RACGP

Curriculum and syllabus for Australian general practice (7th edition)

Dermatological presentations

RACGP Curriculum and syllabus for Australian general practice (7th edition): Dermatological presentations.

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We acknowledge the Traditional Custodians of the lands and seas on which we work and live, and pay our respects to Elders, past, present and future.

Contents

Dermatological presentations 4
- Context 4
  - References 4
- Learning outcomes 5
- Key areas of learning 6
- Opportunities for learning 8
  - Words of wisdom 8
  - Learning strategies 9
  - Case example 11
- Learning resources 12
- Assessment 13

Dermatological presentations

Context

Skin conditions comprise 17% of all presentations in general practice.[1] GPs require a wide range of expertise for skin complaints, including preventative care, diagnosis and management of acute and chronic skin conditions, skin cancer screening and diagnosis, performance of diagnostic biopsies, and either definitive excisional treatment or collaborative care with skin cancer specialists.

Chronic skin disorders are estimated to affect nearly 5% of the Australian population, with eczema and psoriasis being the most common chronic skin conditions.[2] GPs should be aware of the medical and psychosocial dimensions of chronic skin disease, where a biopsychosocial approach is more likely to result in a more personalised and holistic management plan.

At least two in three Australians will develop skin cancer.[3] Even in melanoma, GP involvement may include definitive management, where the GP has appropriate training and skill.[4] As most skin cancer is preventable, GPs have a crucial role in educating patients about sun-smart behaviours, as well as early detection of new or changing lesions.[5]

Dermatology requires a particular diagnostic skillset. A structured and careful approach to the evaluation of skin lesions is required, including the ABCDEFG or Chaos and Clues approaches. Dermoscopy is an important diagnostic skill and was used in 61% of registrar consultations involving skin, changing the provisional diagnosis in 22% of instances.[6]

Procedural skills are key to management of skin conditions in general practice.[7] The range of surgical skills required by GPs varies, with GPs in areas with particularly high prevalence of skin cancer performing increasingly technical procedures in the treatment of skin cancers.[4] Such advanced technical skills require GPs to undertake additional specialised training. GPs will also need to understand the local burden of disease, availability of local medical expertise, and seek opportunities for formal training to meet community needs, particularly in rural and remote locations. It is important to appreciate the barriers that some patients may experience, particularly those from less socially advantaged backgrounds.

Referrals for skin complaints may be to other GPs with specific skin expertise, dermatologists, general or plastic surgeons, paediatricians, or immunologists. As skin disorders are also associated with psychosocial impacts, allied health support also forms part of multidisciplinary care.

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Learning outcomes

The GP is able to:

- Diagnose, investigate appropriately, and manage (including referral of) emergency dermatological presentations in both children and adults
- Diagnose, investigate appropriately and manage common skin conditions
- Understand the approach to a rash
- Perform appropriate dermatological procedures for investigation of skin problems
- Perform skin checks including the use of dermoscopy
- Identify, diagnose, manage and/or refer sun exposure related conditions
- Understand and engage patients in appropriate screening for skin cancers and opportunistic skin-health related promotion.

Key areas of learning

Understand the approach to a rash

Use dermatological terminology to describe lesions and rashes

Perform skin checks, including the use of dermoscopy

Have a holistic approach to presentations that may be attributed to a dermatological cause and may also have other causes, such as itch

Be able to recognise skin conditions across the range of skin tones

Diagnose, investigate appropriately, and manage skin conditions associated with infection or injury, including:

- infestations and parasitic infections such as scabies and lice
- bacterial infections such as folliculitis, pseudo folliculitis barbae, furuncle, carbuncle erysipelas, cellulitis, erythrasma, impetigo, bullous impetigo, wound infections, and syphilis
- virus associated infections such as measles, chicken pox, rubella, roseola infantum, herpes simplex, herpes zoster, hand foot and mouth disease, parvovirus B19, pityriasis rosea, warts, molluscum contagiosum, and Buruli ulcer
- dermatophyte infections such as tinea pedis, tinea cruris, tinea unguium, tinea capitus (including kerion), tinea versicolor, and candidiasis (including nappy rash)
- trauma related skin conditions such as lacerations, wounds, foreign body, bites and stings, calluses, corns, traumatic ulcers, mucous cyst, pyogenic granuloma, dermatofibroma, chondrodermatitis and nodularis helices
- temperature induced conditions such as burns, Raynaud's phenomenon, and chilblains.

Diagnose, investigate appropriately and manage hair and nail disorders, including:

- hair loss disorders such as alopecia areata, telogen effluvium, and androgenic alopecia
- trichotillomania
- hirsutism
- nail disorders such as onychomycosis, ingrown toenails, psoriatic nail disease, and paronychia.

Diagnose, investigate appropriately, and manage skin disorders, including:

- dermatitis – atopic, allergic, irritant / contact, discoid eczema, pityriasis alba, lichen simplex chronicus, dyshidrotic eczema, asteatotic eczema, and seborrhoeic dermatitis
- dermatological manifestations of systemic disease such as lichen planus, sarcoidosis, Raynaud's disease, pyoderma gangrenosum, idiopathic thrombocytopenic purpura, thrombotic thrombocytopenic purpura, vasculitis, drug eruptions, pemphigus vulgaris, and erythema nodosum

- benign skin lesions such as milia, epidermoid cyst, skin tag, lipoma, sebaceous cyst, and seborrheic keratoses
- disorders of pigmentation such as vitiligo and melasma
- follicular disorders such as acne, rosacea, and perioral dermatitis
- psoriasis – guttate, chronic plaque, scalp, palmoplantar, flexural, and erythrodermic
- other conditions such as dry skin (xeroderma), hyperhidrosis, miliaria rubra, intertrigo, pitted keratolysis, and hidradenitis suppuritiva.

Identify, diagnose, and manage (including referral of) sun-exposure related conditions, including:

- sunburn
- solar keratoses
- naevi
- squamous cell carcinoma
- Bowen's disease
- basal cell carcinoma
- keratoacanthoma
- melanoma.

Diagnose and manage (including referral of) emergency dermatological presentations in both children and adults, including:

- Steven Johnston syndrome / toxic epidermal necrolysis
- erythema multiforme
- DRESS syndrome
- urticaria / anaphylaxis
- Kawasaki disease
- toxic shock syndrome
- Henoch–Schönlein purpura.

Diagnose and manage conditions of subcutaneous tissue, including lipoedema

Perform appropriate dermatological procedures for investigation of skin problems, including:

- dermoscopy
- delivery of local anaesthetic
- biopsies (punch, shave, curette, incisional, and excisional)
- skin and nail scrapings
- skin swabs
- drainage of abscess
- cryotherapy
- electrocautery
- removal of foreign body
- ulcer management and wound care (including appropriate dressing use)
- repair of lacerations
- management of subungual haematoma.

Demonstrate the correct use of dressings and bandages

Understand and engage patients in appropriate screening for skin cancers and opportunistic skin-health related promotion, including:

- sun protection advice
- skin cancer prevention.

Opportunities for learning

Words of wisdom

- Always take a wide systemic history, including occupational, social, and sexual histories. The differential diagnosis is often wider than may appear at first glance. Applying a biopsychosocial model of care is key. When examining a skin lesion or rash, remember to examine the whole skin including scalp and nails. Dermatological conditions can also influence other organ systems, for example; psoriasis and coeliac disease.

- Become familiar with red flags, including dermatological emergencies and atypical presentations of skin cancers (eg non-pigmented or only partially pigmented melanoma).

- If history, examination, and histopathology do not align, consider repeat biopsy or referral, especially if incisional or partial biopsy results are reassuring but there remains clinical suspicion of a more sinister lesion.

- Appreciate that skin disease can present differently in skin of colour. Consult resources for advice if needed, such as experienced colleagues, or online handbooks and atlases that focus on skin disease in skin of colour.

- Keep learning. Make use of skilful peers who are often a wealth of knowledge and expertise. Keep a log of clinical and dermoscopic images from your day-to-day practice and consider reviewing these in retrospect with the histopathological diagnoses. Make sure your log complies with appropriate privacy requirements.

Learning strategies

On your own

Determine Fitzpatrick and Glogau skin types in 10 patients over the age of 60 years.

- *What range of Fitzpatrick and Glogau skin types did you see? How many did you feel confident in categorising?*
- *Identify opportunities to practise further.*

Review the DermNet NZ *Dermoscopy* module or the RACGP article *Dermatoscopy in routine practice* and review your own moles using either of the suggested methods.

- *What elements did you miss?*
- *How can you keep this information handy for your next consultation requiring dermoscopy?*

Use the Melanoma Institute of Australia's risk calculator to calculate the risk of melanoma for yourself.

- *What elements of risk did you already know? Were there new elements of risk that you didn't know?*
- *How will you apply this to patients in the future?*

With a supervisor

Perform a joint case review of a patient who has presented to you with a skin concern. With your supervisor, generate a wide list of differential diagnoses. How would your differential diagnosis change in the presence of varied background medical conditions, sexual history, occupational and social history, or family history? Review relevant guidelines for the skin condition reviewed and compare your management to best practice.

- *What areas or groups of differential diagnoses did you miss? How can you improve?*
- *Ask your supervisor for suggestions of resources you could use.*

In a small group

Perform a range of skin biopsies with supervision from your supervisor or practice nurse. Aim to perform a variety of biopsy techniques, including shave, punch, and excisional biopsies. Set up for and document the procedure. Ask for feedback on how you went.

- *How did you obtain informed consent? Does your supervisor have any hints about obtaining consent which you can learn from?*
- *How can you design an improved consent strategy to use in the future?*
- *What do you think you did well? Where did you need help? What feedback did your supervisor give about what you did well or could improve on? Where can you find opportunities to practise further?*
- *Did your macroscopic diagnosis match the histological diagnosis?*
- *When would it be better to consider early referral rather than biopsy?*
- *What areas of the body are beyond your scope of practice?*

Work through the DermNet NZ *Principles of dermatological practice* module, then discuss and practise the use of telehealth; including history-taking, lesion description, lesion imaging, and obtaining input from a non-GP specialist.

- *What did you do well?*
- *What pitfalls have you or your supervisor experienced?*
- *How can you improve your use of telehealth?*

With a friend or family member

Select a Dermnet NZ quiz (eg eczema) and work through the unit as a group. Consider taking turns to answer the questions with other group members checking the answers.

- *What questions did you get right? Which did you struggle with? How can you improve on areas of weakness?*

Review the RACGP article, *Skin checks*. Then explain and perform a skin check either on one another or on a doll / mannequin, using the suggested structure found in Table 2: A framework for conducting skin checks. Ask group members who are observing to give feedback on your approach to gaining consent and conducting the examination.

- *What did you do well? Where do you need to improve?*
- *If you missed key areas of examination, how can you make sure you don't miss them in the future?*

Discuss what options are available to support access to care for Aboriginal and Torres Strait Islander patients, including specialised services within the local community or funding arrangements. You may need to contact your local Land Council or Primary Health Network to help you understand local resourcing.

- *What resources or supports did you identify? Where did you go to find this information? How can you keep such information up to date and relevant for your practice?*

Case example

Lachlan, a 40-year-old male with a past medical history of chronic eczema, presents with a new rash on his lower leg. Lachlan believes the patches of flaking and scaling have been present for at least a few weeks, but more recently the rash has begun to weep and scab. He asks, 'Why won't it heal?', and is keen for a quick solution to 'get this fixed, doc'. His chronic eczema is usually treated with topical steroids. He works full time as an arborist, with inconsistent sun protection. On examination, you observe a Caucasian male with Fitzpatrick type 1 skin. The area in question is faintly erythematous with patches of scaly plaque and a central area of excoriation and light weeping.

In a case-based discussion, questions relating to each role could be:

Communicator

- What communications skills would you use to explore Lachlan's priorities? How would you explore his need for a quick solution?
- How would you find out what Lachlan thinks needs to be done to fix his rash?
- How would you identify and include Lachlan's priorities and values into the consultation and treatment plan?
- What communication skills would you use if Lachlan had poor English? What if he had a hearing impairment? Or if he had had previous poor experiences with medical institutions?
- How would you approach a discussion about skin cancer prevention with Lachlan?

Clinician

- What if, on examination, Lachlan's rash appeared as tender red nodules, associated with low grade fever and abdominal pain? Or with associated backache and red eye?
- What if Lachlan was 70 years of age, with a history of congestive cardiac failure and venous insufficiency, and on examination the rash was present bilaterally?
- What if Lachlan told you that the rash began after contact with his son who was sent home from preschool with an acute onset blistering rash, weeping yellow fluid?
- What if Lachlan provided a history of previously treated actinic keratoses at the same site?
- What if Lachlan shared a history of chancre several weeks ago?
- What if Lachlan's rash were significantly ulcerated, with palpable ipsilateral inguinal lymph nodes?
- What if Lachlan had a strong family history of melanoma? What are the features of non-pigmented melanoma?
- How might your differential diagnosis change if his skin were Fitzpatrick type 6?
- How would your differential diagnosis change if you learned that Lachlan had experienced occupational exposure to arsenic?
- What management options might be appropriate for Lachlan?
- How might your approach to management change if Lachlan were aged 90? What if he lived in a remote or rural area?
- What types of biopsies may be suitable for Lachlan's presentation?
- How would you approach a rash or lesion in a cosmetically sensitive area; for example, in the middle of the face?
- What is your threshold to perform a diagnostic biopsy? When might it be appropriate to trial a therapeutic approach, and when might a diagnostic biopsy be more appropriate?
- What is your approach to unclear biopsy results?

Health advocate and leader

- How do you ensure the safety and sterility of surgical instruments in your practice?
- What systems can ensure appropriate receipt and follow up of results of any biopsy?

Professional

- How do you assess if you have the appropriate skills to perform a procedure? How do you determine when you should refer to have the procedure done?
- How might your approach to gaining consent change depending on the patient's cultural context; for example, if Lachlan identified as Aboriginal or Torres Strait Islander? What if there were a language barrier? What if the patient had an intellectual disability or cognitive impairment?
- What are the key elements of gaining consent; for example, when discussing a skin check? Or a biopsy procedure?

Scientist, educator and researcher

- What guidelines may inform your approach?
- You are approached about a trial of a new treatment for chronic eczema to see if you could assist in recruiting patients. What considerations would you have?
- Thinking about Lachlan's presentation, what is a research question that would be relevant to his case in general practice?

Learning resources

The curriculum website includes learning resources within each unit.

Assessment

Content in this unit will be assessed in a variety of ways.

Workplace based assessments

Mini-CEX	RCA	MSF	CBD	Reflective exercise	Audit	Mid and end term assessment

Fellowship examinations

AKT	KFP	CCE

KEY

- Expected to be assessed here always
- Often assessed here but not in every example / case / assessment
- May at times be here or contribute to the assessment

ABBREVIATIONS

Mini-CEX – Mini-clinical evaluation exercise

RCA – Random case analysis

MSF – Multi source feedback

CBD – Case-based discussion

AKT – Applied knowledge test

KFP – Key feature problem

CCE – Clinical competency exam