collection and interpretation. It also highlights how we can harness innovative technology to make services more efficient, accessible and ultimately improve patient outcomes. I will be interested to see if the introduction of a standardised proforma improves the completeness of referrals.

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