

### Rural and Remote **Dermatology Service**

#### Work Flow and Evaluation Model

**Finalize Care Plan** 

A conversation between



based on information

#### Resident first contact

resident, staff dermatologist and referring provider (+/-Patient) occurs A senior dermatology resident establishes initial impression and plan

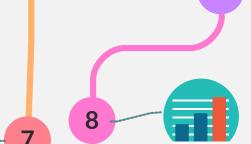
6



# Follow-up

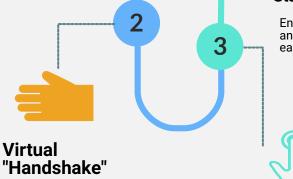
Ensuring resolution and modifying the care plan as needed, along with the capture of Follow-up DLQI and PGA

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# **Baseline Data stored**

Research coordinator and Medical office assistant ensure each consult has baseline DLQI and PGA entered into research database.



# "Handshake"

**Derm Advice** 

1-778-771-3376 to

be connected to the

service and establish the GP's preferred method of communication

needed

1

Establishing a means of secure transfer of clinical photographs via secure SMS or encrypted Zoom videoconference, or BlackBerry Enterprise Messenger



#### **Referring doctor** submits information

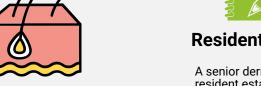
Clinical photographs and medical history is submitted. Included are required Baseline Physician's Global Assessment (4-point scale) of severity, and <u>Dermatology Life Quality</u> Index (DLQI) score.



A summary of the conversation, including impression and plan is drafted and sent to the Referring Doctors Fax machine or e-Fax for direct entry into patient medical record.







Ensuring patient safety and diagnostic accuracy, each plan is reviewed