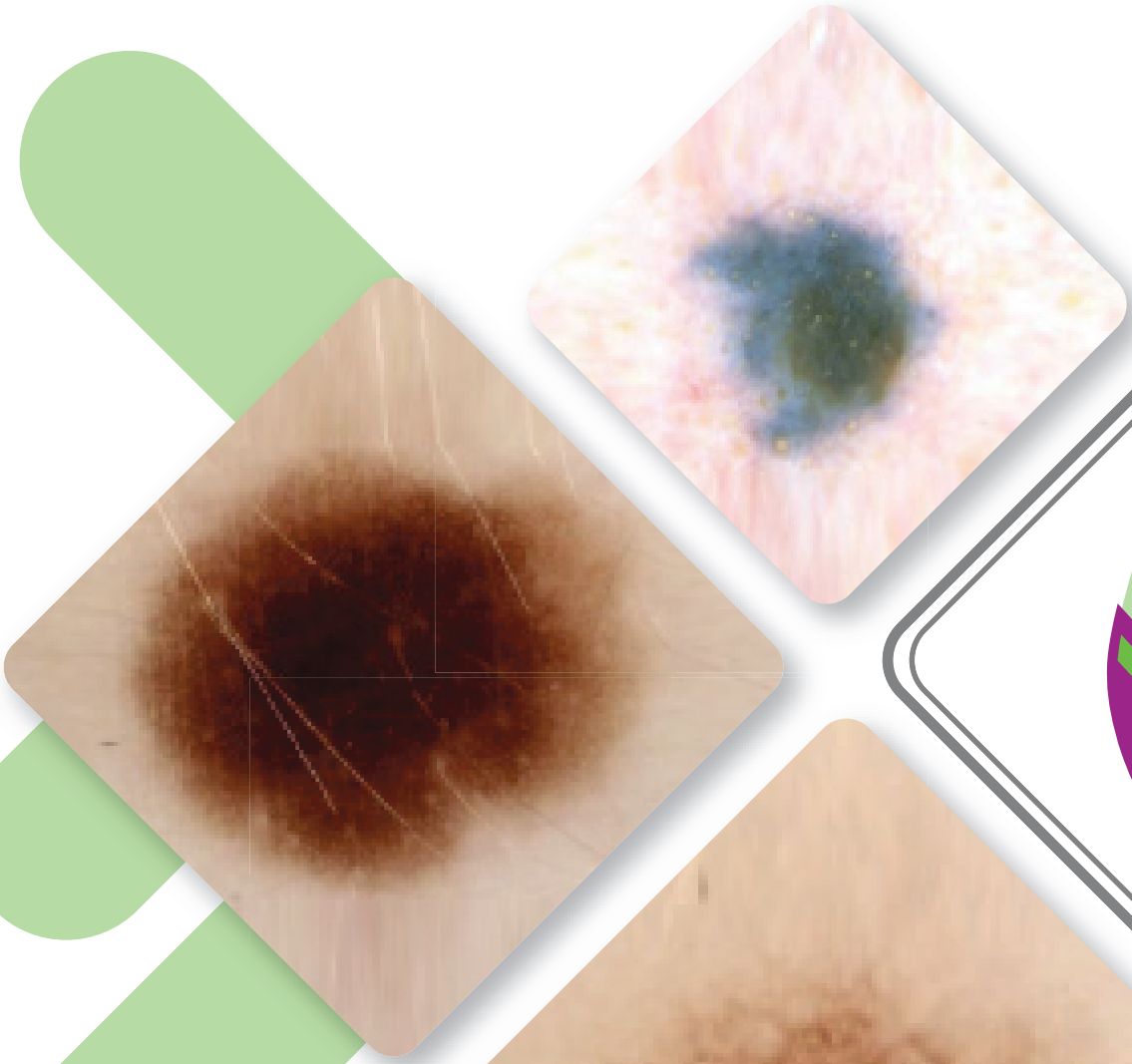

MyLab

MyLab Surgical Skin Audit

RACGP | CPD
Education Provider
2020
22

This audit is a CPD Accredited Activity under the RACGP CPD Program.

Activity Number – 195111

MyLab Pathology

11 Hayling Street, Salisbury QLD, 4107
PO Box 122, Salisbury QLD, 4107

PH: (07) 3726 1020
admin@mylab.com.au

FX: (07) 3277 3744
www.mylab.com.au

MyLab Skin Audit Overview

The MyLab Surgical Skin Audit is ideal for referrers of MyLab Pathology to gain insight into their diagnostic skills, and to allow for improvement through additional education. The Skin Audit will allow you to identify areas needing improvement and compare your performance with peers in your field.

The MyLab Surgical Skin Audit will show you that

- Accurate dermoscopy and clinical view greatly assist in accurate diagnosis of skin lesions.
- Dermoscopy is a tool that is essential to the projection of a provisional diagnosis.
- The effectiveness of dermoscopic techniques needs to be continually evaluated to best assist in the diagnosis of suspicious lesions.

The MyLab Surgical Skin Audit will take place over two periods, each up to 2 months in duration. Involvement in the audit will require participants to submit at least 80 specimens (approximately 40 specimens each period).

The data analysed is collected directly from the Clinical Notes section on the Pathology Request Form. To qualify for the audit, participants are required to state the site and type of specimen, dermoscopic diagnostic technique used, and the provisional diagnosis. A differential diagnosis may also be included.

Included in the Skin Audit booklet is the Audit Plan, Needs Assessment, Learning Outcomes, and Standards. Information will also be provided on patient selection and confidentiality, data collection and analysis methods, and tools for evaluating and monitoring progress.

As required by the RACGP guidelines, participants must document and retain copies of the Audit Plan and complete the evaluation tasks.

The results of the Skin Audit will be provided in a full report, with both graph and table breakdowns of the statistical data. Your diagnostic performance will also be positioned in relation to the other clinicians in your field.

Through this Skin Audit, participants will assess their current dermoscopy skills, surgical management, and treatment numbers; developing an understanding of the relationship between dermoscopy techniques, the provisional diagnosis and the histological diagnosis. Areas for improvement or further education will be identified, and individual results will be positioned in scope of a peer group.

The general practitioner involved in this activity is Dr Damien Foong.

Registration Form

Please send your completed registration form
via email to admin@mylab.com.au or fax to (07) 3277 3744.

Title	First Name	Last Name	Provider No:

RACGP QI & CPD Number	

Practice Name	
Practice Address	
Email Address	
Phone Number	
Practitioner Type	

Type and Brand of Dermatoscope Used	

Please Tick	Dermoscopy Techniques Used
	Three Point Checklist
	Chaos & Clues
	Pattern Analysis
	Menzies Techniques
	7 Point Checklist
	Other (please specify):

Needs Assessment

Skin Cancer is a significant cause of morbidity and mortality in Australia. It has been estimated there were over 15,000 melanoma diagnosed in 2019, making it the third most common form of cancer in both men and women.

Two thirds of all Australians will be diagnosed with skin cancer by the time they reach 70. Over one million patient consultations will occur each year for skin-related cancer concerns, and more than half of these cancerous lesions are diagnosed by general practitioners (GPs).

Early and accurate diagnosis of skin cancer provides the greatest opportunity for treatment and patient survival. Dermoscopy – the examination of skin lesions with a dermatoscope – is the standard of care for pigmented skin management. Understanding and using dermoscopy effectively can increase the diagnostic accuracy of skin lesions

Dermoscopy is performed in a small majority of skin checks by Australian GPs, where use of a dermatoscope has been found to change the provisional diagnosis in 22% of instances, and increase diagnostic confidence by 55%. Compared to examination with the naked eye, melanoma diagnosis is almost 16 times more accurate when dermoscopy techniques are used. There is also evidence suggesting sensitivity and specificity of diagnosis increase with dermoscopy use.

References

1. Aust. Inst. Health and Welfare. (2019). Cancer in Australia 2019.Cancer series no. 119. Cat. No. CAN 123. Canberra: AIHW.
2. Whiting, G. et. al. (Aug 2019). General practice registrars' use of dermoscopy: Prevalence, associations and influence on diagnosis and confidence. Aust. J. Gen. Prac. 48(8). 547-553. doi: 10.31128/AJGP-11-18-4773.
3. Menzies, S., Chamberlain, A., & Sover, P. (May 2018). Cancer Council Australia Melanoma Guidelines: What is the role of dermoscopy in melanoma diagnosis? Sydney: Cancer Council Australia. Available from: wiki.cancer.ord.au/Australia/GuidelineMelanoma.
4. Vestergaard, M., Macaskill P., Menzies, S. (Sep 2008). Dermoscopy compared with naked eye examination for the diagnosis of primary melanoma: a meta-analysis of studies performed in a clinical setting. 159(3). 669-676. doi: 10.1111/j.1365-2133.200.08713x

Audit Aim & Learning Outcomes

By the end of this activity, participants will be able to

1. Assess current surgical practice and dermoscopy skills.
2. Identify suspicious lesions.
3. Describe the effectiveness of the dermoscopic techniques used.
4. Analyse your surgical management types, treatment numbers, and their trends and implications on patient outcomes.
5. Compare performance against peers and identify areas for self-improvement.
6. Identify possible areas for improvement in lesion identification and diagnosis.

The aim of the surgical audit is to provide practitioners with a management tool to manage the diagnosis and treatment of skin malignancies in a primary care environment.

Audit Plan

1. Complete the MyLab Skin Audit Registration Form and return via fax or email.
2. Read through the provided booklet; for any questions or clarification please do not hesitate to contact us.
3. Submit at least 80 specimens in two periods of assessment (approximately 40 specimens per period) for inclusion in the Skin Audit. For your specimens to qualify for the audit, the Clinical Notes section must include …
    a) the Dermoscopy Technique used,
    b) the Surgical Management Technique used, and
    c) the Provisional Diagnosis.
4. At the completion of the first audit period, you will be provided with some initial results so that you may reflect on your practice and consider possible areas for improvement.
5. At the completion of the second audit period, complete the Evaluation and Response to Feedback and Audit Evaluation documents. You must complete these evaluations to be awarded the Category 1 points.
6. A full report will be provided to you with reference to your individual results, and their comparison to accepted Standards and other clinicians in your peer group.

Dermoscopy Technique Examples
3 Point Checklist
Chaos & Clues
Pattern Analysis
Menzies Technique
7 Point Checklist

Surgical Management Technique Examples
Punch Biopsy (PBX)
Shave Biopsy (SBX)
Excision Biopsy (EX)
Curette & Cautery (C&C)

Provisional Diagnosis Examples
Basal Cell Carcinoma
Squamous Cell Carcinoma
Melanoma / Melanoma in Situ
Naevi / Dysplastic Naevi
Solar / Seborrhoeic Keratosis