

Written Reflection (Anne Schott Clinical Practice Award 2023)**Award Recipient: Mae Anne De la Vega RN, Department of Dermatology, Liverpool Hospital**

Working in a Dermatology Clinic in a public hospital is both rewarding and hectic, at times daunting. More often, the demands are unimaginable and realistically, the waiting times can take up to 18 months. Being the only tertiary hospital in the Southwest area that offers public dermatology service, that meant we cater to communities covering the Southern Highlands far reaching even the Goulburn and Wollongong areas. The experience I have in Dermatology for nine years, I hope, is standing me in good stead to tackle the challenges that comes along work. As we all know, the skin as the largest organ of the body, is vast and that a problematic skin can range from being simple to chronic, puzzling and even multiple. It takes a team to manage it and for most, the management is a collaborative effort. I find that knowing the patient's background, history, living condition and support system available reveals a lot about their disease and can predict the outcome of their treatment. Spending a little more time to explore more information can be very helpful for both the patients and us as clinicians. Patients are able to verbalise their thoughts and feelings and in return, I am able to probe the solution that is possible and best for them, provide options or alternatives when needed.

I explore and utilise available evidenced-based resources with pictures and diagrams, and explain in layman's terms to effectively help patients gain a better understanding of their disease, how to manage and control their symptoms and distinguish red flags, which findings to report immediately, and provide injection training that includes proper injection technique. I encourage active participation of patients during the education session by allowing time for patients to process information, ask questions, express their concerns and in some instances, this is also the time of myth-busting. For patients from culturally and linguistically diverse backgrounds, I arrange the attendance of an English-proficient family member or requests interpreter service accordingly during the education session to assist with the language barrier. I ensure each biologic patient is enrolled in the patient support program to reinforce a more robust follow-up support. With this nurse-led education – I empower patient with knowledge, understanding and control of their disease. I find that establishing a therapeutic nurse-patient relationship, proactively engaging patient in their care and consistently encouraging such practice has had a positive impact in the management of their disease and outcome in general. Their compliance to treatment is easier and good outcomes are way more achievable. Educating patients from sun-protection to medication dosing schedule becomes a simple task if the trust they need has been established.

Moreover, I ensure that each biologic patient gain an understanding of how their medication play a vital part to control their symptoms, the importance of compliance to a timely dosing schedule and proper injection technique. I also help patients achieve a realistic expectation of their treatment regimen, empower patient to be involved in their care by properly self-administering their drugs and provide other educational materials to facilitate learning about their condition. With chronic skin conditions such as chronic plaque psoriasis, severe atopic dermatitis and hidradenitis suppurativa, I can tell that they are also vulnerable psychologically just by a conversation with them. The impact that their disease had brought are actually debilitating to the extent that some fall into the pits of depression. This is when our role as frontlines of healthcare comes very helpful. With early detection and proper referral to the right people to provide them the help they need in a particular area makes a lot of difference. I would also highlight the role of community nurses in the continuity of care provision at home. Most patients and family find this a relief whenever they are told that there is help available for them when coming to the hospital for wound care and dressing is a challenge.

I liaise with pharmaceutical companies to obtain samples of medicines for the team to provide to patients when initiating treatment, for example, topical steroids being readily available in the department when the need to educate patients and their family about wet-dressings should arise. This being a step-by-step process, actual demonstration on top of a written and verbal instruction facilitates effective learning, paving the way to better compliance at home resulting to good patient outcomes. I found most patients are visual learners and I get to hear how grateful they are and their families when I actually take time to show how a wet dressing is done and how it had helped them recover from their blistering disease (bullous pemphigoid).

The long list goes on with my experiences in Dermatology, and how it had shaped me as a person and had improved my practice as a nurse through the years. Seeing happy patients on remission whilst others remain in the puzzle. Dermatology has been a very enriching and rewarding field. In summary, it is an ever-changing, evolving and improving journey to patient care. Imagine a world with less people dying from Melanoma, or a decline in the number of skin diseases because people are empowered enough to care for their skin. I cannot wait to see the innovations and breakthroughs in Dermatology and hopefully to be able to contribute to it, that would change the lives of many people in our community, and the world at large.