

Skills of specialist nurses in Dermatology: a scoping review

Competências do enfermeiro especialista em Dermatologia: revisão de escopo

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ABSTRACT

Objective: To map the competencies of specialist nurses in Dermatology. **Method:** A scoping review was conducted according to the recommendations of the Joanna Briggs Institute (JBI). The Population, Concept, and Context framework established the research question. The search for publications was carried out in different sources, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), Latin America and the Caribbean Literature on Health Sciences (LILACS), National Library of Medicine (MEDLINE) via PubMed, Scopus, Embase, and the Cochrane Library. Additionally, expert association websites and Google Scholar were searched. No language or time restrictions were applied. **Results:** Seventeen publications were selected, originating the categories: integral evaluation of the dermatological patient, drug prescription, early detection and prevention of skin cancer, wound care, and aesthetics. **Conclusion:** Faced with the vast possibilities for nurses to work in Dermatology, there is a need to expand the discussion and research on the subject.

Descriptors: Nursing; Professional Competence; Dermatology.

RESUMO

Objetivo: Mapear as competências do enfermeiro especialista em Dermatologia. **Método:** Trata-se de uma *scoping review*, desenvolvida conforme as recomendações do Joanna Briggs Institute (JBI). Para elaboração da questão de pesquisa utilizou-se a estratégia *Population, Concept e Context*. A busca por publicações, sem limitar idioma e recorte temporal, foi realizada nas fontes: *The Cumulative Index to Nursing and Allied Health Literature* (CINAHL), Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), *National Library of Medicine* (MEDLINE) via PubMed, Scopus, Embase e *Cochrane Library*, além de sites das associações de especialistas e no *Google Acadêmico*. **Resultados:** Foram selecionadas 17 publicações, originando as categorias: avaliação integral do paciente dermatológico, prescrição de medicamentos, detecção precoce e prevenção do câncer de pele, tratamento de feridas e estética. **Conclusão:** Diante da vasta possibilidade de atuação do enfermeiro nesta área, constata-se a necessidade de ampliação da discussão e de pesquisas sobre o tema.

Descritores: Enfermagem; Competência Profissional; Dermatologia.

INTRODUCTION

Dermatology, considered the oldest medical specialty, aims to prevent, diagnose and treat skin diseases⁽¹⁾, an extremely relevant area since dermatological conditions strongly influence the person's quality of life and increase treatment costs, significantly compromising public health⁽²⁾.

The United States has a high frequency of skin diseases in the general population, costing the system more than 39.3 billion dollars/year. In Brazil, skin diseases are among the top three causes of demand for health services⁽³⁾. To illustrate the reality above, according to the National Cancer Institute (INCA), although skin cancer is the most frequent in Brazil and accounts for about 30% of all malignant tumors registered in the country, melanoma represents only 3%, being the most severe type, due to its high possibility of causing metastasis. Non-melanoma is the most frequent type of skin cancer

and, when detected and treated early, has a high percentage of cure⁽⁴⁾.

Regarding other skin conditions, a study points out that psoriasis and psoriatic arthritis represent the skin diseases with the highest prevalence worldwide. Leprosy also presents significant numbers, especially in Brazil, occupying second place globally, ranking 586,112 new cases from 2013 to 2018. It is important to mention that, in the same period, more than 300,000 cases of Leishmaniasis were registered⁽⁵⁾.

An investigation in São Paulo verifying the epidemiological profile of patients assisted by a Dermatology service in 2017 revealed that the most frequent diseases were acne, melasma, onychomycosis, psoriasis, and vitiligo⁽³⁾.

Given the data presented above, it is emphasized that the training of nurses must follow the recommendations of the National Curriculum Guidelines for Nursing Courses since graduates from the undergraduate course will have, as their object, care focused on social needs combined with generalist, humanistic, critical, reflective, political and ethical-legal training, aiming to carry out the activities inherent to the profession in the different levels and scenarios of health care, according to article no. 6 of the National Health Council (NHC) recommendations⁽⁶⁾. Given their general training, one of the challenges for nurses is facing situations requiring knowledge beyond their skills⁽⁷⁾.

Concerning the maintenance and recovery of skin integrity, nurses work at different levels of health care, including leprosy, Leishmaniasis, and psoriasis programs, among others⁽⁸⁾. Thus, given the recognition of this area as a specialty, according to Resolution 389/2011 of the Federal Nursing Council (COFEN), revoked by Resolution 581/2018, and the physical, emotional, and social repercussions of skin disease in people's lives, we consider that it is important to understand the competencies of specialist nurses in this area^(7,9,10).

Nurses need to develop skills to work in the specific area of skin health, especially given the demands of the population in this regard. Given the above, the study aimed to map the competencies of specialist nurses in Dermatology in different healthcare settings.

It is important to note that a preliminary search in the International Prospective Register of Systematic Reviews (PROSPERO), Joanna Briggs Institute (JBI), and The Cochrane Library databases did not reveal protocols and reviews on the subject.

METHOD

A scoping review was conducted using the steps recommended by the JBI: establishment of inclusion criteria, the definition of strategies and evidence selection sources, data extraction, analysis of evidence, and presentation of results⁽¹¹⁾.

Inclusion criteria

The Population, Concept, and Context (PCC) framework was used, as shown in Figure 1.

PCC Framework	
Population	nurses specialized in Dermatology, who have, according to article no. 3 of Resolution 577 of 2018, a <i>lato sensu</i> graduate degree, issued by Higher Education Institutions, accredited by the Ministry of Education (MEC) or State Council of Education (CEE), granted by Societies, Associations, Colleges of Nursing Specialists, or other areas of knowledge, and registered under the COFEN System/Regional Nursing Councils.
Concept	competence - set of cognitive resources (knowledge, ability, and information) to act appropriately and effectively ⁽¹²⁾ .
Context	studies conducted in all healthcare settings.

Source: Prepared by the authors, 2021.

Figure 1 - Population, Concept, and Context Framework (PCC). Niterói, RJ, Brazil, 2021

Based on the strategy above, the following guiding question was established: "What are the competencies of the specialist nurse in Dermatology in the different healthcare settings?"

Evidence selection strategies and sources

The search was carried out in three stages, the first using the descriptors "Nursing", "Professional Competence," and "Dermatology" extracted from the controlled vocabulary Medical Subject Headings (MESH), with the application of the Boolean operator "AND". This search was limited to the Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed, and The Cumulative Index to Nursing and Allied Health Literature (CINAHL) databases, aiming to analyze the words in the title, abstract, and descriptors.

In the second stage of the review, other descriptors were added, making it possible to identify more articles using the Boolean operators: AND and OR, as shown in Figure 2.

In the second stage, a definitive search was carried out in the electronic databases CINAHL, Latin America and the Caribbean Literature on Health Sciences (LILACS), MEDLINE (via PubMed), Scopus, Excerpta Medica Database (Embase) and the Cochrane Library.

In the third stage, a gray literature search was carried out on associations/societies of specialists in Dermatology Nursing and Google Scholar websites. To find more relevant documents, we searched the reference lists of the included studies. The search was conducted in February 2021 using no language or time restrictions. Among the publications, we considered randomized and non-randomized clinical trials, observational studies including prospective and retrospective cohort studies, case-control studies, case series, qualitative research, consensus, recommendations, texts, editorials, and case studies. Studies whose primary analysis through the abstract was unfeasible were not included.

Selection of studies

The selection was made by a pair of reviewers independently, excluding studies that did not provide full text. Subsequently, the publications were grouped and sent to the Rayyan software, with the removal of duplicates. Articles that did not contemplate the object of study were eliminated by title and abstract screening. The articles included were selected after full text screening. The search in all databases totaled 949 publications. After applying the mentioned criteria and removing the duplicates, 407 remained. After thoroughly reading the titles and abstracts, 18 studies were selected. After full text reading, we concluded that only 11 studies were adequate for the research question and six publications from the gray literature search, totaling 17.

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) flowchart guided the search process⁽¹³⁾, as shown in Figure 3.

RESULTS

The selected studies are shown below in Figure 4. Among the selected studies, six refer to nurses' skills in Dermatology in a general and broad way,

DATABASE	SEARCH STRATEGIES
CINAHL	(MH "Practical Nurses") OR (MH "Nurses, Other+") OR (MH "Nurses by Speciality+") OR (MH "Nurses by Role+") OR (MH "Nurses by Educational Level+") OR "nursing" AND (MH "Professional Competence+") OR "Professional Competence" OR (MH "Clinical Competence+") OR (MH "Competence (Legal)") OR (MH "Education, Competency-Based") AND (MH "Clinical Competence+") OR "Clinical Competence" OR (MH "Professional Competence+") OR (MH "Competence (Legal)") OR (MH "Competency Assessment") AND (MH "Dermatology") OR "Dermatology" OR (MH "Dermatology Nurses Association") OR (MH "Dermatology Nursing+") OR (MH "SkinCare+")
LILACS	(((nursing) or "Evidence-BasedNursing") or "Advanced Practice Nursing") or nurses [Palavras] and ("professional competence") or "clinical competence" [Palavras] and ((dermatology) or "Skin Diseases") or "Skin Manifestations"
MEDLINE via PUBMED	"Nursing"[MeSHTerms] OR "Evidence-Based Nursing"[MeSHTerms] OR "Advanced Practice Nursing"[MeSHTerms] OR "Nurses"[MeSHTerms] AND "Professional Competence"[MeSHTerms] OR "Clinical Competence"[MeSHTerms] AND "Dermatology"[MeSHTerms] OR "Skin Diseases" [MeSHTerms] OR "Skin Manifestations" [MeSHTerms]
SCOPUS	ALL (((nursing OR "Evidence-Based Nursing" OR "Advanced Practice Nursing" OR nurses) AND ("Professional Competence" OR "Clinical Competence") AND (dermatology OR "Skin Diseases" OR "Skin Manifestations")))
BASIS	nursing OR 'evidence based nursing' OR 'advanced practice nursing' OR nurses AND 'professional competence' OR 'clinical competence' AND dermatology OR 'skin disease' OR 'skin manifestation'
COCHRANE LIBRARY	(Nursing) OR (Evidence-Based Nursing) OR (Advanced Practice Nursing) OR (Nurses) AND (Professional Competence) OR (Clinical Competence) AND (Dermatology) OR (Skin Diseases) OR (Skin Manifestations)

Source: Prepared by the authors, 2021.

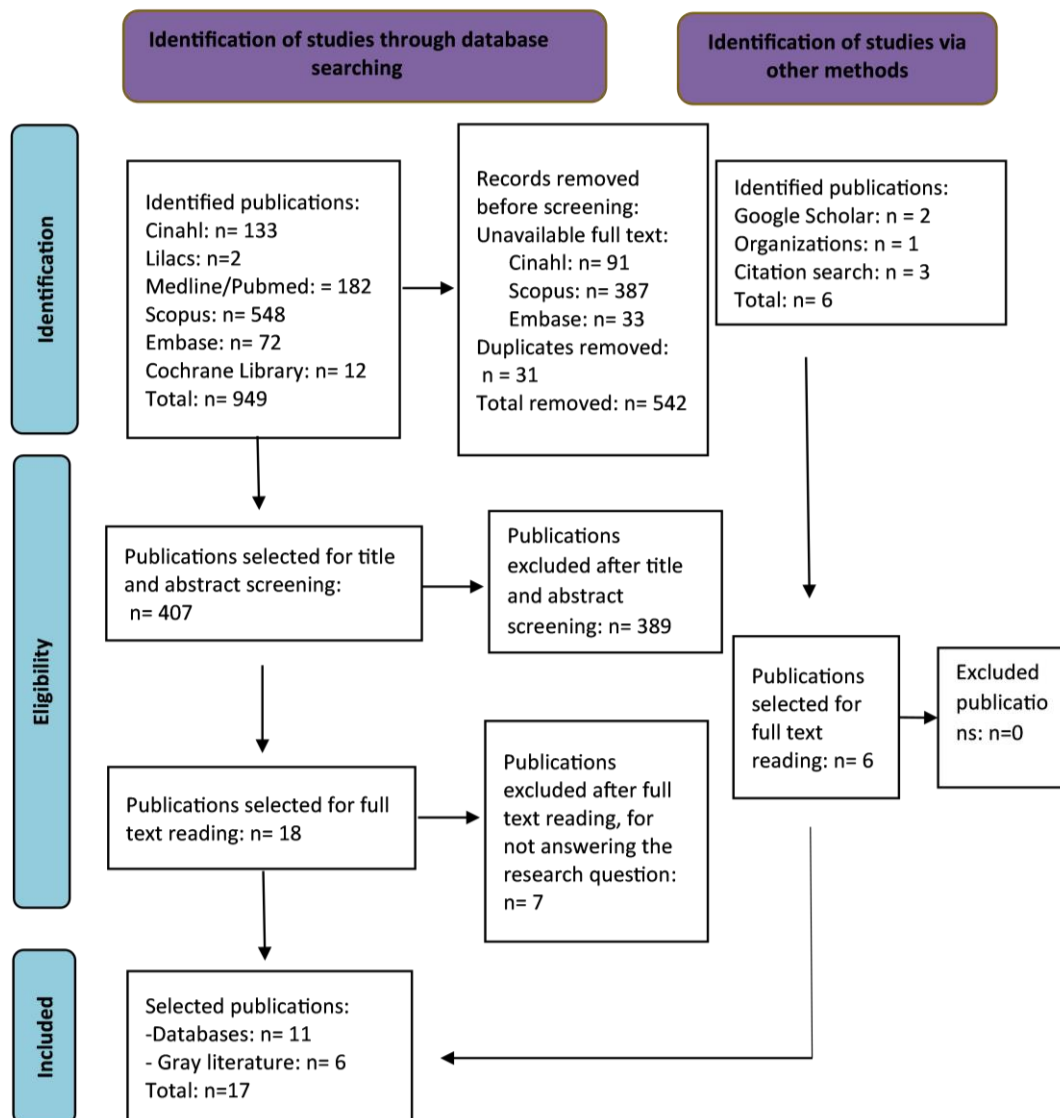
Figure 2 - Databases and search strategies used. Niteroi, RJ, Brazil, 2021

highlighting training that includes the integral assessment of the person and knowledge about skin conditions, considering the repercussions in the clinical, emotional, social, and work spheres. Eleven studies discussed the professional competence limited to specific activities, namely: medication prescription (4), identification of skin cancer (4), treatment/debridement of wounds (2), and aesthetic approach (1). Based on the findings, the following categories were elaborated: 1) integral evaluation of the dermatological patient, 2) medication prescription, 3) early detection and prevention of skin cancer, 4) wound treatment, and 5) aesthetics, described in Figure 5.

DISCUSSION

Comprehensive evaluation of the dermatological patient

In this review, six studies^(8,14,20,22,25,27) emphasized the importance of comprehensive and individualized assessment through professional/patient interaction, focusing on the skin affected by lesions and the repercussions of cutaneous involvement in the clinical, emotional, and social spheres. This approach is justified by the need to extrapolate the exclusively clinical assessment and the impossibility of hiding the skin disease from society, as it is imprinted on the skin, a fact



Source: Prepared by the authors, 2021.

Figure 3 - Flowchart of selecting articles and publications in the gray literature. Niterói, RJ, Brazil, 2021

Publication/reference	Title	Authors	Publication/year	Database	Country	Publication type
A	Enfermagem dermatológica: competências e tecnologia da escuta sensível para atuar nos cuidados com a pele	Santos I, Brandão ES, Clos AC ⁽¹⁴⁾	Rev. Enferm. UERJ 2009	Lilacs	Brazil	Article
B	Nurse prescribing in dermatology: doctors' and non-prescribing nurses' views	Stenner K, Carey N, Courtenay M ⁽¹⁵⁾	Journal of Advanced Nursing 2009	Medline/Pubmed	England	Article
C	A systematic review of advanced practice nurses' skin cancer assessment barriers, skin lesion recognition skills, and skin cancer training activities	Loescher LL, Harris JM, Lewandrowski C ⁽¹⁶⁾	Journal of the American Academy of Nurse Practitioners 2011	Medline/Pubmed	U.S.	Article
D	Stakeholder views on the impact of nurse prescribing on dermatology services	Carey N, Stenner K, Courtenay M ⁽¹⁷⁾	Journal of Clinical Nursing 2010	Medline/Pubmed	England	Article
E	Using nurse practitioners for skin cancer screening: a pilot study	Oliveira AS, et al. ⁽¹⁸⁾	American Journal of Preventive Medicine 2001	Medline/Pubmed	U.S.	Article
F	Preparing nurses to prescribe medicines for patients with dermatological conditions	Courtenay M, Carrey N, Burke J ⁽¹⁹⁾	Journal of Advanced Nursing 2006	Medline/Pubmed	England	Article
G	Competencies for dermatology nurse practitioners	Bobonich M, Nolen M ⁽²⁰⁾	Journal of the American Association of Nurse Practitioners 2018	Embase	U.S.	Article
H	Expert views, opinions, and recommendations	Amiza S ⁽²¹⁾	Journal of the Dermatology Nurses' Association 2016	Embase	U.S.	Article
I	Dermatology Nursing Standards of Clinical Practice	Anthony J ⁽²²⁾	Dermatology Nursing 2003	Cinahl	U.S.	Article
J	Knowledge and practice of nurses on the care of wounds	Faria GB, et al. ⁽²³⁾	Revista de Enfermagem UFPE 2016	Cinahl	Brazil	Article
K	The Evolution of advanced practice for nurses working in skin cancer care.	Machin C ⁽²⁴⁾	British Journal of Nursing 2020	Cinahl	England	Article
L	Dermatology Nursing Competencies: Developing dermatology nurses from novice to expert	Davies A, et al. ⁽²⁵⁾	British Dermatological Nursing Group 2012	Google Scholar	England	Expert consensus
M	Reflexões sobre competências do enfermeiro especialista em dermatologia	Brandão E S, Urasaki, MBM, Tonole R. ⁽⁸⁾	Research, Society and Development 2020	Google Scholar	Brazil	Article
N	Competências profissionais do enfermeiro para atuação no mercado de trabalho de estética	Souza M P W ⁽²⁶⁾	Não declarado 2019	Google Scholar	Brazil	Term paper
O	A Core Curriculum for Dermatology Nurse Practitioners: Using Delphi Technique	Bohonich M, Cooper DK ⁽²⁷⁾	J Dermatol Nurses Assoc. 2012	Citation Search	U.S.	Article
P	Skin cancer prevention and detection by nurses: attitudes, perceptions, and barriers	Christos PJ et al. ⁽²⁸⁾	J Cancer Educ. 2004	Citation Search	England	Article
Q	Desbridamento cirúrgico e a competência legal do enfermeiro	Santos I C R, Oliveira RC, Silva M A ⁽²⁹⁾	Texto Contexto Enferm. 2013	Citation Search	Brazil	Article

Source: Prepared by the authors, 2021.

Figure 4 - Characterization of selected studies, concerning title, authors, journal/year, database, country, and publication type. Niterói, RJ, Brazil, 2021

that influences self-image, self-esteem, and the relationship with the other⁽⁷⁾.

Nurses' competencies in Dermatology cannot be focused on the exclusive treatment of lesions, requiring, in addition to technical competence, sensitivity, and availability for an individualized

and comprehensive assessment⁽¹⁴⁾ to promote comfort.

In this context, nurses must demonstrate availability and develop sensitive listening to understand aspects that directly impact people's lives and bring discomfort, influencing adherence to

Publica-tion	Comprehensive evaluation of the dermatological patient
A	Knowing and understanding the person, evaluating clinical, social, and emotional aspects, demanding from the nurse competence for sensitive listening and a holistic perspective of humanity ⁽¹⁴⁾ .
G	Having skills to assess, diagnose, manage, and defend individuals/communities, develop care plans, and implement them based on evidence ⁽²⁰⁾ .
I	Making a critical assessment considering the individuality and space in which the person is inserted, analyzing social and clinical diagnoses, collaborating with the team to validate the diagnosis, and elaborating and implementing a care plan to achieve the outcomes ⁽²²⁾ .
L	Knowing the concept of the skin barrier and dermatological conditions, evaluating, caring for, and learning about topical and systemic medications beyond wound treatment, empowering the patient for self-care, and considering psychosocial issues ⁽²⁵⁾ .
M	Taking a holistic approach to the individual, considering his needs and desires, gathering knowledge, skills, and capacity to prepare the environment, selecting, coherently, resources and products and implementing protocols, and developing research with significant levels of evidence ⁽⁸⁾ .
O	Examining the skin, assessing lesions, learning about benign and malignant neoplasms, knowing about dermatological urgencies, carrying out health education regarding skin care, and identifying postoperative complications ⁽²⁷⁾ .
Medication prescription	
B	Prescribing licensed drugs according to competence ⁽¹⁵⁾ .
D	Leading Dermatology services and carrying out nursing prescriptions, enabling independent work ⁽¹⁷⁾ .
F	Prescribing licensed medications based on clinical knowledge, understanding of basic pharmacology, and evaluation/diagnosis of dermatological conditions to propose treatment options ⁽¹⁹⁾ .
H	Recognizing skin diseases and prescribing medications in primary care ⁽²¹⁾ .
Early detection and prevention of skin cancer	
C	Distinguish skin lesions (skin cancer from benign lesions) ⁽¹⁶⁾ .
E	Identifying suspicious lesions and performing high-quality screening to detect skin cancer ⁽¹⁸⁾ .
K	Developing skills to detect skin lesions and suggesting the removal of malignant lesions ⁽²⁴⁾ .
P	Promoting preventive actions and identifying skin cancer ⁽²⁸⁾ .
Wound care	
J	Using evidence to ensure the prevention of injuries and the quality of care ⁽²³⁾ .
Q	Standardizing conservative debridement considering the term, based on semantics and scientific logic, avoiding different interpretations and attitudes, establishing and establishing execution limits, mitigating risks, and considering indications and contraindications with the necessary training ⁽²⁹⁾ .
Aesthetics	
N	Obtaining technical-scientific knowledge through graduate-level qualifications, ethical posture, constantly seeking professional updating, and entrepreneurial spirit ⁽²⁶⁾ .

Source: Prepared by the authors, 2021.

Figure 5 - Nursing skills in Dermatology according to selected publications. Niterói, RJ, Brazil, 2021

treatment, self-care, recovery, and quality of life⁽¹⁴⁾. One of the articles points out the concepts proposed by the theorists Henderson and Kolcaba. Henderson emphasizes the need to understand the cultural diversity of people and their specific abilities, considering mind and body inseparable, highlighting the physiological, psychological, sociological, and spiritual components⁽³⁰⁾. Kolcaba, in turn, mentions that unmet comfort needs presuppose the need for intervention to maximize comfort, confirming the relationship between comfort and care and the concern to establish comfort measures as a synonym for nursing intervention⁽³⁰⁾.

To ensure high-quality care for individuals with skin conditions, healthcare professionals need to develop skills that encompass comprehensive and effective care. This involves utilizing cognitive resources, including knowledge, values, attitudes, perceptions, evaluation, and critical reasoning⁽⁸⁾.

In this perspective, a light technology called "Protocol for the Assessment of Clients with Skin Conditions" stands out to understand the clinical history of people with skin conditions. This protocol was developed and later validated by experts, aiming to contemplate speech and behavioral manifestations, favoring liberating semiology. It comprises ten parts covering clinical, emotional, and social aspects and provides 92 nursing diagnoses, according to the North American Nursing Diagnosis Association. This technology promotes a person-centered approach and demystifies the exclusive importance of injuries, promoting dialogue, sensitivity, and solidarity between the professional and the client. It is a useful tool that guides the nursing process phases and could serve as a data source for nursing research in Dermatology⁽³¹⁾.

Medication prescriber

The competence to prescribe medication was mentioned in four publications^(15,17,19,21). It is important to mention that the legislation regarding drug prescription by nurses differs in different parts of the world. Public Health Programs and approved routines in health institutions, both public and private, set the legal boundaries for this practice in Brazil. These boundaries are established per COFEN Resolution 271, issued on July 12, 2002. However, this resolution was revoked by Resolution 317 in 2007⁽³²⁾.

Although legally guaranteed by the Law of Professional Nursing Practice, nurses in Brazil face

challenges when carrying out this assignment. Despite international evidence supporting its benefits for quality of care and health system efficiency, there are doubts, particularly from the medical community, regarding the legality and effectiveness of this practice. Such doubts are contrary to the legal foundations of the nursing profession and lead to conflicts related to the social, political, marketing, and cultural aspects in which this profession is situated⁽³³⁾.

A documentary study reveals that nurses contributed to the legalization of prescription but not to its legitimation. The role of nurses as medication prescribers in Primary Care is well-established through protocols and legislation, but there is no clear follow-up strategy from the Ministry of Health. Despite this, there is resistance to some norms within the health sector. The authors conclude that nurses tend to prescribe medication only within the bounds of legality, and the main challenge is to achieve legitimacy⁽³⁴⁾.

Aside from the aforementioned challenges, there are others to consider, such as the need to mobilize the nursing profession, build new relationships with other professionals, users, and health service managers, and eliminate the polarization that exists regarding this function within the nursing work process (some nurses refuse to prescribe, while others take on this function in isolation)⁽³⁴⁾. The International Council of Nurses (ICN) emphasizes that for nurses to practice advanced roles, they must hold a professional master's degree or a postgraduate degree in advanced practices. Furthermore, it is important to expand investments in educational institutions, representative class entities, and health establishments⁽³⁵⁾. Thus, to adequately prepare specialist nurses in Dermatology, it is important to prioritize specific programs in the syllabus, such as those related to leprosy, Leishmaniasis, and other skin conditions.

Prevention and detection of skin cancer

According to INCA, skin cancer is the most frequent in the country and corresponds to about 30% of all registered malignant tumors⁽³⁶⁾. Skin cancer is highly prevalent in Brazil, and specialist nurses in Dermatology can play a crucial role in preventing and educating the population about it. This professional's educational function stands out in this context, guiding the population on preventive actions and the main signs and symptoms. Thus, it is necessary to know the elementary lesions, including those suggestive of the main types of skin cancer (basal cell carcinoma,

squamous cell carcinoma, and melanoma), and characteristics such as asymmetry, the aspect of the edges, color, and size, favoring the possibility of shape recognition precocious.

Nurses' competence in preventing and detecting skin cancer was highlighted in four publications^(16,18,24,28). However, an article published in the United States cites inconsistency in precisely identifying this type of injury⁽¹⁶⁾. To change this situation, we must develop, validate, and implement new technologies to assist professionals in acquiring the necessary skills⁽²⁴⁾.

In addition, the organization of qualification and training programs becomes essential for expanding the scope of action of this professional class, especially among specialist nurses in the area, whether within the public policy discussion spaces or to encourage cancer prevention and control policies.

Wound care

Despite the considerable number of specialization courses in Brazil that address the treatment of wounds, a significant number of nurses need to gain knowledge on the subject⁽²³⁾.

In this sense, it is highlighted that the competence of the specialist nurse involves not only the treatment of the wound itself but all aspects involving the patient. In this context, the Regional Council of Nursing of Rio de Janeiro (COREN-RJ) issued 2013 opinion nº 003, forwarded by the Technical Chamber of Management and Assistance in Nursing. Specialized care must go beyond the exclusive focus of wound assessment and prescription of products and dressings, involving a comprehensive and personalized assessment and contemplating clinical, emotional, and social aspects, as these can negatively influence the case evolution⁽³⁶⁾.

Despite the importance of the comprehensive assessment of the injured person, the two publications that address the topic^(23,29) gave special attention to technical procedures to the detriment of the person's assessment. One of the publications addresses the different types of debridement⁽²⁹⁾, a fact that deserves discussion, given the different approaches on the subject in the opinions issued by Regional Councils in different states of Brazil⁽³¹⁾.

Aesthetics

Although the aesthetics subarea is on the rise, only one publication was selected that addresses the competencies of Nurses in Aesthetic Dermatology⁽²⁶⁾, which reveals the scarcity of publications on the subject⁽³⁷⁾.

The role of nurses in this area was regulated by Resolution COFEN 529/2016, attributing to post-graduate professionals in *lato sensu* aesthetics in a course approved by the Ministry of Education and Culture (MEC), with at least 100 hours of practical classes, the performance of procedures of greater technical complexity⁽³⁶⁾. This Resolution was partially suspended due to injunctions⁽³⁷⁾. Subsequently, COFEN Resolution 626/2020 approved the standardization of the performance of qualified nurses in this area, being able to perform procedures such as dermopigmentation, vacuotherapy, electrotherapy/electrothermophototherapy, combined ultrasound and micro-current therapy, carboxytherapy, cosmetic and cosmeceutical procedures, lymphatic drainage and cavitational ultrasound⁽³⁸⁾. Despite the emphasis on technical procedures, it is emphasized that aesthetics is directly related to image disorders, eating disorders, self-mutilation, and depression⁽³⁷⁾, a fact that highlights the need to privilege professional attention in addition to technical procedures.

In addition, it is considered that although, historically, aesthetics is considered a sub-area of Dermatology, COFEN Resolutions 529/2016 and 626/2020 mention the nurse in aesthetics without establishing a link or prerequisite with the area of Dermatology^(38,39). Given the above and the precariousness of studies in this area, the need to create interest groups stands out, aiming to conduct research, exchange experiences, and organize scientific meetings to disseminate knowledge and develop skills.

CONCLUSION

The study achieved the proposed objective by mapping the competencies of specialist nurses in Dermatology in different healthcare settings. Given the vast possibility for nurses to act in this area and considering Resolution 581/2018 of the Federal Nursing Council, which considers wounds, burns, and podiatry as areas of activity, there is a gap in knowledge and a need to expand the discussion and research on the subject. In this sense, attention is drawn to meeting the real needs of the population, considering the epidemiological, regional, and cultural characteristics, in addition to the need for permanent updating and improvement.

CONFLICT OF INTERESTS

The authors have declared that there is no conflict of interests.

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