



HOME MEETING NEWS ▾ IMAGE GALLERIES ▾ EDUCATION ARCHIVE ▾  

SEARCH THIS WEBSITE ...

Knocking down morbidity and mortality in pediatric dermatology

March 3, 2019

Adverse events are part and parcel of the practice of medicine, including pediatric dermatology. But not all adverse events are created equal. Some are inherent risks of illness and all but impossible to avoid. And some adverse events are the result of errors in diagnosis or treatment, errors that can be avoided.

“There is always room for practice improvement, including in adult, pediatric, surgical, and dermatopathology aspects of dermatology,” said Carrie C. Coughlin, MD, assistant professor of medicine at Washington University. “The only way we can avoid making the same mistakes or producing the same adverse outcomes is to evaluate events that have happened and use them as teaching points going forward.”



On Friday, Dr. Coughlin moderated “Pediatric Dermatology M&M,” a case-based session that focused on evaluating gaps in communication that can lead to error, learning to distinguish adverse events that are risks of therapy or disease and those that result from error, and discussing strategies for handling and coping with adverse events.



Carrie Coughlin, MD

The blameless environment

Four cases explored complications encountered while caring for children in both inpatient and outpatient settings. The key, Dr. Coughlin said, is to create a blameless environment in which all physicians can learn and improve their own practice. Look for common issues associated with melanocytic lesions in children, infectious complications, and non-accidental trauma, what patients and child safety experts more commonly call child abuse.

The ultimate goal is to improve patient outcomes by improving the care dermatologists deliver in every practice setting.

“These cases are representative of the patients we see both in the outpatient setting and in the hospital,” Dr. Coughlin said. “What is important is exploring how adverse events could be avoided or mitigated. This is information you can use to improve practice quality tomorrow.”

Practical pearls

Tweeting about the meeting



AADmember @AADmember · 5h
Keep physicians involved in the health care team and vote #NoOnAB890! @SenatorBorgeas @BrianDahleCA @SenGonzalez_33 @SenBenHueso ...

   Twitter



AADmember @AADmember · 23 Aug
In today's increasingly political world, showing up is half the battle. This month, AAD members discuss why grassroots advocacy matters ...

   1 Twitter

aad.org portal



Advertisement

Melanoma is far less common in children than in adults, but still an important diagnosis to make correctly. Often, the key is distinguishing between a benign Spitzoid lesion and melanoma. The distinction is not always obvious, especially as melanoma can present differently in children, tweens, and adolescents.

Infectious complications are an everyday occurrence in the inpatient setting. Fungal infections are less common than bacterial infections in most pediatric units, but morbidity and mortality that result from fungal infections can be high without prompt diagnosis and management.

A heightened alert

Dermatologists are often involved when children are evaluated for non-accidental trauma. It is important to maintain a high index of suspicion when examining children with skin trauma. Even the most plausible tale of accident or denial of any known exposure may turn out to be a case of neglect or intentional harm.

[RETURN TO TOP OF PAGE](#)

© 2020 AMERICAN ACADEMY OF DERMATOLOGY | ASSOCIATION. ALL RIGHTS RESERVED.
REPRODUCTION OR REPLICATION STRICTLY PROHIBITED WITHOUT PRIOR WRITTEN PERMISSION.