

Establishing pediatric dermatology clinics: A proposal

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Pediatric dermatology is a subspecialty with currently inadequate workforce¹ to meet the patients' needs.² Pediatric dermatology constitutes an integral part of general dermatology domain. A significant number of dermatology patients are children. They have their own peculiar diseases and needs. Paediatric dermatology is an established subspecialty of dermatology in the world. The United States has separate training programs in this field. Most large teaching UK hospitals have separate pediatric dermatology clinics and most children's hospitals have separate departments of paediatric dermatology with designated beds for paediatric dermatology, which highlights the acute need for this subspecialty. Children are not merely "little adults" and even common skin disorders such as acne, eczema and warts should have treatment plans appropriate to a child's age and developmental stage. For example, painful therapies such as freezing warts are often inappropriate for young children. Topical treatments may be more effective for this age group. An early exposure to this field is essential.

Advantages of a dedicated pediatric dermatology clinic

- Pediatric dermatology clinics are needed, as a significant number of children present with skin diseases,

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both in general paediatric and general dermatology clinics.

- Many skin diseases are peculiar to children and need combined management by the dermatologists and paediatricians.
- It would save shuttling of patients between the two departments. With the direct coordination between the two departments, decisions about future treatment options can be finalized efficiently and expeditiously.
- The children need extra care. The dosage schedules and treatment protocols are different.
- The training needs and requirements for the doctors, both in the paediatrics and dermatology, would be addressed.
- No new financial, structural or personnel adjustments envisaged. It would only require coordination between the two departments, with immense benefits to this sizable group of patients and their parents.
- Enhanced patient and parent satisfaction.
- The reputation of a particular dermatology department formally, properly and successfully organizing this service would surely be at the cutting-edge of the medical services provision in that particular hospital.

Mechanics of the pediatric dermatology clinic

- A designated room of the dermatology outpatient department.

- One or two designated days in a week at least to start with.
- Combined presence of a designated dermatologist with an interest and training and a paediatrician.
- Trainees deputed in rotation to maximize their learning.

Training benefits

Another benefit will be learning and training of paediatric and dermatology trainees in the management of skin diseases in children. These trainees will be deputed in the paediatric dermatology clinic on rotation. An annual paediatric dermatology workshop and meetings/conferences can be organized; also to ensure regular clinical audits of this paediatric dermatology service and patient satisfaction surveys for continuing improvement in the patient care and good clinical practice.

Competencies

A possible framework of outcomes and competencies³ in a paediatric dermatology programme could be as follows:

- *Competency 1: Patient Care.* Should provide family-centered patient care that is development and age appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
- *Competency 2: Medical Knowledge.* Should understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.
- *Competency 3: Interpersonal Skills and Communication.* Should demonstrate interpersonal and communication skills that result in

information exchange and partnering with patients, their families and professional associates.

- *Competency 4: Practice-based Learning and Improvement.* Should demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.
- *Competency 5: Professionalism.* Should demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diversity.
- *Competency 6: Systems-based Practice.* Should understand how to practice high- quality health care and advocate for patients within the context of the health care system.
- *Competency 7: Relevant technical and therapeutic procedures.* Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the dermatologists/pediatricians in practice.
- *Competency 8: Therapeutic Regimens in Management of Dermatologic Conditions.* Proficiently use a variety of dermatologic treatment regimens in a logical, effective manner.

Nevertheless the need for a properly worked out structured training programme, assessment techniques, clinical audits, research, feedback along with trainees and programme evaluation cannot be overemphasized.

Pediatric dermatology at the College of Physicians and Surgeons Pakistan (CPSP) level

Efforts can be made to introduce pediatric dermatology as a subspecialty at the CPSP

level and to start a second FCPS-II in this field with appropriate and feasible pre-requisites.

Conclusion

A dedicated paediatric dermatology clinic will facilitate the service and care of this large group of patients thus saving inconvenience to the children and their parents. Existing resources can be streamlined and organized to run this very useful service. It is the need of the hour to have committed paediatric dermatologists to run this service and to be effective mentors.

References

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