

Strengthen the Indian dermatology services using dermatology nursing

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Skin care nursing is widely practised internationally but does not exist in India. There is a lack of dermatologic nursing within the present curriculum of Indian nursing. Vineet Kaur listed the milestones towards launching training in dermatology for nursing students that included setting up a special interest group in dermatology nursing by the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) that she coordinated.¹ The IADVL has taken a welcome initiative to constitute a task force for preparing online training guidelines and conducting continuing medical education programs on dermatology nursing.

Cosmetology, dermatosurgery and dermatology service clinics require nursing support. Wound care, performing minor dermatological procedures, and patient counselling requires deep engagement with patients. Nurses' involvement is essential to provide better services to patients with skin diseases. However, there is a dearth of training on the care of the skin at the bedside. In India, nurses get posted to dermatology departments without any modules, and they usually learn on the job. There are no specialist nurses or nurse-led clinics in dermatology. With optimal use of nursing resources, the giant Indian dermatologists association can better manage skin diseases and promote healthy skin, both in institutional setup and private clinics. It is time that dermatologic nursing should develop as a speciality in India.

It is recognised that involving the nurses in the health care team enhances the quality of care delivery in disciplines like oncology, critical care, gynaecology and psychiatry. The success of treatment outcomes for conditions such as exfoliative dermatitis, Stevens-Johnson syndrome, and other extensive vesiculobullous disorders hugely depends on

nursing care. Such diseases require well trained dedicated nurses to overcome natural revulsion providing the essential human touch and care. However, Indian dermatologists are unaware of the therapeutic potential of a trained nurse. At our institute, nurses assist dermatologists in managing chronic skin diseases, vitiligo and lymphedema.² Dermatologists believe registered nurses need the training to deliver dermatology care in clinical and community settings to provide competent care. Therefore, we developed a structured training manual to train the newly recruited nurses for hands-on training in dermatology and cosmetology services. In 2009, we organised a colloquium collaborating with the International Skin Care Nursing Group and Bournemouth University, the UK, supported by the Indian Nursing Council. Dermatologists, nursing schools, and their teaching faculty contributed to developing the Indian dermatology nursing syllabus. The syllabus differed from European nursing practices. After peer review by national and international nursing leaders, we later published the syllabus framework online for suggestions and remodelling or adoption.³

Such a curriculum required adhering to the guidelines issued by the Indian Nursing Council. Nursing curricula should include field visits and community diagnosis, understanding the population and nursing needs precisely. In dermatology centres capable of giving structured and comprehensive training, the trainees should acquire theoretical knowledge and special skills to manage common dermatological problems, perform minor surgical procedures, educate and counsel patients in several areas like treatment adherence in chronic conditions, prevention and management of their disease, overcoming adverse responses to their disease and improving the quality of patient's lives. The nurses should

How to cite this article: Nair LV, Narahari S, Reethadevi U. Strengthen the Indian dermatology services using dermatology nursing. *Indian J Dermatol Venereol Leprol* 2022;88:706-7.

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Received: July, 2021 **Accepted:** May, 2022 **Epub Ahead of Print:** July, 2022 **Published:** November, 2022

DOI: 10.25259/IJDVL_757_2021 **PMID:** 35962513

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understand their limitations and know when to seek the advice of a dermatologist. The nurse should also be sufficiently equipped to serve in higher centres of dermatology, offering specialised care. Training should be formally standardised and should impart only essential information of practical value. We have done this not by just replicating the UK pattern. Instead, we adopted the nursing practices to suit the culture of stakeholders, particularly patients and health delivery practices in India. However, expanding the role of nurses and introducing the advances in technology necessitate additional training to prepare them for effective participation in caring for patients with skin diseases.

Therefore, a post-basic diploma in dermatology nursing is long overdue. Dermatology nurses can provide quality service at the institutional, clinic, and community levels to augment dermatology services. The course could be of a one-year duration. Nurses should be trained to supervise, manage and provide quality care to patients with skin diseases and undertake research in dermatology nursing. At the end of the course, the students should describe the concepts and principles of dermatology nursing, have knowledge about the drugs used in dermatologic practice and their adverse effects. In addition, they can be taught simple diagnostic tests, other diagnostic measures, essential nursing care specific to skin diseases, and nursing support in critical care dermatology. Nurses can be trained to assist in advanced dermatology procedures, counsel patients and their family members on chronic and stigmatic diseases, identify psychosocial problems, participate effectively as members

of the health team, and plan for the organization of centres offering specialized care.

Nursing education is booming in India. There is an assumption that many developed nations utilise the caring services of Indian nurses. Many of them return to India after the financial gain as nurses are well paid abroad compared to the Indian scenario. Their international experience could benefit India, especially while starting new courses. The Indian Nursing Council is open to offering new courses that could provide opportunity to young nurses.⁴ Hence, IADVIL could initiate a dialogue with Indian Nursing Council on starting a dermatology nursing course. Such a move would be a decisive step towards quality nursing and patient-centric care in dermatology.

Financial support and sponsorship

Nil.

Conflict of interest

There are no conflicts of interest.

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