

# medway school of pharmacy

Centre for postgraduate, workplace and community learning



## Skills for Dermatology

Trudy Thomas and Kinna Patel



UNIVERSITY of  
GREENWICH

University of  
**Kent**

# Aim of the session

After attending this session delegates will have covered:

- Key considerations when responding to skin symptoms
- How to carry out a basic skin examination in the pharmacy
- How to manage a suspected skin infection

And maybe have an idea or two for a CPD planned learning entry

# CPD planned learning form

## 1. What are you planning to learn?

In my role as a community pharmacist I see many people with skin conditions. Dermatology is likely to comprise a significant number of referrals from 111 under the new Community Pharmacy Consultation Service (CPCS). It can be quite difficult to differentiate between skin conditions and I am keen to upskill myself in this area.

## 2. How are you planning to learn it?

I have identified a number of sessions at the Pharmacy Show 2019 to which I am going on dermatology. In particular there is a session which offers the opportunity to cover:

- Key considerations when responding to skin symptom
- How to carry out a basic skin examination in the pharmacy
- How to manage a suspected skin infection

I think this will be particularly useful so I have booked myself in



# Why skin?

Research undertaken at MSoP showed:

- Skin was the most common urgent care consultation presented to pharmacies in Kent, Surrey and Sussex
- If you add wounds, 45% of all consultations were for dermatological conditions
- Top 4 were: insect bites/stings; itchy skin conditions; wounds and bacterial skin infections
- This will feature in Community Pharmacy Consultation Service (CPCS)

# How to make your consultation room skin examination friendly?

- Adapt the layout as much as possible
- Sit with your back to the door
- Set up the chairs to be at an angle
- Minimise the barrier from the desk
- Lighting: overhead and focused
- Somewhere to wash your hands
- Computer



# Other things to consider before you start

- Chaperones
- Informing staff
- Shutting the door
- Equipment:
  1. Magnifying glass
  2. Ruler
  3. Gloves (latex free)
  4. Pen
- Resources to help you



# Resources

Dermnet

<https://www.dermnetnz.org/>

Primary Care Dermatology Society

<http://www.pcids.org.uk/>

British Association of Dermatologists

<http://www.bad.org.uk/>



**DermNet NZ**

All about the skin

DermNet NZ

All about the skin



**British Association  
of Dermatologists**

*healthy skin for all*



THE LEADING DERMATOLOGICAL SOCIETY FOR GPs

Website author – Dr Tim Cunliffe ([read more](#))

# Taking a history / looking for red flags

- Basic demographics: age, gender, race, PMH
- Timescales
- Location/distribution
- Symptoms
- ABCDE
- Provocative/alleviating factors
- Family history
- Occupations/hobbies/pets
- Medication
- Psychological factors



# Let's meet Kinna

- Female, 35 (lies about her age), Asian background, no significant PMH, FH or SH
- She was bitten on lower shin by an insect 48 hours ago whilst out running, others were also bitten
- No symptoms until last night, then painful
- Today: redness, swelling, pain, difficulty walking/getting shoe on
- Medication: took paracetamol last night to no discernible effect

# Checking for red flags

## Infection

- Local symptoms: heat (back of the hand), pain, pus/discharge, blisters, redness/spreading (pen and photo)
- Systemic symptoms: eg shivering, feeling unwell, tired
- Take her temperature (normal = 36.5 – 37.5oC)

# Management today

- Rest and elevation
- Hydration
- Protection
- Analgesia/anti-inflammatory
- Monitor for progression/regression over next 24-48 hours: pen/photo
- Safety netting
- Record details

# Referring on – consider a letter

29.10.19

*Dear Colleague*

*I first saw Miss Kinna X, a 35 year old lady today in the community pharmacy on the 28.10.19. complaining of an insect bite on her lower right shin. The bite was sustained 2 evenings previously whilst out running. The area was red, swollen and painful (see photo 1) however she had no systemic symptoms. 24 hours later following conservative management with rest, elevation and ibuprofen 400mg TDS she remains in pain and the redness has extended to her foot (see photo 2). She did not sleep well and feels tired and unwell today. Her temperature today is 37.5oC.*

*I have suggested she now attends the walk-in-centre for your consideration*

*Yours sincerely Trudy Thomas Community Pharmacist, Address GPhC No. 123456*



# CPD idea

## 3. Give an example of how this learning has benefited the people using your services

I found a number of things covered in the session helpful and have made some changes to the consultation room area following the presenters' suggestions.

I didn't feel very confident initially about examining a patient's skin with a magnifying glass but yesterday I had a patient who was complaining of a sore area in their skin and thought perhaps they had a rose thorn in it. I used the magnifying glass and could see the thorn quite clearly and was able to advise accordingly. The patient seemed to expect that I would do this and I felt that I had given a better service as a result.

# What next?

- Skills for Dermatology
- A 10 credit, module online course with optional assessment



# Skills for Dermatology

[https://www.msp.ac.uk/studying/postgraduate/skills\\_for\\_dermatology/index.html](https://www.msp.ac.uk/studying/postgraduate/skills_for_dermatology/index.html)

## Skills for Dermatology

- History taking and skin examination
- Treatment
- Bacterial, fungal and viral skin infections
- Psoriasis
- Other common skin conditions
- Gain 10 credits at Master's level

## How to apply:

To pay and register go to  
[www.skillsfordermatology.co.uk](http://www.skillsfordermatology.co.uk)

For further details please email  
[help@skillsfordermatology.co.uk](mailto:help@skillsfordermatology.co.uk)

[www.msp.ac.uk/studying/postgraduate/skills\\_for\\_dermatology/index.html](http://www.msp.ac.uk/studying/postgraduate/skills_for_dermatology/index.html)