



## GP Specialty Training Intended Learning Outcomes from Clinical Placement DERMATOLOGY

*This guideline is for GP Specialty Trainees and Clinical Supervisors during clinical placements, and should accompany the trust job description. The intended learning outcomes should inform the planned clinical experience and training, and should be used as a template for the clinical supervisor's assessment of the trainee's performance at the end of the placement.*

See RCGP curriculum section 15.10

[http://www.rcgp-curriculum.org.uk/PDF/curr\\_15\\_10\\_Skin\\_problems.pdf](http://www.rcgp-curriculum.org.uk/PDF/curr_15_10_Skin_problems.pdf)

The intended learning outcomes relate to three main areas:

- Knowledge (relevant to the placement)
- Practical skills (relevant to the placement)
- Professional competencies (generic GP Curriculum)

### 1. Knowledge-base relevant to the placement

#### 1) SYMPTOMS

Rashes, hair loss, itch/pruritus, pigmented lesions, signs of skin infection, bruising & purpura, lumps, photosensitivity and red face

#### 2) COMMON/IMPORTANT SKIN PROBLEMS

- Eczema, psoriasis, generalised pruritus, urticaria & vasculitis, acne & rosacea, infections, infestations, leg ulcers & lymphoedema, skin tumours (benign & malignant), nail & hair disorders, drug eruptions.
- Less common disorders such as bullous disorders, lichen planus, vitiligo, photosensitivity, pemphigus & pemphigoid, discoid lupus, granuloma annulare and lichen sclerosus.
- Prevalence of common skin problems

#### 3) INVESTIGATIONS

Be able to take mycology specimens from skin, hair & nail; basic interpretation of histology reports; skin biopsy.

#### 4) TREATMENT

- Commonly used treatments in Primary Care, appropriate prescribing and usage, side effects.
- Principles of protective care- sun, occupational, hand.
- Awareness of specialised treatments e.g retinoids, ciclosporin, phototherapy, methotrexate.
- Indications for and skills to perform: curettage, cautery, cryosurgery.
- Dermatological side effects of medicines used to treat other conditions.
- Educating patients to self-manage their skin conditions
- Key National Guidelines e.g NHS Cancer Plan 2000
- Social/psychological impact on health and quality of life, fitness to work, relationships.

### 5) EMERGENCY CARE

Recognition, urgent intervention, acute treatment and appropriate referral as necessary of people presenting with skin problems, including:

Angiodema & anaphylaxis, meningococcal sepsis, disseminated HSV, erythroderma, pustular psoriasis, severe nodulocystic acne, toxic epidermal necrolysis, Stevens-Johnson syndrome, necrotising fasciitis.

### 6) PREVENTION

Sun, fixed factor (genetics), occupation, care of the hands

### 7) GENETICS

How genetic factors influence inheritance of common disease such as psoriasis & atopic eczema.

## 2. Practical Skills relevant to the placement

Biopsy, curettage, cautery, cryosurgery.

## 3. Professional Competencies

### 1. Communication and consultation skills

*This competency is about communication with patients and the use of recognised consultation techniques.*

*Behaviours you may wish to consider: listening well, exploring patients ideas, providing good explanations, checking the patient's understanding, tailoring communication to the patient's needs.*

### 2. Practising holistically

*This competency is about the ability of the doctor to consider physical, psychological, socioeconomic and cultural aspects, taking into account feelings as well as thoughts.*

*Behaviours you may wish to consider: exploring the way in which the problem affects the patient's life, exploring the impact of the problem on the patient's family/carers*

### 3. Data gathering and interpretation

*This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.*

### 4. Making diagnosis/ making decisions

*This competency is about the gathering and use of data for clinical judgement, the choice of examination and investigations and their interpretation. Behaviours you may wish to consider: systematically gathering information, using questions that are appropriately focused, making use of existing information, choosing physical examinations and targeting investigations appropriately, making appropriate inferences from the findings and results.*

### 5. Clinical Management

*This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues*

### 6. Managing medical complexity

*This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking*

<i>advice and engaging in remedial action where personal performance is an issue</i>
<p>7. Primary care administration and IMT  <i>This competency is about the appropriate use of primary care administration systems, effective record-keeping and information technology for the benefit of patient care. Behaviours you may wish to consider: using administrative and computer systems appropriately, keeping good clinical records (timely, coded, sufficiently comprehensive)</i></p>
<p>8. Working with colleagues and in teams  <i>This competency is working effectively with other professionals to ensure patient care, including the sharing of information with colleagues. Behaviours you may wish to consider: being available to colleagues, working cooperatively, sharing information with others involved in the patient's care, using appropriate methods of communication according to the circumstances.</i></p>
<p>9. Community orientation  <i>This competency is about the management of the health and social care of patients in the local community. Behaviours you may wish to consider: identifying important characteristics of the local community that might impact upon patient care, particularly the epidemiological, social, economic and ethnic features, using this understanding to improve patient management, identifying resources in the community, encouraging patients to access available resources, using health care resources effectively e.g. through cost-effective prescribing</i></p>
<p>10. Maintaining performance, learning and teaching  <i>This competency is about maintaining the performance and effective continuing professional development of oneself and others. Behaviours you may wish to consider: the appropriately using evidence-based medicine, keeping up-to-date, identifying and addressing learning needs, participating in audit and significant event reviews, Contributing to the ongoing learning of students and colleagues</i></p>
<p>11. Maintaining an ethical approach to practise  <i>This competency is about practising ethically with integrity and a respect for diversity. Behaviours you may wish to consider: Identifying and discussing ethical issues in clinical practice. Treating patients, colleagues and others fairly and with respect for their beliefs, preferences, dignity and rights. Valuing differences between people and avoiding prejudice.</i></p>
<p>12. Fitness to practise  <i>This competency is about the doctor's awareness of when his/her own performance, conduct or health, or that of others might put patients at risk and the action taken to protect patients. Behaviours you may wish to consider: observing the accepted codes of professional practice, allowing scrutiny and justifying professional behaviour to colleagues, achieving a healthy balance between professional and personal demands, seeking advice and engaging in remedial action where personal performance is an issue</i></p>

## Deanery Guidelines for inclusion in the Trust Job Description

### Clinical Supervision

All GP Specialty Trainees should have a named clinical supervisor, with whom they will meet at the beginning, middle and end of their training placement.

### Training

All GP Specialty Trainees should have a minimum of 10 days / annum of study leave in each of their training years to support the generic GP Specialty Programme training programme, together with 5 further days of study leave for placement in a GP training practice.

Arrangements for release to be negotiated locally with trusts.

### Assessment

All GP Specialty Trainees should collect a minimum data set of evidence about their clinical performance and professional behaviour, and clinical departments are expected to support this process and including recording assessments in the electronic portfolio. At the end of each clinical placement, the clinical supervisor is required to complete a clinical supervisor's report against the intended learning outcomes guideline.

## Educational Supervision

All GP Specialty Trainees will have an educational supervisor, usually based in primary care, whom they will meet at 6 monthly intervals for review of the electronic portfolio documenting progression through the GP training programme.