

Virtual Health Grand Rounds

Teledermatology

*Best Practices and the UBC Dermatology
Rural & Remote Service*

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THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

WHAT IS THE UBC DERMATOLOGY RURAL AND REMOTE SERVICE?

- A support service for clinicians in rural and remote settings
- Provides timely consultation and follow-up (if needed)
- Contact the line via phone, text, or teleconference
- Part of the Real-Time Virtual Support program (RCCbc) as a “Quick Access” line



**Real-Time
Virtual Support**



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Contact Information

Monday to Friday: 9 am to 5 pm
(except holidays)

Phone: 1-778-771-DERM (3376)

Once contact has been established by phone, texts and photos can be sent through WeTel (we'll set you up) or Zoom at **rrderm@telus.net** (Rural Derm).

Back Up Contacts: Office Phone (MOA Joanne): **604-266-5353**
Office Fax: **604-879-7475**. Dr. Neil Kitson Cell: **236-999-1658**



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GOALS OF THE UBC DERMATOLOGY RURAL AND REMOTE SERVICE

- Provide consultation support directly to rural family physicians, nurse practitioners, nurses and midwives for dermatologic issues
- Provide peer-to-peer support as a team, not take over primary care
- We do not have formal clinical space, so the goal is to provide mainly virtual support for dermatologic issues
- When needed, provide ongoing follow-up as a team



WHAT TO EXPECT WHEN CONTACTING US

- We are available Monday to Friday from 9am to 5pm (excluding holidays)
- First contact is usually a dermatology resident
- They will assist you in setting up the best virtual contact
- Once the resident has gathered information, they will review with staff to create a final plan
- The plan is reviewed with you and a written summary note will be faxed



WHAT DO WE NEED FROM YOU?

When you contact us, the following information is crucial:

- Level of urgency:
 - Urgent: patient is currently in ER and unwell
 - Non-urgent: patient will be coming in next week for follow-up and I would like advice before then
- Your provisional diagnosis
- CLEAR PHOTOGRAPHS 😊
- History of the skin issue and treatments tried
- Past medical history
- Current medications and allergies



WHEN DO WE NEED A HEADS UP?

- Prior to going into patient room with us, please gather all required information and take clear photographs
- Give us a phone or zoom call so we can arrange transmission of photographs and clinical information **BEFORE** you bring us into room with patient



PHOTOGRAPHY CHECKLIST



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- I have chosen a neutral background for the picture (solid colour)
- I have taken at least 1 photograph from a distance
- I have taken at least 1 photograph up close
- I can tell the exact body site from the photos taken
- The photo is NOT blurry in the area I am trying to demonstrate
- I can see the fine details of the rash (e.g., scale, redness)
- The colour and shape of the rash in photo match what I see in person (if not, I need to adjust lighting or angle)

Photography Resource

The website **www.dermpics.com** is a good resource with information on taking clear pictures of rashes, the scalp, etc.

[Landing page of www.dermpics.com](http://www.dermpics.com)



How to Take Photos for Virtual Care

Your provider has requested you submit additional photos for your upcoming virtual visit. This is a short tutorial to help you take excellent photos.

Please click on your concern.

[RASH](#)

[SKIN SPOT](#)

[ACNE/ROSACEA](#)

[HAIR/SCALP](#)

GENERAL SKIN BIOPSY PRINCIPLES

- Skin biopsies of inflammatory skin conditions are **not always helpful** → much of dermatology is based on the clinical exam +/- pathology results
- In order for pathology to provide a useful report, they **NEED the clinical description AND a clear DDx**
- We can assist with clinical description and a good differential in order to improve diagnostic yield
- We can assist with when special types of biopsies are needed, like direct immunofluorescence



DERM PROCEDURES: BOTTOM LINE

- We are happy to assist you with any dermatologic procedures!
- Basic skin biopsy
- Immunofluorescence biopsies
- Skin scrapings
- Intralesional steroid injections
- And so on.....



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KEY POINTS

Please provide:

- **Urgency and context** of your question
- Basic patient history, medications and allergies
- **Specific prior treatments** tried
 - Ex. exact steroid type, the amount prescribed and used etc.
- **CLEAR** photographs

Please give us warning if you want us to speak directly with a patient on video – it is more productive if we already have clinical context and photographs of the area of concern



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KEY POINTS

The UBC Dermatology Rural and Remote Service team is:

- Learning as we go
- Open to feedback as we try to improve
- Eager to help you and your patients as efficiently as possible

The more information we have and the better quality the photographs, the more likely we will be able to provide safe and helpful advice. We look forward to providing as much support as possible!



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