Practical Skills

- There are four main aspects to focus on in clinical practice:
    i) Patient education, particularly on the nature of disease, treatment and ways to achieve full compliance and effectiveness, and prevention strategies
    ii) Effective written communication to general practitioner so that patients care can be continued appropriately
    iii) Good prescribing skills
    iv) Good clinical examination and appropriate investigations to facilitate accurate diagnosis

- This section highlights several general points on the important clinical skills in dermatology.

Learning objectives:

1. **Ability to perform the following tasks:**
    - **explain how to use an emollient or a topical corticosteroid**
    - **make a referral**
    - **write a discharge letter**
    - **write a prescription for emollient**
    - **take a skin swab**
    - **take a skin scrape**
    - **measure the ankle-brachial pressure index and interpret the result**

2. **Describe the principles of prevention in:**
    - **pressure sores**
    - **sun damage and skin cancer**

Patient education

How to use emollients

- Apply liberally and regularly

How to use topical corticosteroids

- Apply thinly and only for short-term use (often 1 or 2 weeks only)
- Only use 1% hydrocortisone or equivalent strength on the face
- Fingertip unit (advised on packaging) – strip of cream the length of a fingertip

Preventing pressure sores

- Pressure sores are due to ischaemia resulting from localised damage to the skin caused by sustained pressure, friction and moisture, particularly over bony prominences.
- Preventative measures involve frequent repositioning, nutritional support, and use of pressure relieving devices e.g. special beds

Preventing sun damage and skin cancer

- Excessive exposure to UV radiation is the most significant and preventable risk factor for the development of skin cancer (Table 14)
- Skin types I and II are at higher risk of developing skin cancer with excessive sun exposure than other skin types (Table 15)

Table 14. SMART ways to avoid excessive sun exposure

Spend time in the shade between 11am-3pm
Make sure you never burn
Aim to cover up with a t-shirt, wide-brimmed hat and sunglasses
Remember to take extra care with children
Then use Sun Protection Factor (SPF) 30+ sunscreen

Table 15. Skin types

Skin types	Description
I	Always burns, never tans
II	Always burns, sometimes tans
III	Sometimes burns, always tans
IV	Never burns, always tans

Written communication

Writing a referral letter

Important points to include:

- Reason(s) for referral, current presentation, and impact of disease
- Patient's medical and social background
- Current and previous treatment, length of treatment, and response to treatment

Writing a discharge letter

Important points to include:

- Reason(s) for admission and current presentation
- Hospital course
- Investigation results
- Diagnostic impression
- Management plan (including treatment and follow-up appointment)
- Content of patient education given

Prescribing skills

Writing a prescription

General tips:

- Include drug name, dose, frequency and an intended duration/review date
- 30 grams of cream/ointment covers the whole adult body area
- 1 fingertip unit covers the area of two palms and equals ½ gram

Prescribing emollients

General tips

- Emollients come in 500 gram tubs
- In general, ointment-based emollients are useful for dry, scaling skin whereas creams and lotions are for red, inflamed and weeping lesions

Prescribing topical corticosteroids

General tips

- Prescribe the weakest potency corticosteroid that is effective
- Use only for short term
- Need to specify the base i.e. cream, lotion or ointment

Clinical examination and investigations

Taking a skin swab

- Skin swabs can be taken from vesicles, pustules, erosions, ulcers and mucosal surfaces for microbial culture.
- Surface swabs are generally not encouraged.

Taking a skin scrape

- Skin scrapes are taken from scaly lesions by gentle use of a scalpel in suspected fungal infection (to show evidence of fungal hyphae and/or spores) and from burrows in scabies (*see page 59*).

Measuring ankle-brachial pressure index (ABPI)

- ABPI is used to identify the presence and severity of peripheral arterial insufficiency, which is important in the management of leg ulcers.
- Measure the cuff pressure of dorsalis pedis or posterior tibial artery using a Doppler and compare it to the pressure of brachial artery.
- The ABPI is measured by calculating the ratio of highest pressure obtained from the ankle to highest brachial pressure of the two arms, and is normally >0.8.
- Inappropriately high reading will be obtained in calcified vessels (often in diabetics).

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