

Imperial College London

SCHOOL OF MEDICINE

DERMATOLOGY ATTACHMENT

SKILLS & ATTENDANCE LOGBOOK

NAME: _____

SITE: _____

START DATE: _____

Introductory notes for students

Attendance

- As part of this module you will be required to attend both structured and clinical teaching sessions.
- To complete the module successfully you are required to attend plenary sessions, attend a minimum of 6 clinics, give an end of firm presentation and attempt the MCQ exam. There will also be topic based tutorials and other opportunities depending on your allocated site which you are strongly encouraged to make the most of.
- Please ask the supervising doctor to sign you up for the clinical sessions attended and other activities as specified in this logbook, including the end of attachment sign up.

Clinical skills

- A list of clinical skills in dermatology is given in this logbook.
- For some skills it is important that you practice each skill several times until you feel confident. At this stage ask a clinical supervisor to assess your performance in an appropriate setting and to sign the logbook accordingly.
- If your performance is unsatisfactory then you should arrange for a repeat assessment later in the module
- It is your responsibility to arrange for assessments

AIMS

This is a six week course in Musculoskeletal / Dermatology. The aims of the Dermatology part of the course are to:

- Provide a comprehensive introduction into the specialty of Dermatology
- Enable you to recognise and treat the majority of common dermatological complaints.
- Enable you to assess patients with skin diseases and accurately describe findings.

Students are also directed to the British Association of Dermatologists recommendations for a core curriculum in dermatology at www.bad.org.uk/healthcare/undergraduate_education/

OBJECTIVES

As a result of being on this course, students should be able to:

- Demonstrate ability to take a dermatological history and describe cutaneous physical signs.
- Have knowledge of common skin diseases including their management.
- Recognise the important cutaneous signs of systemic disease and adverse reactions to drugs.
- Understand the principles of dermatological treatment.
- Undertake relevant procedural skills eg skin scrape for mycology, swab for bacteriology, basic suturing.
- Appreciate the impact of skin diseases on patients and their families.

Core Curriculum for Dermatology

- Plenary sessions (1st Wednesday morning of the attachment)
- Work with consultants and registrars in outpatient clinics (minimum 6 clinics), on the wards and in theatre.
- Observation of patients having day-care and phototherapy.
- Observation of practical procedures such as skin biopsy, cryosurgery and wound care.
- Keeping a record of the conditions and treatments seen in dermatology log book.
- Personal reading and access to on site medical libraries.
- Use the dermatology e-learning resource via e-learning for health website.
- Topic preparation and presentation (last Wednesday morning of the attachment).
- Formative assessment with feedback at the end of attachment (last Friday morning of the attachment).

Knowledge

Below are the most important or common conditions which students should see and learn about during the attachment.

- Benign and malignant skin tumours - epidermal cyst, seborrhoeic keratosis, dermatofibroma, actinic keratosis, Bowen's disease, BCC, SCC, melanocytic naevi and malignant melanoma
- Dermatological emergencies - toxic epidermal necrolysis, erythema multiforme, Stevens-Johnson syndrome, eczema herpeticum, cellulitis, necrotizing fasciitis.
- Eczema (atopic, discoid, varicose, asteatotic, contact, seborrhoeic)
- Psoriasis
- Acne
- Urticaria
- Leg ulcers
- Bacterial infections – cellulitis, impetigo, folliculitis
- Viral infections – warts, herpes simplex and zoster, molluscum contagiosum
- Fungal infections – tinea, candida and pityriasis versicolor
- Infestations – scabies, lice, insect bites
- Cutaneous manifestations of systemic disease including gastrointestinal, endocrine and rheumatological disease eg generalised pruritus, vasculitis, pyoderma gangrenosum, erythema nodosum
- Drug eruptions
- Introduction to dermatological therapy: students should have knowledge and understanding of the topical, systemic, phototherapy and surgical treatments used in common dermatological conditions.

Recommended Reading

The Dermatology departments have copies of suitable texts in their libraries. It may be best to look through these before deciding on which text to buy.

- Gawkrodger DJ: Dermatology – An illustrated colour text. 4th ed. Churchill Livingstone; 2007.
- Ashton R, Leppard B: Differential diagnosis in Dermatology. 3rd ed. Radcliffe publishing; 2005.
- Buxton PK: ABC of dermatology. 4th ed. BMJ books; 2003

Most textbooks of medicine also have good chapters on dermatology.

Additional reading

Colour Atlases:

- DuVivier A. Atlas of dermatology. 3rd ed. Churchill livingstone; 2002

Reference texts

- Bologna JL, Jurizzo JL, Rapinin RP. Dermatology. 3rd ed. Mosby; 2010.

1. Topic based tutorials at site hospitals

Title	Date	Leader signature	Learning points
1. History and examination. Terminology, Acne.			1. 2. 3.
2. Skin lesions and tumours (benign and malignant).			1. 2. 3.
3. Itchy rashes (eczema, urticaria) and approach to an itchy patient.			1. 2. 3.
4. Psoriasis			1. 2. 3.
5. Skin infections (bacterial, viral, fungal and infestation)			1. 2. 3.
6. Dermatological emergencies			1. 2. 3.

2. Clinics

Nature of session	Date	Supervisor	Signature	Notes: Conditions seen, Learning points (at least 3)
Clinic 1 General				
Clinic 2 General				
Clinic 3 General				
Clinic 4 General				
Clinic 5 General				
Clinic 6 General				
Skin surgery				

3. Other clinical activities

Nature of session	Date	Supervisor signature	Learning points
Suturing			1. 2. 3.
Attendance at skin cancer MDT			1. 2. 3.
Attendance on a ward round or ward consult			1. 2. 3.

4. Clinical / Procedural Skills

Skill	Date assessed as competent	Signed	Print Name
Skin swab			
Skin scrape			
Basic suturing			
Explanation to patient how to use topical steroid and emollient			

5. History taking/examination in clinic Presentation 1. Score sheet

Student name Date.....

Presentation of history	A	B	C	D	E
Communication skills	A	B	C	D	E
Examination skills and identification of correct physical signs	A	B	C	D	E
Differential diagnosis and formulation of management plan	A	B	C	D	E

Overall Grade

A **B** **C** **D** **E**
Excellent **Very Good** **Clear Pass** **Marginal fail** **Clear fail**

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Please state reasons if D or E is scored

Please state the remedial work that needs to be done for a passing grade to be achieved

**Examiner
Signed**

History taking/examination in clinic Presentation 2. Score sheet

Student name Date.....

	A	B	C	D	E
Presentation of history					
	A	B	C	D	E
Communication skills					
	A	B	C	D	E
Examination skills and identification of correct physical signs					
	A	B	C	D	E
Differential diagnosis and formulation of management plan					

Overall Grade

A **B** **C** **D** **E**
Excellent **Very Good** **Clear Pass** **Marginal fail** **Clear fail**

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Please state reasons if D or E is scored

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Please state the remedial work that needs to be done for a passing grade to be achieved

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Examiner
Signed

Case or Topic Presentation Score sheet (Last Wednesday of attachment)

Student name **Title/Date**.....

Presentation of case history: content/delivery	A	B	C	D	E
Discussion of point of interest arising from case: content/delivery	A	B	C	D	E
Slide quality: content/ pictures/ layout/ clarity/ appropriate referencing medical literature	A	B	C	D	E
General discussions / answering questions	A	B	C	D	E

Overall Grade

A	B	C	D	E
Excellent	Very Good	Clear Pass	Marginal fail	Clear fail

Comment / feedback on case presentation

If score of D/E please state why and indicate what remedial work needs to be done for a passing grade to be achieved

**Examiner
Signed**

c. End of attachment assessment

DERMATOLOGY		
Satisfactory attendance (>6 clinics)	Yes	No
Topic presentation	Yes	No
	Date	Mark
MCQ	Yes	No
	Date	Mark

Module completed to satisfactory standard?		Yes	No
Signed	Name	Date	
<i>Comments:</i>			
<i>If no, specify recommendations for repeating module:</i>			
<i>Specific components that require repeating are:</i>			

Anchor statements for history taking/examination presentations

	Grade E Very weak – Fail	Grade D Weak – Fail	Grade C Satisfactory	Grade B Good	Grade A Excellent
Presentation of history	History deficient in content with major omissions. Presentation requires assessor to ask for further basic information to understand the patient's problem.	History not presented in a systematic fashion and student has covered the presenting problem in a superficial way without considering other important aspects of the history	History presented in systematic fashion with no major omissions. Assessor gains basic understanding of patient's presentation.	History covered in a systematic fashion also taking into account patient social and psychological factors. Students can assess impact of diseases on patient's life.	History covered in detail taking into account psychosocial factors and stating important negative findings. Able to collate information in logical and fluent manner requiring assessor to ask few or no further questions.
Communication skills	Poor listening, muddled thinking and questioning, marked insensitivity to patient concerns.	Insensitivity to patient concerns, little use of active listening. Frequent use of jargon.	Some lack of awareness of patient emotions. Does not always respond to verbal/non verbal cues. Occasional use of jargon.	Communication structured and demonstrates satisfactory listening. May lack a little clarity however, Rare use of jargon.	Clear, flexible communication with demonstration of active listening and avoiding jargon.
Examination skills and identification of correct physical signs	Examine badly and unsystematically. Causes patient distress and is insensitive to it. Misses or invents clinical signs.	Examines inadequately either by omission or lack of structure. May be overconfident and poor rapport.	Systematic examination with some important omissions. Demonstrates some clinical skills. Unconfident with patient rapport.	Systematic examination with reasonable confidence identifies most of the physical signs. Demonstrates majority of clinical skills correctly. Adequate rapport.	Thorough and systematic examination. Comprehensive and appropriate clinical skills. Appropriately confident. Good rapport with patient.
Differential diagnosis and formulation of management plan	Unable to appreciate significance of symptoms in reaching a differential diagnosis. Cannot offer a diagnosis or suggest simple tests and management.	Incorrect formulation of differential diagnosis. Muddled thinking and poor diagnostic abilities. Offers some correct management.	Nearly correct or reasonable in formulation of differential diagnosis. Suggests majority of correct management.	Near comprehensive list in differential diagnosis. Correct initial management.	Excellent diagnosis list and ability to discuss clinical issues, identifies immediate and future management plan correctly.

Notes:

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IF FOUND, PLEASE CALL 020 3315 7832. THANK YOU.