

Theme of the week learning pack: Dermatology and Rheumatology

This learning pack can be used for local teaching and for individual reading and reflection. Several activities have been designed and they have been mapped to the RCPCH Progress curriculum.

Feel free to use any or all of this pack in your department. If you wish, you can reflect on the learning activity and upload to your e-portfolio linking to the relevant domains.

Comments/feedback to Amutha Anpananthar (TPD).

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1. SHO teaching session: pGALS examination

Activity 1: Clinical examination (45 minutes)

Objectives

- Plan a teaching session on the pGALS examination for early career doctors
- Consider how to make the teaching useful for exams and to help develop their clinical practice
- Revise pGALS examination and pathology that can be identified with this tool

Target Level

- All - level 2 and 3 trainees to plan the teaching session and deliver it to SHOs, foundation doctors or medical students
- Level 3 trainees or consultants to facilitate and feedback

Task:

- Plan a teaching session for early career doctors around the pGALS examination
- You may find the following [video](#) on pGALS examination and the following [article](#) useful for planning the session

Consider the following:

- *When would the pGALS assessment be useful? (Think about when you might use it clinically and whether it is relevant for exams)*
- *What pathology can you identify using pGALS?*
- *What environment would you like for your session? Do you need any special equipment? What size group would work best?*
- *What would you like to take away from the session? Can you think of some learning points for the trainees and the teacher?*

Other resources you might be interested in:

- **Don't forget the Bubbles:** [Child with a limp](#)
- **Don't forget the Bubbles Module:** [The limping child](#)
- **The very best gait descriptions on YouTube:** [myopathic](#), [ataxic](#), [parkinsonian](#), [hemiplegic](#), [choreiform](#), [neuropathic](#)

2. Management of Hypermobility

Activity 2: Communication scenario (45 mins)

Target Levels: 1 - Trainees due to sit MRCPCH Clinicals examination
2 - Registrar to run teaching session and receive feedback

Facilitator: Consultant or Registrar **Role-player:** Registrar

Trainee: SHO (particularly trainee due to sit MRCPCH Clinical exam)

Read the [guidelines](#) on symptomatic hypermobility from the British Society of Rheumatology

Case

You are a paediatric trainee working in an outpatient clinic. You are talking to Sophie, a 14 year old girl. Sophie was initially referred to you with joint pain, joint stiffness and reduced coordination and was diagnosed with hypermobility. She has come back to talk to you today about management of her symptoms.

Instructions for the facilitator:

- Appoint a trainee to play the clinic doctor and another to play Charlie's mother.
- Review the following:
 - Does the trainee introduce themselves and explain their role?
 - Do they explore Sophie's understanding, concerns and expectations?
 - Do they discuss lifestyle recommendations and self management?
 - Do they discuss non-pharmacological methods of pain control?
 - Do they summarise at the end and give an opportunity for Sophie to ask any questions?

Instructions for the trainee:

Please discuss the management of hypermobility with Sophie. *You do not need to take a history.*

Instructions for Sophie:

You don't really understand what the diagnosis means. You initially went to see the doctor because the pain in your legs and shoulders meant it was difficult to enjoy some of the activities your friends take part in. You're very worried this is going to get worse and will impact on the things you want to do. Two months ago, the pain was so bad you had to stay in bed for 3 days and you are really scared of that pain coming back again.

Feedback (15 mins):

- Facilitator and group to provide structured and constructive feedback according to the above checklist

3. Description of skin lesions

Activity 3: Group Activity (30 mins)

Objectives

- Revise the different descriptions of skin lesions
- Consider some common paediatric presentations and their differentials
- Practice describing common paediatric presentations “on the phone” to a colleague to help improve communication with non-paediatric colleagues

Target Level

- All - revision for all levels of how to describe a skin lesion
- Level 3 trainees or consultants to facilitate and feedback

Task:

- Split into groups of 2-3
- Read the following summary of [Skin Lesions](#) from Don'tForgetTheBubbles. You may also want to refer to these definitions of [terminology](#) used in dermatology.
- Take turns describing the skin lesions below - one person should describe a skin lesion to their colleague playing the part of a dermatology registrar. The person playing the dermatology registrar should try and come up with some differential diagnoses from their colleagues description alone (i.e. without looking at the pictures)
- The actual diagnosis is listed on the final page

1.



2.



3.



4.



5.



6.



7.



8.



- *Pictures taken either with patients permission or taken from Don'tForgetTheBubbles [Skin Deep](#) - a project designed to collect a range of high quality images of paediatric skin conditions to improve diversity and aid accurate diagnosis*

Other resources you might be interested in:

- A guide to [examination](#) of the skin

4. Prescribing in dermatology

Activity 4: Online prescribing module - small group or individual learning (45 minutes)

Objectives

- Safe prescribing practices in paediatric dermatology
- Understand the stepwise management of eczema including corticosteroid potency
- Know how to manage dermatology emergencies including drug sensitivity syndrome and Stevens-Johnson Syndrome/Toxic Epidermal Necrolysis
- Understand how to manage common birthmarks
- Learn about the management of congenital dermatological conditions including congenital ichthyosis and epidermolysis bullosa
- Know the treatments available for acne vulgaris and psoriasis

Target Level: All

Ask if your pharmacist can help facilitate the further discussion

Task:

- In small groups or individually, work through the [Script Paediatric Safe Prescribing in Dermatology Module](#)

The module discusses how to manage common skin conditions seen in children of all ages from birth marks and congenital diseases in neonates to acne vulgaris and psoriasis in older children and young adults. It goes into details on prescription and application of topical treatment and covers the causes and management of dermatological emergencies.

Further Discussion (15 minutes)

- Discuss any unexpected answers and review relevant guidelines and useful aides
 - NICE Guidelines: [Atopic Eczema in Under 12s: Diagnosis and Management](#)
 - British Dermatology Nursing Group: [Best practice guides](#) (including photo-protection, eczema, emollient therapy, and itch supplements)
 - [SCORETEN](#) Scale for severity assessment in SJS/TEN
 - British Association of Dermatologists guideline for management of [Alopecia Areata](#)
 - British Association of Dermatologists guideline for management of [Tinea Capitis](#)
 - Cochrane Review: [Topical Treatment for Skin Warts](#)
 - DermNet NZ Information on [Drug Hypersensitivity Syndrome](#)

5. Flipped classroom: Facilitated discussion on the management of acne

Activity 5: Facilitated discussion - small group learning (45 minutes)

Objectives

- Understand the impact acne can have, including on the mental health of the young person
- Understand the treatments available for acne and when they would be considered
- Discuss how to approach more difficult topics of communication including pregnancy prevention when isotretinoin is prescribed in women of childbearing age as well as conversations around mood and self esteem

Target Level

- All
- Facilitator: Consultant or level 3 trainee

Task

Read the following leaflet from the [British Society of Dermatologists](#) on acne and this [meta-review article](#) on acne vulgaris and the risk of depression and anxiety

In groups of 2-3, then as part of a larger group consider the following points:

- When might you consider discussing acne with our patient group? What barriers might there be to young people or to doctors initiating these discussions?
- When might you consider pharmacological treatment and what treatments may or may not be suitable for different groups of patients?
- How can you encourage young people to self advocate about their acne and escalate treatment during flares?
- How can you encourage non-pharmacological aspects of management such as no touching/picking at inflamed skin or adherence to a low GI diet?
- What associations are there between acne and mood disorders?
- Does considering the psychological implications of acne change your practice? Is this something you would consider managing more aggressively in future?

Other Resources

- AcneSupport.org.uk is a really great website you can direct patients to - it gives clear explanations and debunks some common myths

6. Incomplete Kawasaki Disease

Activity 6: Case Discussion (45 mins)

Objectives

- Understand the diagnosis of complete and incomplete and recognise the importance of considering incomplete and atypical Kawasaki Disease
- Understand the treatment of Kawasaki disease
- Consider where errors may occur in a patient pathway and how they can be avoided.

Target Level

- All
- Facilitator: Consultant or level 3 trainee

Task

Read through the following articles on Kawasaki Disease from [Paediatric FOAMed](#) and [Don't Forget the Bubbles](#)

Read through the case below as a group and consider the discussion points.

Haruki is a 6 month old boy who attends A&E with his parents and 3 year old sister. He has a 4 day history of “feeling hot” although his parents do not have a thermometer at home and today has been eating less. He has no past medical history or family history of note.

He is seen by the A&E SHO. He has a temperature of 39.1C but his other observations are normal. He is miserable and has a slightly red throat but has nothing else on examination.

The A&E SHO thinks this is probably tonsillitis but is new to paediatrics and wants to discuss the case with his registrar. Haruki has drunk a bottle in A&E and fallen asleep. His parents are reassured by the doctor's comments, it is late and his father has an early start at work the next day. They decide not to stay to see the registrar, they are given safeguarding advice and allowed to go home.

- *What features of Kawasaki Disease are present in Haruki?*
- *What advice would you give to these parents going home?*
- *What factors may contribute to missed diagnoses in this case?*

Haruki comes back 2 days later with ongoing high fevers. He now has a mildly red lips and tongue, conjunctival erythema and some cervical lymphadenopathy.

He has been brought in by his mother who speaks very little English. His father is currently at work. Haruki is seen by the paediatric SHO and is miserable and very distracting during the history and examination.

- *What features of Kawasaki Disease are present at this stage?*
- *What differential diagnoses may also present like this?*
- *What investigations should you consider?*

The registrar comes to review Haruki. Her bleep goes off a number of times during the consultation and there are several other patients waiting to be seen in A&E who can be heard asking how long it will be through the curtain.

At one point, the registrar is gone for several minutes so the SHO apologises to Haruki's family and goes to find her. With her limited English, Haruki's mum thinks she is being sent home and leaves the department.

When the registrar is informed, she says it's probably fine. It sounded most like a throat infection and if the family have more concerns they can bring him back. She asks the GP to review Haruki in 3 days on his discharge letter from A&E.

- *Do you agree with the registrar's assessment? If not, how would you raise this with her? Would everyone feel comfortable doing this? You may want to refer to the [GMC guidance](#) on raising concerns and patient safety*
- *If you continued to disagree, what other things would you consider? Who else could you discuss the patient's management with?*
- *What features in this case may have impacted the registrar's judgement?*
- *What would your next steps be?*

Haruki is asked to return and is admitted to the paediatric ward. Tests show he has a markedly elevated platelet count, a raised CRP and ESR and mildly deranged LFTs. His echocardiogram is normal and tests to exclude differential diagnoses are negative. He is diagnosed with incomplete Kawasaki Disease and started on immunoglobulin.

Haruki's father wants to know whether the treatment will work and how soon they will see an improvement. He also wants to know why Haruki was sent home from A&E twice when he was obviously unwell and whether that will impact his prognosis. He has also heard about Kawasaki and PIMS in the news and is very concerned Haruki and his family have had COVID.

- *How would you explain the management and prognosis of Kawasaki to Haruki's father?*
- *How would you explain the relationship between Kawasaki Disease and PIMS? You may want to refer to the [RCPCH PIMS information for families page](#).*
- *How would you address his father's concerns about a missed diagnosis and the implications of this on Haruki's long term outcome?*

Other Resources

- American Heart Association [statement](#) on diagnosis, treatment and long term management of Kawasaki Disease

Description of skin lesions : Answers

1. Hand, foot and mouth
2. Shingles
3. Scarlet fever
4. Scabies
5. Henock-Schonlein Purpura
6. Eczema
7. Pityriasis versicolour
8. Urticaria