EDITORIAL

NEED FOR SPECIAL TREATMENT ASSISTANTS IN DERMATO VENEREOLOGY AND LEPROSY CLINICS

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Introduction

STD, dermatology and leprosy are well recognised and major specialities in their own right. In most institutions dermatology, leprosy and venereology are grouped together. To the best of our information no specialised technical or nursing help is available to them except for those provided by general nursing staff. Medico social workers help only in social management in leprosy and venereology clinics. Here we have to examine and decide whether we feel the need for more skilled help for efficient running of the department. The points discussed are based on the experience in Armed Forces where we have a specially trained category called as Special Treatment Assistants in the skin, leprosy and STD centres.

Present position and scope

The scope of work in speciality clinics of dermato-venereology and leprosy needs no elaboration. In teaching institutions where generous staff allocation may be feasible it is possible to get a nursing assistant or trained nurse to give routine treatment, and/or to help in the minor OT for taking biopsy, removal of warts and corns or excising small patches of vitiligo and doing dermabrasion. A lab technician may be available to do scraping for fungus, staining of slides for GC and AFB or for doing DGI work. If we are able to get such diverse help we would have no difficulty in managing a ward or outpatient clinic efficiently but to expect to get these under existing conditions and available resources in our country for this speciality is an extremely difficult proposition.

It would also be realised that this is likely to be wasteful and result in under utilisation of the personnel at times. We also have to consider the needs of non-teaching institutions where such luxary can not be thought of while the job expected to be done, save for teaching, would remain the same.

The question then arises as to what is the solution ? Can and should the specialist do most of the specialised technical work himself ? Can he not be better utilised if a skilled technician, who can be given adequate training tailored to the needs of the speciality, is available for help ? Let us examine in short our special problems and areas where the help from technical hand would be welcome.

Social and psychological

The social stigma attached to leprosy and STD is well known. Here

the help of medicosocial workers should be available. The misconception in the mind of nonspecialists about infectious nature of skin diseases is well known. The beauty being limited to skin, any blemish or disease of the skin is considered ugly. There is a general reluctance on the part of nurse who temporarily comes to the skin ward or OPD in handling the patient. The psychological impact on the patient who is already depressed due to the cosmetic defect can be easily understood.

We are sure all specialists have experienced difficulty in convincing patients with psoriasis about their non-infectivity, if the attending nurse had shown hesitation in touching him. It really requires time to convince the nurse that pemphigus and psoriasis are not infectious, despite the few lectures that she has attended during her training impressing the fact that they are not so.

Treatment and dispensing

Giving medicated baths, occlusive dressings, ultra-violet exposure, desensitisation and care of anaesthetic parts are some of the aspects which are not included in the curriculum of general nursing. These have to be taught by the Dermatologist to the nurse when she or he is allotted to work with him. Medicaments for external application have to be made and dispensed. The art of topical therapy is still a major important factor in treating a skin case.

Investigations

Taking smears and staining of slides for GC, AFB & DGI scraping for fungus, carrying out patch test, intracutaneous tests, examination under wood's lamp and others are some of the investigations required to be done by the specialist. In the absence of a lab technician these jobs cannot be done by anybody except the specialist himself. The general nurse has got no training to do these.

Minor surgical work

As enumerated earlier the various minor surgical procedures need care and maintenance of various instruments and some help during these procedures is necessary. These can easily be incorporated in training schedule of specially trained nurse who can then be a better help.

Advantages of having specially trained assistants

The above are then the areas where help is very welcome for the specialist. Technical help can be rendered best by a trained person. If a comprehensive training schedule is made incorporating the above, a trained person can be of immense help to the specialist. This training, similar to other specialities, can be given to trained nurses who can then be designated as special treatment nurses or special treatment assistants as the case may be. Such specially trained nurses would then have a feeling of belonging to the speciality. Their interest, knowledge and loyalty to the speciality would greatly increase; and this is no small benefit.

Those of us working in large institutions have an advantage of having the same staff for long periods. More often than not nursing staff given to the department of dermatology and STD are the unwanted or discarded from other sister specialities rather than of choice by the dermatologist. When a trained cadre of this discipline is available, smaller clinics and consulting specialists, can also get skilled help without needing a large staff. The standard of care will naturally improve.

Situation in the Armed Forces

In the Armed Forces there is a trained cadre called special treatment

assistant. The special training is given after they have been taught basic nursing for a period of 3 years. Most of the work which we have enumerated earlier is included in the syllabus of training special treatment assistant (STA). Depending upon the standard achieved the STAs are classified as class III, II and I. Periods of training are nine months for class III, six months for class II and nine months for class I. Space does not permit us to give in detail the various requisites of technical standard required for each class of STAs working in the Forces.

Conclusion

The object of this editorial paper is to examine the need for having SATs in Dermatological clinics. If the advantages of having STAs are considered the need for having them would be obvious and we feel it is high time that steps are taken to get this branch recognised as speciality in nursing cadre akin to paediatric nursing, orthopaedic nursing, psychiatric nursing and so on. It is of utmost importance that all of us in the speciality emphasise the need for opening separate diploma courses for this category of people for benefit and uplift of the specialities and better patient care.