Physician Practice Enhancement Program

Dermatology

The Physician Practice Enhancement Program (PPEP) is a collegial program that proactively assesses and educates physicians to ensure they meet appropriate and current standards of practice throughout their professional lives. Our vision is to promote a culture of quality improvement among BC's physicians.

We seek to support the success of continuous quality improvement in community-based physicians' medical practice by highlighting areas of excellence and identifying opportunities for professional development.

Introduction to the BC Assessment Tool....4
Scoring rubrics: Dermatology....5
History....6
Examination....9
Investigation....11
Diagnosis....13
Management plan....15
Medication....17
Follow-up and monitoring....19
Documentation for continuity of care....21

A record of information gathered through questioning the patient or others (e.g. family members, substitute decision-maker) and reviewing pertinent documents to determine the next steps in care.

Key College practice standard: _____

Key PPEP assessment standard: _____

_____

: Collecting relevant history information described below may be done in a single patient visit or may be spread across multiple patient visits, as appropriate.

a) was documented, including:

age/date of birth

gender

patient contact information

Guided by the presenting problem, a systematic evaluation of the patient's physical and/or mental state.

The ongoing observation and assessment of the patient's progress to assess treatment efficacy and need for treatment change or termination.

Key College practice standard: _____; _____

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: patient monitoring was often not frequent enough co-morbid conditions were sometimes not addressed in follow-up plans
2	is needed when the trend shows some elements of quality were lacking, but the likelihood of adverse patient outcomes was low. Examples include: not all relevant follow-up investigations were considered/completed patient monitoring was often not sufficiently documented (e.g. patients on isotretinoin, methotrexate, dapsone, biologics, etc.) appropriate referrals/consultations were sometimes not made
3	is needed when the trend shows many elements of quality were lacking, or when patient outcomes could be adversely affected. Examples include: important patient indicators were consistently not monitored appropriately investigations were often not followed up on indicated follow-up investigations were consistently not ordered/completed one or more patients were not followed-up with when clearly indicated (e.g. infectious cellulitis, bullous disease, skin cancer) pathology laboratory tests were often not reviewed in a timely manner appropriate referrals/consultations were often not made

1	is needed when the trend shows that most elements of quality were evident and deficiencies, if any, were minor. Examples include: dictations were sometimes not completed in a timely manner
2	tif(tio)4126.4474 0.96 1refq[6[398.35if(tio)4124/Pdf*EMC pie-end<<>>]TJ qualityw3(ack)0.125in)]TJ/F1 1 Tf 4.5(ten)4(nes)-5471.19s low Examples include: investigations and final diagnoses were often not clearly communic55 l718 5