



Dermatology in Primary Care

Tutor's Guide 2020-21

UCL Medical School
Community-Based Teaching

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1 Useful Information

1.1 Contact Details

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2 Welcome and introduction

As part of their six-week Women's Health with Dermatology module, students spend a half-day with a GP tutor learning about Dermatology in Primary Care and one full day in a centrally run online workshop.

This tutors' guide focuses on the practice-based teaching session. Teaching is in **protected time** and is usually with groups of 4-10 students. We have added some key tips and comments about points we consider very important, they are highlighted by the use of a symbol before the comment. You can also find additional useful information about Dermatology teaching on our [website](#).

In addition to this guide, we produced a separate basic general guide to teaching skills called "Teaching tips for tutors", which is available on our [website](#) for GP tutors.

A note on clinical teaching during Covid

In line with guidance from [Medical Schools Council and Health Education England](#) medical students will be returning to clinical placements at the beginning of September 2020. Medical students have now been designated as essential workers and their return to studies is being planned with patient and student safety as priorities.

For the majority of medical school teaching, recommendations have been made to deliver this online. The dermatology in primary care placements and workshops have thus been planned in a remote format potentially for the entire of academic year 2020/21. All GP dermatology teaching have been delivered online during the final term of the 2019/2020 academic year. Whilst not the same experience as an in practice placements, students have greatly valued the delivery of online placements. Both tutors and students have adapted rapidly and created valuable learning opportunities despite challenging circumstances. For example GP tutors used PowerPoint presentations to facilitate group discussion, role play scenarios and in some cases patients were invited to join the session remotely.

The sessions will be held via the online platform Blackboard Collaborate. There are various functions available on this such as audio, video, chat box, an interactive whiteboard and the ability to run polls. There is training available through the department on how to use this platform.

Clinical teaching opportunities will change in response to Covid. We hope that students will be encouraged to take histories remotely and to undertake any clinical examinations which can be gained online e.g. pulse, photographs of rashes etc.

Where clinical placements are being run face to face the medical school has introduced the concept of "student bubbles" which means students will be kept together in pre-designated work groups throughout the year.


Students will inevitably get less face to face patient experience in all settings as a result of Covid, but much of what students learn is from spending time with clinicians picking up the clinical process and being exposed to the clinical environment. We know that general practice is an ideal setting for such learning for students to gain this valuable experience. Clinical medicine will inevitably be different even once Covid has gone away and there is a really valuable learning opportunity here to think how we may be learning and practising medicine in the future.

We are very grateful to you for agreeing to teach on the Dermatology in Primary Care Course. We hope you will find this guide useful in making this teaching a rewarding experience for you and your students. If you have any suggestions about this guide, please contact pcphmeded@ucl.ac.uk.

1.2 Overall structure of Year 5

Year 5 (The Life Cycle) begins with a 1 week attachment, "Introduction & Orientation Module including Introduction to Foundation School Applications & Electives". The year is then divided into three 13-week modules, with a core teaching week and two six-week blocks, with a focus on integrated clinical care.

An important point is that students' ability will depend on how far the year has progressed and how much of their hospital based attachment they have completed. In September students will have little experience except that of general medicine and general surgery, but as the year progresses, they will have completed other blocks many of which have a general practice component.

 **KEY TIP:** Students' experience and knowledge will vary depending upon their position during the Year 5 course. It is always worthwhile, therefore, discussing with the students where they are in the year and what firms they have already done. It may not be safe to assume that having done a firm they are competent in specific tasks, so it might be a good idea to ask them and check in your sessions. Students may discuss particular learning needs with you which you may or may not feel are appropriate to cover during their placement.

Spiral learning – checking and then building on students' knowledge and skills. Learning during a placement is much more meaningful for students if they can relate this to previous learning and experience. This might, for example, involve discussing with students existing knowledge about history and examination, then extending this knowledge to include e.g. more detail about aspects of Hx and Ex; psycho-social aspects; or management.

1.3 General aims of the Dermatology in primary care course

Primary care placements have been recently introduced in Dermatology and have been highly valued by students.

? THINK POINT: What do you think a Primary Care placement in Dermatology has to offer the medical student?

In one word - Perspective

In hospital, patients usually have rarer, more extreme and disabling illnesses which slant students' experiences. It is also useful for them to see the full spectrum of severity from normality through ranges of abnormality. Many dermatological conditions are managed primarily in primary care. We hope that students will see the commoner conditions and meet patients managing with chronic conditions and those requiring less intensive treatments. General Practice is the first point of contact for many patients, and so can demonstrate to students patients' real concerns. We also hope that there is an opportunity to address the psychological impact of Dermatological conditions on the patient and their family.

Aims:

- To provide the opportunity for students to see and learn about common skin problems in primary care
- To practise core clinical skills in dermatological history taking and examination.

Contents of the Dermatology in Primary Care Curriculum - What is best taught in primary care?

- Burden of skin disease (personal/public)
- Chronic mild conditions (especially infective/inflammatory)
- Psychosomatic aspects of dermatology
- Therapeutic aspects of dermatology

What should tutors teach in primary care?

- History and examination
- Use of descriptive terminology
- Eczema
- Psoriasis
- Acne
- Leg ulceration
- Principles of therapeutics (Holistic approach to management in adults and children)
- Principles of skin care and Rx)

1.4 Course Content

The scope of these sessions is enormous. However, students should know how to take a history, examine and describe patients with skin disease using appropriate dermatological terms. One would expect an undergraduate to cover the following areas:

History

<p>Skin Specific:</p> <ul style="list-style-type: none"> • Site of onset and progression • Time since onset of the rash • Duration of individual lesions • Relationship to physical agents • Exacerbating and relieving factors • Itching or pain • Size or colour change in pigmented lesions 	<p>General:</p> <ul style="list-style-type: none"> • Past history (include history of atopic symptoms, skin disease, skin malignancy) • Occupational/ hobbies and history of sun-exposure • Family History (atopy, malignancy) • Social History • Previous Treatment (for skin or other disease, prescribed or OTC) • Skin care: baths or showers, types of soap/ moisturiser used. • Psychological factors: Stress makes condition worse
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Dermatological Examination

It is important to look **and** feel. The skin should be considered as a whole organ, therefore need to see **all the skin**. During examination consider the following:

1. Site and distribution of rash	<ul style="list-style-type: none"> • Symmetrical • Asymmetrical • Sun exposed • Discrete • Unilateral • Generalised • Disseminated • Grouped • Annular • Linear • Reticulate
2. Colour of lesion or rash	
3. Types of lesions	<p>Primary</p> <ul style="list-style-type: none"> • Macule • Papule • Nodule • Plaque

	<ul style="list-style-type: none"> • Vesicle • Bulla • Pustule <p>Secondary</p> <ul style="list-style-type: none"> • Erosion • Ulcer • Atrophy
4. Border of lesion or rash	
5. Surface features	<ul style="list-style-type: none"> • Normal / smooth • Scaly • Keratin / Horn • Exudate • Friable • Crust • Warty/papillomatous • Excoriation • Lichenification • Umbilicated
6. Other sites which may be affected	e.g. eyes, scalp, nails, mucous membranes, lymph nodes, joints

Investigations

Students will be taught about biopsy techniques and patch testing within the hospital component of their teaching. They should know how and when to use a Woods light, and take skin scrapings. (Tip for use of Woods light- depigmented lesions -> more obvious but hypo-pigmented lesions disappears.)

Descriptive Terminology:

Some problems:

- 1) Description does not always lead to diagnosis.
- 2) Pattern recognition is important but often diseases have atypical patterns.
- 3) Diagnostic terms are often just descriptive (e.g. Pityriasis rosea)
- 4) Descriptive terms may be incorrect (e.g. tinea versicolor is not a tinea but a yeast infection.)

And some helpful contrasts:

Epidermal lesions cause scaling of the surface

Dermal lesions have a smooth surface

Different “degrees” of the same lesion have different names:

Papule (small) → Nodule (large)

Vesicle (small) → Bulla (large)

Excoriation → Erosion → Ulcer

Melanocytic lesions: Brown lesions are more superficial, Blue ones melanocytes are deeper in dermis.

Therapeutics

Students should have a grasp of the principles of skin care & hand care and therapeutics (and be able to give advice to patients).

They should know what the objectives of treatment in various conditions are i.e. to cure or contain (thus requiring a long-term management plan).

Regarding emollient usage: they should know bases and preservatives can be sensitisers and irritants

They should also know the difference between and reasons for using:

- Lotions (easily absorbed. Good for large areas)
- Gels (good for scalps)
- Creams (for weepy conditions)
- Ointments (for dry conditions)
- Pastes (maximal drying effect and easier to apply to a specific area)

Topical corticosteroids

Students should know the relative strengths, indications, cautions, contraindications, side effects and dose of topical steroids of different potencies:

Potency	Generic	Brand name
Mild	Hydrocortisone 1%	Hydrocortisone (non-proprietary)
Moderately Potent	Clobetasone butyrate 0.05%	Eumovate
Potent	Betamethasone valerate 0.1%	Betnovate
Very Potent	Clobetasol propionate 0.05%	Dermovate

It is suggested the GP tutors keep a box of assorted skin preparations for students to see and feel.

Contra-indications to topical steroids are : Cautions in use of topical steroids relate to:

- Infection
- Acne
- Rosacea
- Peri-oral dermatitis
- Ulcerative conditions
- Widespread plaque psoriasis
- Age
- Site (flexures, inner thighs, face)
- Prolonged use
- Psoriasis in general

Students should be aware of factors which affect compliance with treatment e.g.:

- Inadequate explanation of reason and/or method of use
- Time/effort required in application
- Side effects (e.g. stinging, smell, stains to skin or clothes)
- Delayed (or absent) effect
- Realistic understanding of goal of treatment
- Lay ideas about drugs, especially steroids

Common conditions in Primary Care to cover:

1. Eczema

Students should

- a) Have an understanding of the aetiology, pathogenesis and classification of eczema
- b) Be able to recognise and describe the different patterns of eczema
- c) Be able to take a relevant history and perform an examination of a patient with eczema
- d) Have an understanding of the psycho-social impact of eczema
- e) Have an understanding of topical and systemic therapies used in the management of eczema

Classification of eczema

Endogenous eczema	Exogenous eczema	Unclassified
Atopic eczema Seborrhoeic eczema Discoid eczema Venous stasis/gravitational eczema Cheiropompholyx	Irritant contact eczema Allergic contact eczema Photosensitive eczema	Asteatotic eczema Lichen simplex Juvenile plantar dermatosis

Pathogenesis

Endogenous eczema is caused by a combination of genetic and environmental factors.
Exogenous eczema is always caused by an external agent.

Histology

Students should be able to describe and recognise the classical histological features of:

- Acute eczema: spongiosis, epidermal vesicles, dermal and epidermal inflammatory cell infiltrates
- Chronic eczema: hyperkeratosis, acanthosis, dermal inflammatory cell infiltrates

Students will be expected to recognise:

- The different patterns/types of eczema (as above)
- The typical distribution patterns of atopic eczema, and their variation with patient age.
- The difference in morphology between acute and chronic eczema (NB lichenification)
- Erythrodermic eczema
- The distribution clues for contact eczema

Students will also have a knowledge of

- Irritants and environmental factors which may exacerbate eczema
- Common complications of atopic eczema: secondary infection with *Staphylococcus aureus*, disseminated HSV and molluscum contagiosum

Treatments

Students should understand when to use creams (wet, weepy lesions) and when to use ointments (dry lichenified lesions)

Students should be aware of the following medications, instructions which should be given to patients and side-effects

Topical	Systemic	Phototherapy
Emollients (moisturisers) Corticosteroids Tacrolimus Tar Bandages and wet wraps	Azathioprine Cyclosporine	TLO1 (narrow band UVB) PUVA

2. Psoriasis

Students should

- a) Have an understanding of the aetiology and pathogenesis of psoriasis
- b) Be able to recognise and describe the many presentations of psoriasis and associated nail and joint disease
- c) Be able to take a relevant history and perform an examination of a patient with psoriasis
- d) Have an understanding of the psycho-social impact of psoriasis
- e) Have an understanding of topical treatments, phototherapy and systemic therapies used in the management of psoriasis

Pathogenesis

Psoriasis is caused by a combination of genetic and environmental factors

Histology

Students should be able to describe and recognise the classical histological features of psoriasis:

- Parakeratosis
- Psoriasiform hyperplasia
- Dilatation of dermal vasculature
- Early and late inflammatory cell infiltrates

Clinical forms of psoriasis

Students will be expected to recognise the more common forms of psoriasis

- Chronic plaque psoriasis
- Guttate psoriasis
- Flexural psoriasis
- Palmar plantar pustular psoriasis
- Generalised Pustular psoriasis
- Erythrodermic psoriasis

They will also have knowledge of the nail and joint changes associated with psoriasis

Exacerbating factors

- Students will also have a knowledge of drugs and environmental factors which may exacerbate psoriasis

Treatments

Students should be aware of the following anti-psoriatic medications, instructions that should be given to patients and side-effects (staining, burning, unpleasant smell)

Topical

- Vitamin D analogues
- Vitamin A derivatives
- Tar
- Dithranol
- Topical steroids
- Salicylic acid
- Emollients

Phototherapy and systemic therapies

These will be dealt with in detail in the hospital teaching.

3. Acne

A chronic inflammation of the pilosebaceous unit - increased androgen sensitivity of pilosebaceous unit and increased sebum excretion, pilosebaceous duct hyperkeratosis, colonization of duct with P acnes, inflammation.

It is useful for students to be able to break acne up into types and grades- this affects type of treatment used.

Type of acne	Appearance	Management
Mild	comedonal (black and white heads) or papular	topical benzoyl peroxide and/or retinoids
Moderate	papulo-pustular	topical antibiotic/ retinoid or antibiotic/ benzoyl peroxide combinations or oral antibiotics plus topical benzoyl peroxide
Severe	nodulocystic or scarring	requires referral and probably oral roaccutane (expensive, main risks are teratogenicity, depression and abnormalities of liver function and lipids- but very cost effective

4. Leg ulceration

Students should know the causes of leg ulceration:

- Venous}
- Arterial} and the role of Doppler in distinguishing between the two
- Neuropathic
- Diabetic
- Vasculitic
- Haemoglobinopathies (sickle cell)
- Tumours (SCC in chronic ulcers AND if any ulcer fails to heal it may be a skin malignancy)

In primary care, tutors should concentrate on venous ulceration & students should know:

- The cause:
 - venous hypertension and failure of calf muscle pump
- The features:
 - Site (in the gaiter area)
 - the presence of lipodermatosclerosis (usually diffuse around calf and tapered at ankle)
 - Atrophie blanche
 - Oedema/dermatitis

- The incidence and its impact.
 - prevalence = 1-4/1000 = 15-25/1000 in over 85s
 - cost c£600m annually i.e. £6.73 per capita annually
- The importance of infection
 - that pain, pyrexia and rapid increase in size indicates infection and that swabs are only indicated in clinical change in the condition of the ulcer.
- The role of Doppler
 - to distinguish between venous and arterial ulcers. That a ratio < 0.8 of ankle systolic/radial systolic (ABPI) mean that compression is contra-indicated
 - that Doppler in diabetics and those with calcified vessels can be unreliable (i.e. artificially elevated)
- The treatment of leg ulceration
 - concepts of graduated compression bandaging
 - role of elevation
 - types of dressing and their aims e.g.
 - to contain exudate
 - to reduce pain
 - to reduce odour (in some cases)
 - to promote re-epithelialisation
 - to protect surrounding skin
 - role of skin grafting and venous surgery
 - problems of dermatitis - often requires hospital intervention

↪ **KEY TIP:** Complement and contrast their hospital experience, but do not attempt to cover everything, it is not possible within the time constraints of this placement.

1.5 Workshop content

In addition to the practice-based placement, in 2019-20 students spend one day in a campus-based workshop on a Thursday (following the practice-based placement). The workshop covers the following topics:

Station 1: Describing skin lesions
Station 2: Acne and the psychological impact of skin conditions
Station 3: Alopecia
Station 4: Psoriasis
Station 5: Eczema

Station 6: Common benign skin conditions
Station 7: Bacterial skin infections and leg ulcers
Station 8: Skin manifestations of systemic disease
Station 9: Urticaria
Station 10: Viral and fungal infections of the skin

1.6 Your role in student assessment

GP Tutors play an important role in student assessment. Working with the students in a small group can allow you to develop an accurate opinion on their skills, knowledge and attitude and enables you to give them useful information and feedback about their performance.

Verbal feedback – In feedback you should try to identify specific things that the student could do to improve. Remember to talk about the behaviour, not the person. You should try to be as specific and detailed as possible, and avoid generalisations.

You should discuss your overall grade and comments with the student. They rarely get this opportunity from someone who has been able to observe them so closely and receiving constructive feedback is a really valuable aspect of the placement.

Portfolios – signing off – students use e-portfolios to record their learning and achievements. Please review this with students and sign and date where appropriate, their Procedures Card. Some students may ask you to complete In-placement Multi-Source Feedback form.

All of us learn differently. Honey and Mumford categorise learners into ‘activist’ who classically enjoy discussion and participation in activities; reflectors who appreciate preparation for sessions, reading and learning through observation; pragmatists who like to understand the utility of tasks before engaging in learning; and theorists who like to understand the theoretical underpinnings and evidence forms and types for particular topics. You might like to consider both how you prefer to learn (and how this might shape your own preferred teaching styles) and the learning styles of students within the group to provide a suitable variety of teaching activities.



Educational opportunity: Remind yourselves on the rules of good feedback by referring to the companion guide “Teaching tips for tutors”. Remember that we all require a ratio of about 5 to 1 positive to negative comments in order to feel that feedback has been ‘balanced’.

Learning is much more meaningful if motivated by the learner’s own insights – allowing the learner space to discuss and develop insight into their achievements and areas of

challenge, therefore, can be very helpful. You can then sensitively supplement any points as seems appropriate for this learner at this time.

1.7 Student examinations and final grades

Assessment in Year 5 comprises of in-course assessments in the form of portfolio requirements, module assessments, and a summative examination at the end of the year.

There are 2 written papers, each lasting 2 hours and consisting of 100 Single best answer questions, each with 5 items.

Written questions are all standard, set by a panel of examiners, and overseen by external examiners from each module, to obtain an overall pass mark.

The Medical School cannot release real questions from our exam bank, but sample questions are available on the school website, and books of questions are available commercially.

1.7.1 ePortfolio: End of placement assessment, signoff for GP placements and Supervised Learning Events

Placements in Core General Practice, will require a Multi-supervisor report (MSR), and placements in Child Health in GP, Women's Health in GP, Mental Health in GP and Dermatology in GP may be asked to provide an MSR for the end of module assessment at the end of the block. These are completed on the student procedures card, which includes instructions to tutors.

For Dermatology in GP tutors are asked to sign the student off as having satisfactorily completed the placement on their student procedures card, which they will present to the tutor.

Tutors may also be asked to complete Supervised Learning Events (SLEs) – formerly called Workplace-based assessments. The individual events are the same as last year except they now have text feedback only. Their generic name has changed however in line with the Foundation portfolio, on which the Undergraduate ePortfolio is based. We would be very grateful if tutors could complete a few SLEs for their students while in practice – they really value the opportunity to get quality feedback from tutors, in a Primary Care environment.

1.7.2 GP tutors and OSCE examinations

We very much encourage GP tutors to take part as OSCE examiners. This helps you to see how the exam works and demonstrates to students that GP teachers are an integral part of the medical school.

If you are interested in being an OSCE examiner please contact: pcphmeded@ucl.ac.uk.

1.8 Student absences and general student concerns

Attendance

Attendance at the general practices is compulsory. Students are told that should exceptional circumstances arise and they are unable to attend a placement they should immediately inform Medical School Administration and the practice, which is expecting them.

We do not usually consider it appropriate for students who are suddenly unwell, or unfit to attend, to inform you of this via another student. If this happens, please let us know by contacting our administrator.

If a student fails to attend without prior warning, please inform the Course Administrator via pcphmeded@ucl.ac.uk as soon as possible.

Concerns about students

If you have any concerns of a pastoral or educational nature about any students, please take a look at the [Medical School's Concern over Professional Behaviour policy](#), and contact pcphmeded@ucl.ac.uk.

1.9 Student safety

Students are provided with the following advice by the medical school:

Whilst out on placements in the community you may visit areas you do not know and experience new situations. It is important that you apply common sense during your placements to minimise any risk of attack so:

- Make sure you are absolutely clear where you are going before you set out and plan your journey to try and avoid any 'risky' areas.
- Always ensure that someone knows where you are going and when to expect you back – especially if you are visiting a patient in their home.
- If you have any concerns try to speak to someone who has been to the place you are visiting to clarify the instructions.
- Do not take shortcuts, stick to main roads and the directions you have been given.
- If travelling on public transport don't wait at deserted stations or stops, and know the times of your trains or buses to avoid waiting. Sit in a compartment with other people or near the driver.
- Be alert. Look confident without appearing arrogant.
- Don't carry valuables or any more money than you need to.
- It is not advisable to wear a personal stereo in an unfamiliar area.
- If you have a mobile phone keep it out of sight as much as possible
- Remember to carry some form of identity — other people are entitled to know you are a genuine medical student, especially if you are visiting a patient at home.

If you experience any form of attack — verbal or physical — or feel threatened at any point during your placement make sure you **inform the practice and the Department of PCPH**. This will protect students in the future and alert the department to possible dangers.

1.10 Medico-legal issues relating to teaching in general practice

The context in which students see patients has been changing in recent years. Expectations on all sides have changed: students expect to be more actively engaged and patients expect more information and exert their right to decline to see students more often. Students have had more tests of competence than their predecessors and have greater experience of primary care. All these factors influence activities such as consent, supervision and delegation. Any advice has to be seen within this changing context and does not replace your own judgements about good practice.

Your Cover

1. You should advise your defence organisation that you teach medical students in the practice as a matter of courtesy at no extra cost to you.
2. Make sure your general insurance is in order

Students

1. Remind students that patient autonomy and expectations in general practice may be different to those observed in hospital
2. Students should wear their medical school name badges at all times in the practice
3. Must be a member of a defence organisation* (cover advice and negligence)
4. Must have Criminal Records Bureau clearance*

We will be asking all students to bring evidence of these to the practice

(*Medical school requirements but data protection precludes us from sharing this information).

Patients

1. Advise patients that students visit the practice with posters, in your practice leaflet etc.
2. Inform patients that a student is currently in the practice ideally with a sign with their name and gender (Miss/Ms/Mr)

Consent

1. **You** must ensure consent is informed (see attached advice from MPS to students)
2. Written consent is required for videoing (pre and post) and should be retained (see Tutor Guides) in the patient record
3. Specific advice on recording the presence of students in the consultation notes is not available. It is certainly advisable if an intimate examination was performed.
4. If initial consent was freely given and informed implied consent for appropriate examinations can be assumed i.e. chest exam for a cough, abdominal exam for vomiting.

Supervision

1. There should be a period of **direct** supervision in the initial stages of a placement to gauge student competence and confidence
2. Clear ground rules should be provided when students are seeing patients alone (and supervision is therefore **indirect**) e.g.
 - Do not go beyond your level of competence
 - Do not give diagnostic information without prior discussion with tutor
 - Do not undertake any intimate examination alone
 - Never let a patient leave the practice without seeing a registered practitioner

Delegation

After assessment and, where appropriate, supervised training clinical tasks can be delegated to students as deemed appropriate (e.g. venepuncture, urinalysis, chasing results etc.)

Medical Protection Society 2003

Consent A Complete Guide for Students

What do you need consent for?

It's often assumed the need for consent is limited to the treatment of patients. In fact, consent extends to all aspects of the relationship between doctor and patient. So the following areas also require consent:

Studying and teaching

Patients need to consent to their involvement in any part of the teaching process. This might include, for example, if you are sitting in on a GP's consultation or using the case study of a particular patient for a dissertation. Consent should be taken at the outset. Ideally, if you are sitting in on a discussion, the patient should be asked **before** you enter the room. If you are already there it makes it more difficult for the patient to say 'no', since they may feel under pressure. Patients should also expect honesty from the relationship – so describe yourself as a '**medical student**' or '**student doctor**' and not, for example, as a 'young doctor', 'colleague' or 'assistant'.

Who can get consent?

It is the responsibility of the doctor giving the treatment or doing the investigation to ensure that consent is valid. They can delegate the process of taking consent, but it is still their responsibility to ensure it was taken properly. If you are asked to take consent you must be certain that you understand the procedure thoroughly enough to do so. For example, you should respond to any questions fully and, of course, they must be answered honestly. If you are unsure of the answers, you should admit this, and find out, rather than try and bluff your way through it.

<https://www.medicalprotection.org/uk/hub/consent>

1.11 Evaluation of the course

We ask the students to evaluate their primary care based placements via a web page at the end of each block of teaching. **Please remind students to complete their feedback questionnaire at the end of your placement.** We will forward information from your students on to you. We hope that you find this information useful in developing your own teaching and welcome any suggestions and comments you have.

Feedback at the end of the GP Dermatology placement includes the following. We ask students to evaluate:

- The placement overall
- Feedback received
- Active participation
- Patients involvement
- What was the most useful part of the sessions?
- Any suggestions for improvement?

We hope that students will be able to enjoy a patient-based teaching programme within the practice, which addresses (where possible) their learning needs and facilitates provision of supportive and relevant feedback from peers and tutors.

2 Planning for Teaching

2.1 Organisation

As mentioned at the beginning of this guide, all students spend one Wednesday morning with a GP tutor learning about dermatology in primary care. Teaching is usually with groups of 4-6 students. Over the course of the academic year, there are a total of 12 half-day placements. We hope that most tutors will opt to teach all twelve half-day sessions, but recognise that not all can make this full commitment. We hope that you commit to at least 5 placements a year if at all possible.

Below are listed the general aims of the Dermatology in primary care placement for students to:

- Gain confidence in taking a history from patients with any kind of skin problem
- Gain confidence in examining the skin
- Learn appropriate use of descriptive dermatological terminology
- Discuss diagnosis and management, and where possible see examples, of common skin problems presenting in general practice
- Meet at least one patient with a chronic skin disease and understand the impact of this on their life.

The system of payments we make to you for teaching is on the understanding that the students are taught in **protected time** i.e. that you are able to devote time to your students rather than to your usual service commitment. It is this teaching in protected time that is one of the hallmarks of teaching in general practice in the fifth year, and one aspect that helps to make the teaching of such generally high quality.

2.2 Planning a teaching session

Planning is an essential ingredient for successful teaching. This sheet is intended as a working document to help you think about and structure **any** teaching or presentation.

Date of session:..... **Start/finish time:**..... **Place:**.....

CONTEXT: Very general, describes the nature and level of the session
(e.g. departmental seminar, clinical teaching)

.....

TITLE:

AIM: To help participants to explore: *(the following ideas)*

.....

.....

OBJECTIVES: By the end of this session participants should be able to:

- 1
- 2
- 3

METHOD:

Length of session:..... **No. of**
participants:.....

Activity	How? Whole group, individuals, pairs, threes	With what? Flip chart, OHP, hand-out, video	How long? Fix times for each activity
1			
2			
3			
4			
5			
6 Summary			

7 Evaluation			
8 Next session			

2.3 Patients as partners

One of the main advantages for students who attend a general practice for their Dermatology teaching is that patients are invited into the practice especially to assist with student teaching. This means that patients may have specific signs or classical histories that will be helpful to their learning

Tips for recruiting patients

You may wish to:

- Develop a database (e.g. start a read-code alert within your practice) of your patients who are willing to assist with teaching, noting their contact details, diagnoses and relevant aspects of history or physical findings.
- Involve all your clinical and reception staff: ask your partners if they know of any suitable patients who would be likely to agree to help; and ask your reception staff to be on the look-out.
- Use the materials in the accompanying 'Practice Patient-Recruitment Pack' (which you should adapt to suit your own circumstances) to help with recruitment, for example, the patient information leaflet: give copies of these to your doctors, nurses and receptionists to hand out.
- Put up a poster in the waiting room.

Remember that you are teaching **with** your patients, and that they may have much to offer your students as a result of their experience of illness.

Finally, remember also that it is important for students to gain experience of what is normal, so if you cannot find a patient with "good signs" for a given system examination, a normal examination is still worth undertaking.

Think about the needs of your teaching patients

- Plan ahead: contact willing patients a few days before the teaching session to arrange when they should come into the practice for the teaching. Do this yourself, or ask a trusted member of your team to be responsible for this. Make use of the confirmation letter in the 'Practice Patient-Recruitment Pack'.
- Where possible recheck with the patient on the day of the teaching. Information in the 'Practice Patient-Recruitment Pack' should be used to forewarn the patient about what to expect, but it is a good idea to outline this to the patient with respect to the system to be examined.
- Don't forget to thank the patient afterwards. It is not usual to pay the patient for attending, although you should reimburse travel costs (this should come out of the administration payment you receive from us).

2.4 Patient recruitment pack

The following pages contain an information letter, a recruitment letter, a confirmation letter, a thank you letter and a poster that you can adapt to the needs of your particular practice and courses you are teaching. These are available electronically - please contact the course administrator if you would like them emailed or sent to you on a disk.

(RECRUITMENT LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

As you may know the doctors at (PRACTICE NAME) are involved in teaching medical students. To do this successfully we rely on the help and support of our patients.

We wonder if you would be willing to take part in helping the students, either at the surgery or in your own home.

Please find enclosed an information sheet that gives more details of what is involved, and if you have any questions please do not hesitate to contact the practice. Please be assured that your medical details will be treated with the same confidentiality as they are by the practice staff.

If you would like to join our list of patients who are available to help with teaching then please complete the enclosed questionnaire and return it to the practice.

Participation is entirely voluntary and your treatment at the practice will continue as normal, whether or not you wish to join the teaching list.

We look forward to hearing from you

Yours sincerely

(XXXXXXXX)

(INFORMATION LETTER)

(PRACTICE HEADER)

MEDICAL STUDENT TEACHING INFORMATION

As you may be aware (PRACTICE NAME) has links with University College London Medical School, UCL.

WHAT IS INVOLVED?

Medical students come to the practice for a number of weeks, during which they spend time with patients learning:

How to listen to and talk with patients about their illnesses: this is called ‘taking a history’ and means understanding your medical story. It includes details of any medical problems, medicines, diseases in the family and other matters such as where you live. This can take up to an hour, but with experience students become much quicker.

How to examine people: individual sessions are spent focusing on how to examine different parts of the body e.g. the heart or the lungs. This does not involve internal examinations and you will not have to remove underwear.

Students will always be supervised by a GP. Sometimes the GP will be present in the room while the students are doing these activities and sometimes they will do them on their own.

The most important thing for the students and doctors is to have people who are prepared to spend time helping the students to practise these skills. There isn’t any other way of doing it!

WHERE WILL THIS HAPPEN?

Sessions with students can take place either in the surgery, at your own home, or both - it is up to you. Sessions are arranged with you each time, so you will not find students turning up unexpectedly.

HOW LONG WILL IT TAKE?

Usually sessions take about half an hour but sometimes may be longer. In the practice there will normally be up to four students present, but you would normally see only one or two.

HOW DO I STOP BEING INVOLVED?

If, at any time, you want to take a break from this teaching, or you want to stop all together, all you need to do is call (CONTACT PERSON) at the practice and let them know. You should also let us know if you experience any difficulties with the teaching.

WHAT HAPPENS NEXT?

If you are interested

If you would like to join the list of patients who are happy to help in the teaching of medical students then please let our receptionists know. We will then contact you to arrange a convenient time for you to see some students.

If you are not interested

If you do not want to be involved at this stage, then please do nothing further.

PLEASE NOTE

We are always grateful to those who volunteer, but we understand that not everyone wants to be involved. Participation is always on a voluntary basis and will not affect your care at the surgery. We welcome your contributions throughout the process.

(PATIENT QUESTIONNAIRE)

MEDICAL STUDENT TEACHING FORM

If you are able to help with medical student teaching at (PRACTICE NAME) please complete the following and return it to us.

TODAY'S DATE.....

NAME.....

AGE.....

ADDRESS.....

TELEPHONE.....

.....

Please tick as appropriate:

1. I am happy to have a history taken (this involves only talking)

2. I am happy to be examined

3. I would prefer to see students: in the practice

OR in my own home

OR either in the practice or at home

4. I would be happy to see students:
once or twice a year

three to five times a year

more than five times a year

5. Teaching takes place on the following days: (DAYS)

Are there any times either that you would prefer, or that you cannot make?

.....

.....

.....

Any other comments:

.....

.....

Please now return this form to the surgery.

Thank you.

(CONFIRMATION LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

Thank you for agreeing to help our medical students.

As discussed they will see you: **On**.....

At.....

The doctor taking the session will be **Dr**.....

Please tell the receptionist you are here to help with teaching when you arrive at the surgery.

If this time is inconvenient please telephone and leave a message with (NAMED CONTACT PERSON).

We look forward to seeing you

Yours sincerely

(XXXXXXXXXX)

(THANK YOU LETTER)

(PRACTICE HEADER)

(DATE)

Dear

Teaching tomorrow's doctors

Thank you very much for your help with teaching the medical students recently.

Not only do the students greatly enjoy their time at the practice, but they also felt they had learnt a great deal. Many thanks for your role in this.

With best wishes

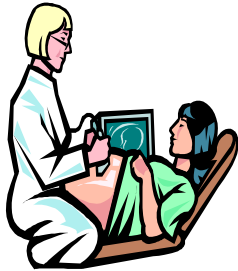
Yours sincerely

(XXXXXXXXXX)

The following page shows an example of the sort of poster some practices place in their waiting room

Name of Practice

Can you help us to train the doctors of the future?



We are a teaching practice for UCL Medical School. Medical students join us at various stages of their training in order to learn about the everyday health problems.

We are looking for patients who would be willing to help us from time to time by talking to students about their medical problems.

Teaching is always supervised by one of the doctors in the practice.

Teaching clinics are run in the following areas (delete as applicable):

- Mental Health
- Dermatology
- Medicine in the Community
- Care of the Older Person

If you think you might be interested in taking part, please let the receptionists know and we will contact you with further details.

2.5 Back up resources

Even with organisation down to fine detail, there may be times when patients are not available. In these circumstances it might be helpful; to have some back up plans. You will find additional useful information about Dermatology teaching on our website:

<http://www.ucl.ac.uk/iehc/research/primary-care-and-population-health/study/mbbs-pc-med-ed/year5/dermatology>

Here are some examples:

1. Discussion about diagnosis and management using pictures of skin conditions e.g. using Dermnetz (see below)
2. Role plays: Develop a few scenarios for the students to play. You can down load these from the web or make them up yourself based on real cases. These need to be planned in advance but once you have done them you can use them again and again. Examples:
 - a) Explain the management plan for eczema to a patient or parent
 - b) Counselling for a patient with acne considering isotretinoin treatment
3. Use patient results (black out name for confidentiality) e.g. histology from a biopsy taken in a minor surgery list, or clinic letters. Ask the student to explain what is wrong, why and a management plan (either to you or to another student in role-play).
4. Have a 'box of tricks' which could contain e.g.
 - a) Creams and ointments – discuss which are appropriate for different conditions and patients. Could students sample?
 - b) Bacterial swab
 - c) Skin scrapings pack and equipment
 - d) Dressings and bandages
 - e) Measure ABPIs with Doppler
 - f) Look at cryotherapy equipment
 - g) Fungal scrapings kit
 - h) Magazines to highlight the psycho-social importance of skin (e.g. in acne for adolescents or anti-aging in the more elderly population).
 - i) Anonymised skin biopsy results
 - j) Plasticine to familiarise students with dermatological terminology and model different types and forms of lesions e.g. macules, papules etc.
5. If you are planning a teaching session for the next week you could ask the students to develop a role on a topic about which they know little. Time the students, giving them only 5 minutes as in the OSCE.
6. Internet resources – see Section 4.2 below.

3 Reference material

3.1 Suggested reading



Students recommended texts are currently as follows:

Title	Author/Editor	Publisher	Year
Dermatology, an illustrated colour text	Gawkrodger	Churchill Livingstone	2002
Clinical Dermatology	Hunter, J, Savin, J. and Dahl, M	Blackwell	2002
Clinical Dermatology	Mackie, RM	Oxford University Press	2003
A Career Companion to Becoming a GP: developing and shaping your career (including a chapter on 'Teaching in general practice').	Hutt, P and Park, S	Radcliffe	2011

3.2 Useful websites



There are several useful Dermatology websites e.g. DermNet NZ at

- ❖ <http://www.dermnetnz.org>
- ❖ <http://www.eczema.org>
- ❖ www.patient.co.uk
- ❖ <http://www.bnf.org>
- ❖ <http://www.clinicalevidence.com>
- ❖ www.cochrane.co.uk
- ❖ www.bad.org.uk (British Association of Dermatologists
- guidelines + patient leaflets)
- ❖ www.dermatlas.net (Good resource for photos)

