

Improving Assessment and Diagnosis for Patients with Dark Skin Tones via a Higher Education Platform

Aim: To incorporate more teaching of dark skin tone assessment within higher education university institutions. To improve assessment techniques of nurses on patients with dark skin tones to reduce morbidity and improve patient outcomes.

Results / Discussion:

Nursing students will be more informed of the health equalities related to patients with dark skin tones and associated implications. They will have enhanced methods and tools of assessment, enabling a more accurate assessment of a patient's skin and hopefully earlier detection of any concerns. Nurses will also feel empowered to have the confidence in being able to have conversations about skin tone with patients, as Moorley et al (2020) emphasised that there is evidence of "shying away" from this.



In wound care education there is a need to address the gap in bias around light skin tones and the lack of understanding of accurate assessment for dark skin tones (Dhoonmoon et al, 2021).



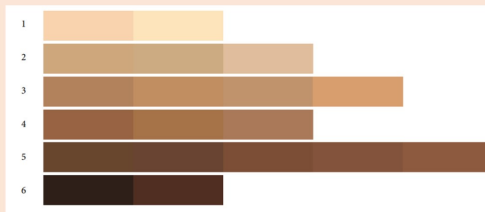
Method:

The relevance of differences between skin tones and different methods of assessment have been incorporated into teaching sessions within a higher education institution, for both undergraduate and postgraduate nursing programmes.



Students were asked to conduct skin matching exercises on each other using different skin tone assessment tools with open discussions around likely barriers to implementation within practice, including feelings of uncomfortableness and uncertainties around appropriate terminology. Exercises of "state the obvious" and "none-visual descriptions of skin" were implemented to improve assessment skills. Key issues were highlighted and explored, including current medical terminology "erythema" and "redness" and implications around culture. Discussions also included missed diagnoses on dark skin tones of, rashes, bruising, skin cancers, pressure ulcers, vascular and dermatological conditions.

Skin tone assessment has also been incorporated into a post graduate wound care module and the issue of skin tone bias has been identified as a learning outcome for the module.



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Senses:

Listen: to the patient, are they saying it is more/less painful, do they feel unwell? Do they have tingling/numbness? Altered sensation?

Touch: How does it feel? Tight? Swollen, Boggy? Dry? Rough? Is there a textural change compared to surrounding skin? What is the temperature? Cool; hot; why?

Smell: Is there an odour? Malignancy? Infection: Staphylococcus: Streptococcus, Pseudomonas?



Conclusion: More research is required to raise the profile of the health inequalities related to dark skin tones and address the issues of skin tone bias. With more teaching of the topic integrated within our education institutions, hopefully improved practices will become engrained in the nurses of the future and will thus reduce inequality of care and improve patient outcomes, morbidity and mortality.