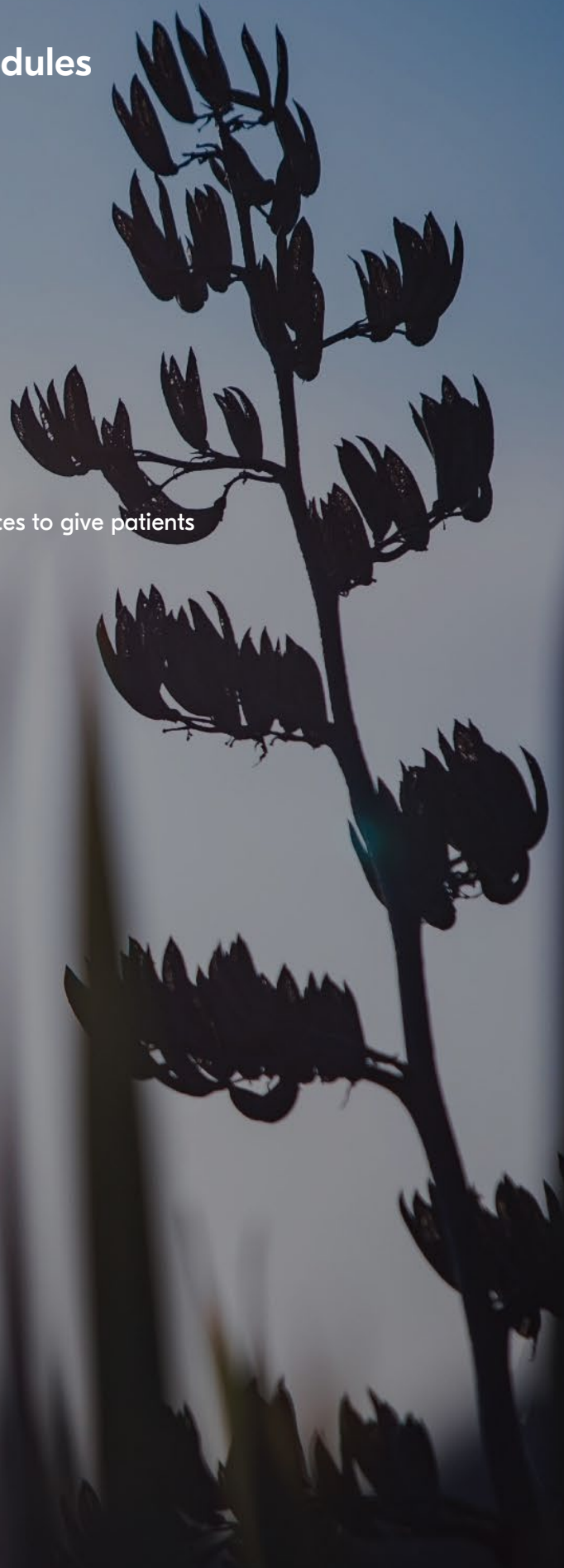


# Video Consultations: Clinical Modules

## Dermatology Assessment

### Contents

- Summary
- Red flags
- Template/prompts/checklist/how-to
- Take-home: Safety-netting and resources to give patients
- Video guides and learn more



## Summary

**Telehealth skin care appointments are perfect for addressing a range of skin care concerns, including the following:**

- a. Routine skin issues like acne, rashes, and general skin care
- b. Skin conditions like rosacea, psoriasis and eczema
- c. Video consultations are also useful for cosmetic consultations on concerns such as melasma, sunspots, wrinkles, acne scars and more
- Skin conditions can often be assessed remotely using history, function, video and sharing of high-definition images via the patient portal
- Telehealth consultations are particularly useful for managing recurrent and long-term conditions
- Some clinics offer nurse-led eczema clinics which could be performed via telehealth. This is a valuable opportunity to reduce barriers to access and reduce skin-related admissions to hospital
- Don't forget systemic causes of rashes and skin changes including autoimmune disorders, medications, malignancies, infective exanthems, jaundice and haematological diseases
- Safety-netting advice is crucial to safely manage serious illnesses where presentation with a rash can be a harbinger for diseases such as meningococcal septicaemia, cellulitis, or Kawasaki's disease.

## Red flags

Red flag symptoms indicate that the patient needs urgent assessment, either in person or where clinically appropriate by a good video link. An awareness of red flags and deteriorating skin symptoms are critically important. These include:

- Signs of systematic illness, such as fever with a new onset of rash, particularly non-blanching purpura
- Looking unwell, lethargy, dizziness or loss of consciousness, poor oral intake or urine output, abnormal observations such as tachypnoea, unexplained pain (particularly distal limb pain) and cold peripheries
- Symptoms suggestive of malignancy including weight loss, haemoptysis, night sweats or fatigue
- Assess for clinical evidence of secondary infection — is the skin sore, wet and weepy with yellow crusting?
- Is the patient's skin condition flaring, are there different symptoms e.g. pain and vesicular blistering may indicate herpeticum — a dermatological emergency, requiring same-day anti-viral treatment
- Is anyone else in the family experiencing the same skin symptoms? For example, intense itching may indicate a scabies outbreak
- Pigmented and rapidly changing skin lesions are best reviewed in-person, in conjunction with dermatoscopy. Unless you are a specialist tele-dermatology provider, new or changing pigmented lesions are best signposted to an in-person consultation for dermoscopy.

Refer to your local HealthPathways for guidance.

## Templates/prompts/checklist/how-to (making it easier!)

Remote assessment of skin conditions:

<b>Preparation before the video consultation</b>	<b>Prepare your patient for the telehealth consultation</b> There is more preparation required for a telehealth than in-person consultation. <ul style="list-style-type: none"> <li>Follow your practices' usual telehealth protocol. Make sure the patient knows how to connect. Text messaging is useful to advise that this will be a phone call or video consultation (where a smartphone, tablet or computer with a reliable internet connection will be required).</li> <li>Ask the patient to have all their skin treatments at hand, including prescribed medications and anything else they use on their skin.</li> <li>Consider sending the patient pre-assessment questionnaires, e.g., the Patient Orientated Eczema Measurement (POEM)<sup>7</sup> to assess physical symptoms over the last week and the Dermatology Life Quality Index (DLQI)<sup>8</sup> to assess effects of a skin condition on quality of life – see the box below for these tools and more examples.</li> </ul> <p>Patients can also be asked pre-consult to keep a diary of symptoms and simple visual analogue scales are useful to assess the extent and severity of skin symptoms: for example, “on a scale of 1-10, how red/sore is your skin today compare with last week?” Or “how itchy is your skin today?”</p>
<b>Starting the consultation: the 4 C's</b>	If video consultation, follow the usual 4 C's process for starting the consultation: <ol style="list-style-type: none"> <li>Communications check (mention if any issues that you will call the patient) – check audio and video quality.</li> <li>Confirm identity.</li> <li>Confirm participants/whānau – who else is present? Ensure patient in a private, quiet place – and reassure that you are too, and that the video is confidential and secure.</li> <li>Consent to proceed – and document.</li> </ol> <p>See the Virtual Health (VH001) course on the <a href="#">Learn platform</a>, accessed via the Members Website, for more information and general telehealth tips and tricks.</p>
<b>Before the history</b> Could this patient have sepsis or another life-threatening condition?	<b>Perform a quick assessment of whether the patient is sick or not sick?</b> <ul style="list-style-type: none"> <li>Could this patient be septic or unwell with acute cellulitis, jaundice etc?</li> <li>Do they look very sick on the video (pale, cyanotic, gasping for breath, confused, jaundiced, agitated etc)?</li> </ul>

If NO, then, what do they want most from the appointment?	<p>➤ <b>If YES:</b> organise immediate assessment or referral to hospital as appropriate.</p> <p><b>What is the presenting issue they want to discuss during this consultation?</b></p> <ul style="list-style-type: none"> <li>• Clarify what they expect from the appointment.</li> <li>• Do they want a lesion removed, referral, reassurance or other?</li> <li>• What was it that made them consult <i>now</i>? (Are they worried they may have a skin cancer, concerned about appearance, emotional impact, etc).</li> </ul>
<b>History and functional assessment</b>	<ul style="list-style-type: none"> <li>• Like most areas, history is paramount for skin conditions.</li> <li>• Ask the patient to describe their presenting issue, duration, aggravating or relieving factors, associated symptoms or signs, impact etc.</li> <li>• Ask open-ended questions and elicit their concerns, worries, fears etc. Think broadly and take a holistic, culturally appropriate approach to consider broader determinants of health (housing, environment, socio-economic factors etc).</li> </ul> <p>Patient history and assessment needs to be comprehensive on a virtual call. A dermatology assessment should be holistic and include discussion on past and current topical skin treatments (see tip 5).</p> <p>Remember to assess for any triggers and ask, ‘what do you think makes your skin condition worst?’; and whether the patient has any diagnosed allergies.</p> <p>Remember to check growth and development in children (height, weight and milestones) in case this suggests any systemic, nutritional or broader behavioural issues also need to be considered.</p>
<b>PMHx, co-morbidities and medicines</b>	<ul style="list-style-type: none"> <li>• <b>Any pre-existing conditions/comorbidities and/or long-term medicines</b> that may put them in a higher risk group, or explain any of their symptoms?</li> <li>• <b>Medications:</b> any medications that may increase their risk (e.g., immunosuppressants), or if they need temporary adjustment (e.g., if dehydration present).</li> <li>• <b>Allergies:</b> to medicines, food, topical agents etc.</li> <li>• <b>Supplements,</b> Rongoā Māori medicines, herbal medicines, vitamins, topical solutions etc.</li> </ul>
<b>Assessing skin management</b>	<p><b>Ask the patient about past skin treatments and to keep current skin treatments at hand for their telehealth consultation.</b></p>

	<ul style="list-style-type: none"> <li>• <b>Assessing skin management:</b> asking questions about current and previous treatment is crucially important in dermatology. Frame these questions by taking the patient through their day and find out <i>when</i> they apply emollients and topical treatments and any if they take any oral treatments e.g., use of antihistamines and antibiotics.</li> </ul> <p>Some good treatment assessment questions to ask are:</p> <ul style="list-style-type: none"> <li>• How often do they use emollient and topical treatments (daily skin routine)?</li> <li>• Where do they use them?</li> <li>• How much do they apply? What size are the packs?</li> <li>• Which treatments are effective/have helped?</li> <li>• Which treatments have not helped?</li> <li>• Are there any specific concerns with treatments (e.g., topical corticosteroids)?</li> </ul>
Red flags	<p><b>Be aware of ‘red flags’ and if there is any concern arrange an in-person appointment. See above section for more detail.</b></p>
Supporting self-management and developing skills and confidence	<p><b>Work with the patient on a treatment plan so they can self-manage.</b></p> <p>An individual treatment plan is essential to help patients self-manage and is especially important for chronic skin conditions.</p> <ul style="list-style-type: none"> <li>• Remember to involve the patient’s whānau (with permission) in helping with the treatment plan.</li> <li>• Focus on general skin care and prevention of flares, for example, compliance with regular emollient therapy (for washing and moisturising).</li> <li>• It is important that the patient is given a realistic expectation of what to expect from topical treatment, what to apply, where to apply, how long to use the treatment and when to stop.</li> <li>• One example is a two-week treatment burst for an eczema flare, topical steroid matched to the severity of eczema and body area would be used once a day, for seven days and then reduced to every other day.<sup>9</sup></li> </ul> <p><b>Utilise ‘talking in pictures’ for patient education, especially for phone consults</b></p> <p>A helpful technique for virtual patient education is to ‘talk in pictures’.</p> <ul style="list-style-type: none"> <li>• In dermatology, the ‘brick-wall’ analogy for explaining the differences between normal and dry skin is well-known.<sup>10</sup> This analogy recommends thinking of skin cells as being like the bricks in a protective wall and the lipid layer as the mortar</li> </ul>

	<p>holding them together and keeping it waterproof.</p> <ul style="list-style-type: none"> <li>Other 'talking pictures' include a fire analogy for treating eczema, when the flames (inflamed skin) are present an extinguisher (the topical steroid) is needed to stop the fire (acute treatment); which leaves the embers, which need to be dampened down – treatment needs to be reduced or escalated down (sub-acute treatment), until dust needs to be mopped up – dry skin (daily complete emollient therapy).</li> </ul>
<b>Set a regular review date</b>	<p><b>Try to set a review date as best practice for chronic disease management</b></p> <ul style="list-style-type: none"> <li>Plan review appointment depending on severity and treatment expectations, two weeks for an eczema flare, four weeks for eczema/psoriasis management, two months for acne.</li> <li>An initial video consultation could be followed by a phone review but do ask patients to send images and complete assessment tools for a thorough review.</li> <li>Consider sending those images onto DHB dermatologist if the diagnosis is uncertain.</li> </ul>
<b>Closing summary</b>	<p><b>Always provide a summary of the treatment plan and review plan when consult is closed</b></p> <ul style="list-style-type: none"> <li>Reinforce treatment plan and new prescriptions</li> <li>Finally, summarise the consult, ensure the patient understands the treatment plan – use the <a href="#">ABC model</a> (Closing the loop) to check you were clear.</li> </ul> <div data-bbox="572 1319 1219 1935"> <p><b>The three steps to meeting health literacy needs</b>  <b>Ngā toru hīkoi e mōhiotia ai te hauora</b></p> <pre> graph TD     S1((Step 1 Ask questions to find out what people know)) --&gt; S2((Step 2 Build the health literacy people need))     S2 --&gt; S3((Step 3 Check you were clear (and if not, go back to step 2)))     S3 --&gt; S1   </pre> </div>

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|--|---|
|  | <ul style="list-style-type: none"><li>• This improves understanding, adherence and outcomes dramatically and is quick and easy to do once familiar with the model.</li><li>• Inform the patient you are closing the consult, wave on video and say goodbye.</li></ul> |
|--|---|

## Advice for how to take good images

Every dermatology telehealth consult should be accompanied by images, which will need to be taken by the patient with the help of family members. The images will then need to be forwarded, generally via their patient portal, which will insert the images into the patient electronic notes. Below are some important pointers to ensure we record clear and suitable patient images – these are essential for telehealth dermatology consults.

- Images should reflect the severity of the rash, such as eczema, and recent flare
- Must be in focus
- Remind patients the back camera on a Smartphone is the superior camera, which is why we say, 'no selfies'
- Ensure the image is well lit, preferably with a diffuse light source
- Take an orientation picture (whole arm) – then close-up of area of the lesion or rash
- Take several images and select the best ones to send
- Advise the images will be stored in the electronic referral system (ERS). Explain onward data transfer and storage of images, documenting their consent.



[Taking photos of your skin and sending securely to your GP \(NHS\)](#)



## Physical signs and psychological assessment tools

There are some excellent tools to help assess condition severity and track progress over time.

### Patient Oriented Eczema Measure (POEM)

The POEM is a well-researched free tool used for monitoring atopic eczema severity developed by the University of Nottingham.

- Free to use
- 7 questions and takes < 1 minute
- Available in 25 languages (unfortunately no Pacific languages)
- Recommended by clinical guideline groups including NICE guidelines.
- Available for use as PDFs or as a Microsoft Word file
- Also available as an app - search *My Eczema Tracker* in your app store. (Apple and Google Play)

#### POEM Download - Paper Format (PDF)

**For self-completion:** This version is suitable for patients who are able to read and understand the questions. This will include both adults and older children.

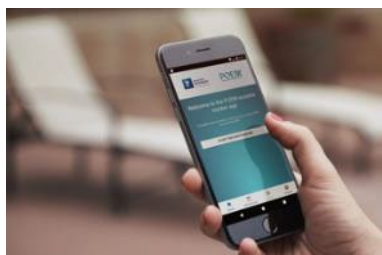
[POEM for adults](#) (also available as a [Word file](#))

**For proxy-completion:** This version is for parents/guardians to fill out on their child's behalf. There are no specific age cut-offs for using this version.

[POEM for children](#) (also available as a [Word file](#))

**For self/proxy-completion:** This version is suitable for both completion by patients and for completion by parents/guardians on their child's behalf.

[POEM for all ages](#) (also available as a [Word file](#))



POEM is also now available to download on mobile devices.

Using the app, **My Eczema Tracker**, POEM can be completed electronically and the score automatically calculated.

Additionally, POEM scores are stored, so eczema severity can be tracked over weeks and months.

Search *My Eczema Tracker* in your app store. (Apple and Google Play)

### [Dermatology Life Quality index \(DLQI\)](#)

The Dermatology Life Quality Index (DLQI) is a simple, self-administered and user-friendly validated questionnaire. It is designed to measure the health-related quality of life (QOL) of adult patients suffering from a skin disease.


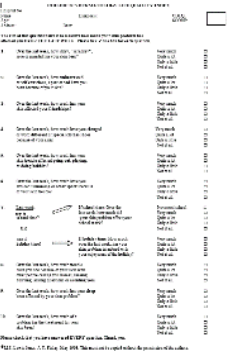
- Free to use for routine clinical care.
- 10 questions

- Use for adults, relates to QOL over the last week.
- Available in over 110 languages and used in over 80 countries.
- View more information and download from [Cardiff website](#)

## Children's Life Quality Index (CLQI)

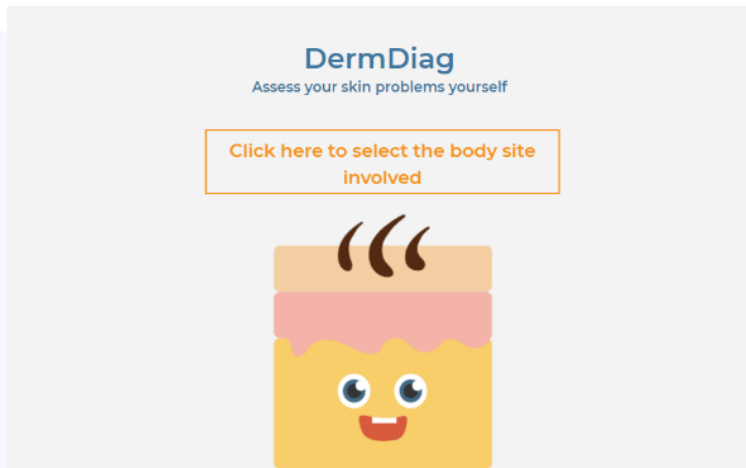
Developed by Cardiff School of Medicine, the Children's Dermatology Life Quality Index (CDLQI) and the Cartoon CDLQI are designed to measure the impact of any skin disease on the lives of children.

Similarly, to the POEM, they are free to use for routine clinical use and available in multiple languages, however, for research, online or other uses view the license information page.

	<h3>Cartoon Children's Dermatology Life Quality Index (CDLQI) - original UK English version</h3> <p>25 October 2018</p> <p>The British English version of the cartoon questionnaire, which is designed to measure the impact of any skin disease on the lives of younger children.</p> <p><a href="#">Download document (ZIP, 3.0 MB)</a></p>
	<h3>Children's Dermatology Life Quality Index (CDLQI) - original UK English version (text-only)</h3> <p>25 October 2018</p> <p>This text-only questionnaire is designed for use in children, i.e. patients from age 4 to age 16.</p> <p><a href="#">Download document (Word, 25.8 KB)</a></p> <p>View the <a href="#">Cardiff website</a> for more information and language options</p>

## Skin Algorithm, DermNet

The [DermNet website](#) provides an excellent Skin Algorithm to assist with diagnosing common skin lesions or rashes.



## Take-home — safety netting and resources to give patients

### Safety Netting

Provide clear safety netting advice and check patient understanding on the signs of deterioration and what to do if it happens, including:

- Arranged follow up
- If living alone, do they need someone to check on them?
- Do they need further assistance with understanding how to use their creams, treatment plan and self-care measures?
- Do they know where and how to seek immediate medical help if their symptoms deteriorate, new symptoms emerge or for red flag symptoms.

### Patient Resources

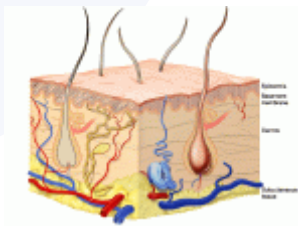
Health Navigator - [Eczema topics](#); [Eczema and child skin care](#)

Excellent series of videos about eczema care from Paediatric Society NZ and KidsHealth NZ, covers bathing, applying steroids and moisturisers.



### Video guides and learn more

**Dermnet NZ:** world's free resource and authority on all things skin set up 20 years ago by Dr Amanda Oakley, Waikato NZ. As well as the diagnostic algorithm, they provide some excellent CME topics.



[Principles of dermatological practice](#)



[Bacterial skin infections](#)



[Fungal skin infections](#)



[Arthropod infestations](#)



[Scaly skin diseases](#)



[Viral skin infections](#)



Dermoscopy



Common skin lesions



Follicular disorders



Wound healing



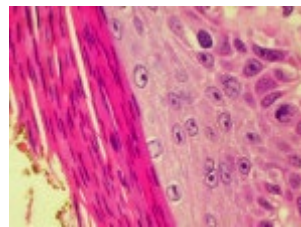
Cutaneous signs of systemic disease



Dermatological emergencies



Teledermatology for suspected skin cancers



Dermatopathology

## PODCASTS: SPOT DIAGNOSIS

- SI.E1: THE SKIN EATERS (TINEA)
- SI.E2 & SI.E3: PSORIASIS
- SI.E4 & SI.E5: MELANOMA
- SI.E6: ACNE
- SI.E7 & SI.E8: ECZEMA
- SI.E9: URTICARIA (HIVES)
- SI.E10: COVID-19 AND SKIN

- S2.E1: BASAL CELL CARCINOMA (BCC)
- S2.E2: SUN PROTECTION
- S2.E3: SCC AND ACTINIC KERATOSES
- S2.E4: CONTACT DERMATITIS
- S2.E5: ROSACEA
- S2.E6: SCABIES
- S2.E7 CHILDHOOD EXANTHEMS
- S2.E8 HYPOPIGMENTATION
- S2.E9 HYPERPIGMENTATION
- S2.E10: VIRAL WARTS
- S3.E1: PRINCIPLES OF TOPICAL TREATMENT
- S3.E2: BIRTHMARKS

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- [Digital Skin Care: Top 8 dermatology apps](#) The Medical Futurist | 8 min | 4 June 2019
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- Thomas KS, Apfelbacher CA, Chalmers JR et al. [Recommended core outcome instruments for health-related quality of life, long-term control and itch intensity in atopic eczema trials: results of the HOME VII consensus meeting](#). Br J Dermatol 2021.
- [Case study: Can using teledermatology reduce waiting lists in skin disease?](#) 23 February 2022 South, Central and West NHS.