Professional Diploma in Dermatology Online











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1. General Information

From the patient point of view, the burden of skin disease is high. In the public health document 'Health Profile for England 2017', skin disease was the second highest causes of morbidity between 1990 and 2013, preceded only by back and neck pain1.

The annual prevalence of skin disease in patients presenting to primary care health professionals in England and Wales in 2006 was around 24%. Of these, 6.1% are referred on for specialist advice, which equated to 0.75 million in 20072. This provides useful insight to how important it will be to maintain and improve on the efficiency of dermatology services.

The Professional Diploma in Dermatology is an online program, delivered by the Royal College of Physicians of Ireland in collaboration with iheed. The Programme will emphasize a patient cantered approach to clinical decision making in dermatology. It provides a supportive, richly informative, and accessible educational opportunity for healthcare professionals wishing to upskill or refresh their understanding of how common dermatological conditions present and are managed. The Programme aims to develop clinically focused diagnostic skills through the use of interactive patient cases. It allows for opportunities to practice and develop diagnostic skills in a highly engaging format. It enhances the skills required to identify important clinical features to develop a diagnosis and formulate effective management plans for patients.

The curriculum and content of the Programme is overseen by a Programme Board comprising various stakeholders from the RCPI, iheed and independent experts in dermatology.

Accreditation for the Programme is provided by the Royal College of Physicians of Ireland.

RCPI Programme Lead	Dr Michelle Murphy
iheed Programme Lead	Dr Cathal O'Connor

Programme Board

The Programme Board is responsible for the academic oversight of the program. This function is essential to guide the development of the Program, ensuring that the latest diagnostic techniques and management strategies and evidenced based research are included in the curriculum. The Programme Board is also responsible for quality assurance of the education processes for delivery and assessment of students.

2. Aims and Objectives

This Programme is designed to give healthcare professionals a deeper understanding of dermatological conditions, with a focus on diagnosing and managing common skin diseases, complementing clinical exposure in community or hospital healthcare.

By the end of the Program, participants will be able to:

- Take a focused dermatological history and develop a comprehensive and structured approach to the examination of a patient with a skin concern.
- Identify important clinical features and utilize a systematic approach to developing a diagnosis.
- Describe the pathogenesis of acute and common dermatological presentations to help explain the diagnosis to patients.
- Investigate, conceptualize and solve diagnostic problems integrating the history and clinical features of a wide range of common dermatological conditions.
- Take responsibility for diagnostic and management decisions in clinical dermatology, advising colleagues as to appropriate clinical care using sound scientific principles and best available evidence.
- Identify when a patient presents with a less common condition or presents with features which require special management and onward referral.

3. Entry Criteria

The Programme is aimed at healthcare professionals working in primary care or secondary care and is especially suited to those at the early stages of medical specialisation.

As such, participants should be qualified doctors, physician associates, nurses, midwives, pharmacists, registered with their respective professional body and engaging in medical practice for the duration of the program.

The Programme will be conducted online and solely in English. Participants are required to be proficient in English and to have access to a laptop with a microphone, speakers, webcam, and reasonable broadband coverage.

4. Programme Content and Structure

The Programme is 9 months in duration and will cover a wide range of topics in dermatology over 26 learning weeks.

The Programme will be provided through a delivery model which blends self-directed learning with tutor-led team-based learning.

Throughout the Programme students will engage in:

- Weekly online synchronous tutorials
- Tutor-moderated discussion forums
- Interactive case studies
- Diagnostic decision making
- Reflective exercises
- Online examinations

Some of the benefits of this approach over traditional classroom-based programs are:

- Ongoing monitoring of individual student engagement
- Student: tutor interaction
- Accessibility of content at a time and pace that suits each learner
- Frequent individualized feedback points during each program
- Data analytics to drive Programme improvement.
- Highly scalable, secure, and robust delivery

4.1 High-level Programme Structure

	MODULE 1 (10 ECTS)		MODULE 2 (10 ECTS)		MODULE 3 (10 ECTS)	
DELIVERY STRUCTURE	Block I	Block II	Block III	Block IV	Block V	Block VI
Topics	 Eczema Psoriasis Acne/Rosacea Patient Factors The red face' 	 Itch and Urticaria Blistering skin disease The skin in systemic disease The skin in connective tissue disease 'Red legs' 	 Drug eruptions and emergencies Skin infections and infestations Paediatric dermatology Safeguarding The red all over patient' 	 Oral dermatology Genital dermatology The itchy vulva' 	 Non-pigmented lesions Pigmented lesions Hair and pigment Cosmetic dermatology and the aging face 	 23. Skin and Psyche 24. Human Factors 25. Advanced Therapeutics 26. Dermatological Horizons
Assessment	Video assessment	Examination	Video assessment	Examination	Video Assessment	Examination
Weighting*	formative	100%	20%	80%	20%	80%

WEEK	SECTION	ΤΟΡΙϹ	ENABLED LEARNING OUTCOMES
1	Eczema	Mild-moderate atopic dermatitis Allergic contact dermatitis Seborrheic Dermatitis Eczema herpeticum	 Apply a systematic approach to history-taking and examination of a patient with eczema Describe the pathophysiology of different types of eczema and the role of the skin barrier Recognize the prevalence of eczema and its effect on quality of life Apply current clinical guidelines for the management of patients with eczema Formulate an agreed management plan with the patient
2	Psoriasis	Scalp psoriasis Chronic plaque psoriasis Severe psoriasis (know when to refer)	 Discuss the etiology, clinical presentation, and common patterns of psoriasis Recognize the impact of psoriasis, especially special sites such as genital disease Explain the management approaches for mild-moderate psoriasis and outline the principles of treatment and monitoring of moderate-severe disease Recognize the co-morbidities associated with psoriasis Provide patient education for patients and caregivers as part of the care plan
3	Acne/Rosacea	Young patient with acne Adult patient with severe acne (Recurrence/relapse) Persistent adult acne Adult with rosacea	 Apply a systematic approach to examining a patient with acne or rosacea Describe the pathophysiology of acne and rosacea as it relates to management Recognize the prevalence of acne and rosacea and the psychosocial effects they can have Apply current guidelines for the management of patients with acne and rosacea Recognize when to refer to specialists for further management
4	Patient factors in Dermatology	Recognise and explain how human behaviour, patient involvement and the external environment can influence patient care and clinical outcomes.	 Determine and illustrate by example the key components of person-centred care Analyse the interactions and impact of the patient and family on care processes and care environments Describe how patients can be involved in co-designing and co-producing improvements in patient safety at an individual and organisational level, including benefits and challenges Interpret the key aspects of communication in clinical practice, considering structured communication tools and situational awareness
5	'The red face'	Diagnostic decision making	 Apply a systematic approach to taking a history and examining a patient presenting with a red face Describe the key clinical features which will guide the diagnosis Formulate a diagnosis for a patient presenting with a red face Communicate your findings to the patient and explain the management options Develop an appropriate follow-up plan for the patient

WEEK	SECTION	ТОРІС	ENABLED LEARNING OUTCOMES
6	Itch and Urticaria	Chronic urticaria Itch without evidence of primary skin pathology	 Analyse the possible etiology of a patient with itch Summarize the pertinent points to explore in history in the evaluation of patients with itch or urticaria Outline the pharmacologic and non-pharmacologic treatment options available for itch and urticaria
7	Blistering skin disease	Bullous Pemphigoid Viral eruption Dermatitis Herpetiformis Bullous impetigo	 Be able to recognize the signs and symptoms of a patient with a blistering dermatosis Explain the basic functional biology of the basement membrane in relation to blisters Describe the relevance of the investigations employed in a patient with blistering dermatosis Recognize the treatments available for the following conditions: Bullous Pemphigoid; Pemphigus Vulgaris and Dermatitis Herpetiformis Recognize the appropriate use of long-term steroids and co-prescription with prophylactic osteoprotection
8	The skin in systemic disease	Erythema nodosum Specific e.g. diabetes mellitus, hematological inc amyloid, paraneoplastic	 Analyse and assess cutaneous manifestations of systemic disease Describe the basic workup of patients presenting with evidence of a systemic condition Explain the appropriate referral and follow up for patients with skin complaints as part of a systemic condition
9	The skin in connective tissue disease	SLE Dermatomyositis Vasculitis	 Assess cutaneous manifestations of connective tissue disease Describe the basic workup of patients presenting with evidence of a connective tissue disease Explain the appropriate referral and follow up for patients with skin complaints as part of a connective tissue disease
10	'Red legs'	Diagnostic decision making	 Apply a systematic approach to taking a history and examining a patient presenting with a red leg(s) Describe the key clinical features which will guide the diagnosis Formulate a diagnosis for a patient presenting with a red leg(s) Communicate your findings to the patient and explain the management options Develop an appropriate follow-up plan for the patient

WEEK	SECTION	ΤΟΡΙϹ	ENABLED LEARNING OUTCOMES
11	Drug eruptions and emergencies	Common drug reaction Stevens Johnson syndrome Photosensitive eruption	 Describe the pathophysiology of different drug eruptions and likely timeframes Describe common drug eruptions and management Identify features of more severe drug eruptions which require emergency or specialist care
12	Skin infections and infestations	Bullous impetigo Viral eruption Scabies	 Assess clinical patterns suggestive of skin infections or infestations Explain immunologic reactions to pathogens presenting with cutaneous eruptions Discuss the treatment of common skin infections and infestations
13	Paediatric dermatology	Infantile hemangioma Granuloma annulare Neurofibromatosis type 1	 Evaluate common dermatological presentations in the neonatal and infantile period Describe treatment principles of infantile hemangiomas and when to refer for specialist care Identify when cutaneous presentations may represent a genetic disease with systemic implications
14	Safeguarding in the context of Dermatology	To recognize the role dermatologists play in assessing at children at risk or failing to thrive and vulnerable adults who may be subject to abuse. Child who is failing to thrive Non-accidental injury assessment Disabled adult with scabies/ financial abuse	 Define abuse and neglect and be aware of the various types of abuse Recognize the varied signs of abuse and neglect in both children and vulnerable adults (focus on cutaneous manifestations of non-accidental injury) Assess a child for normal development based on normal developmental milestones and growth charts Recognize the key role of communication and consent to ensure appropriate support for the person at risk Know what action to take if you have concerns Demonstrate the need for a multi-disciplinary approach

WEEK	SECTION	ΤΟΡΙϹ	ENABLED LEARNING OUTCOMES
15	'The red all over patient'	Diagnostic decision making	 Explain the etiology and possible causes of widespread erythema Recognize clinical features to differentiate between different causes of erythema Assessment of clinical status of the patient Describe basic treatment common to all forms of erythroderma and be aware of more specialized treatment specific to the underlying cause
16	Oral dermatology	Recurrent aphthous ulcers Actinic cheilitis	 Develop a systemic approach to history-taking and examination of the oral cavity Recognize oral presentations of common dermatological diseases Formulate a management plan for common oral disorders
17	Genital dermatology	Lichen sclerosus Genital/perianal psoriasis	 Develop a systemic approach to history-taking and examination of the genitals Recognize genital presentations of common dermatological diseases Formulate a management plan for common genital disorders
18	'The itchy vulva'	Diagnostic decision making	 Explain the etiology and possible causes of an itchy vulva Identify normal vulval anatomy and variations Recognize pathological loss of architecture and clinical implications Recognize clinical features to differentiate between different causes of an itchy vulva Describe basic treatment common for vulvar conditions and be aware of more specialized treatment specific to the underlying cause and when to refer

WEEK	SECTION	ΤΟΡΙϹ	ENABLED LEARNING OUTCOMES
19	Non-pigmented lesions	Actinic keratosis Basal cell carcinoma Squamous cell carcinoma	 Describe the pathophysiology of various benign, premalignant, and malignant non-pigmented lesions Identify lesions that require urgent onward referral Identify lesions that are benign and only require reassurance Provide evidence-based sun protection advice to patients
20	Pigmented lesions	Benign melanocytic nevus Pigmented seborrheic keratosis Melanoma	 Describe the pathophysiology of pigmented lesions such as melanocytic nevi Identify patients at higher risk of melanoma Conduct a full skin examination to identify pigmented lesions Identify suspicious features in pigmented lesions that require immediate referral Outline the principles of melanoma screening and follow-up Provide evidence to patients on primary and secondary melanoma prevention
21	Hair and pigment (including vitiligo and melasma)	Alopecia areata Vitiligo Melasma	 Explain the etiology of common forms of alopecia and pigmentary disorders Recognize other conditions associated with hair or pigment disorders Provide initial care to patients presenting with alopecia or pigmentary disorders Identify indications for referral for specialist care
22	Cosmetic dermatology and the aging face	Non-surgical rejuvenation/Botox/ dermal fillers Anti-aging topical therapies Laser/light therapy Approach to the aging face	 Explain the principles of cosmetic/restorative dermatology Identify treatment approaches appropriate at different ages Recognize complications from cosmetic treatments
23	Skin and psyche	To investigate the connections between skin disease and psychosocial factors. To include: • Dermatitis artefacta • Eczema flared by stress • Depression related to psoriasis	 Describe the interactions between skin and psyche Recognize the impact that the burden of disease and burden of treatment can have on patients with common dermatological conditions Describe common skin problems affected by stress or other emotional states Explain those psychological problems that can be caused by disfiguring skin disorders Recognize psychiatric disorders that can manifest themselves via the skin, such as delusional parasitosis

WEEK	SECTION	ΤΟΡΙϹ	ENABLED LEARNING OUTCOMES
24	Human factors in Dermatology	To explore how Human factors understanding and techniques can be used to inform quality improvement in teams and services, support change management, and provide an evidenced and coherent approach to patient safety, quality improvement and clinical excellence. Dermatological safety (prescribing error)	 Define the area of human factors Describe core theories of human factors Apply a human factors approach to understanding and learning from a patient safety incident Determine the measurable impacts of people, environments, tools and tasks on patient outcomes Summarise how culture at work influences team performance and patient outcomes Examine issues of Visual Literacy in the context of Human Factors
25	Advanced therapeutics	To explore old and new approaches to common dermatological conditions with a focus on mechanism of action, indications, safety and efficacy. To include: • Psoriasis • Eczema • Alopecia areata • Vitiligo • Urticaria • Melanoma	 Be aware of conventional and newer therapeutic options for common dermatological conditions such as psoriasis, eczema and alopecia Describe the mechanism of action of these advanced therapeutics and their potential side effects Explain the use of phototherapy and it benefits Recognize the main safety concerns when prescribing Critically appraise a new dermatological therapy
26	Dermatological horizons	To provide a critical approach to evaluation of emerging dermatological diseases and new dermatological treatments and trends using an evidence based approach. To include: • Measles (vaccine misinformation) • COVID • Monkeypox	 Describe the potential dermatologic manifestations of coronavirus disease 2019 (COVID-19) Recognize emerging dermatological diseases (monkeypox, syphilis, tinea incognito) Explain the environmental impact of dermatological treatments and what the future holds Recognize and combat fake news and misinformation in dermatology Be aware of evidence-based sources of dermatological information for both patients and healthcare professionals

5. Teaching and Learning Strategy

The approach to teaching and learning adopted for the Dermatology programme considers a variety of different learning styles and recognises that the participants will be mature learners. It values peer-to-peer learning, the experience from each participant's clinical practice and the sharing of such experiences. Within each topic, the material is presented in a variety of styles, designed to appeal to all types of learners. The Programme will emphasize a patient centred approach to clinical decision making in dermatology.

5.1 Self-directed Problem-Based / Case-Based Learning

Under the guidance of clinical tutors, participants will study online using a combination of practical content and case-based learning. Additional thought-provoking case studies with appropriate reading lists are designed to stimulate reflection of the learning points and how they might be applied to the participant's own practice.

5.2 Simulations

In the final week of each block (set of 3 or 4 related modules) there will be a game-like simulation where learners are introduced to a patient in the 'Dermatology Clinic' and must use their clinical decision-making skills to take a history, conduct necessary examinations and/or tests, in order to diagnose and subsequently manage the patient. The goal of the simulation will be to apply the learning from the preceding modules to correctly diagnose, manage and follow-up the patient. The simulations will be formative initially, but engagement and achievement will be evaluated over the first year to determine if these should become part of the summative assessment.

5.3 Discussion Forums

Participants' knowledge and skills will be enhanced through their contribution to the online discussion forum under the guidance of a group tutor. These discussions are designed to provide a clinical context to help participants apply acquired knowledge and to keep them engaged and motivated throughout the course. These activities will be planned alongside the development of the module content so that key learning points can be enhanced across the learning modalities. It is anticipated that visual imagery will play an important roles in the discussion of dermatology cases.

5.4 Online Tutorials

Tutor-led video conference sessions will be held weekly throughout the course, focusing on topics introduced in the online material and explored in the Discussion Forum. The online tutorial format will vary and may involve discussion around case studies, videos from Key Opinion Leaders and multidisciplinary meetings. These will be facilitated through the online learning environment.

6. Assessment Strategy

As an introductory knowledge-based programme, the focus of assessment will be to ensure acquisition of knowledge and the ability to form differential diagnoses as set out in the learning outcomes.

Participants will be required to successfully complete two types of assessment activities: exams aimed at measuring understanding of knowledge and application of decision-making skills, as well as demonstration of communication and diagnostic skills through multi-media assignments.

The breakdown of the assessment elements for the programme are:

ASSESSMENTS & WEIGHTING	COMMUNICATION SKILLS	EXAM
Module 1	Formative	100%
Module 2	20%	80%
Module 3	20%	80%

Exams: There is a 1-hour online examination per module. Each examination will comprise Single Best Answer (SBAs), Extended Matching Questions (EMQs) and Key Feature Problem questions and will ensure an even coverage of all topics. Questions will be drawn from an extensive pre-approved question bank and randomised for each student, ensuring comparable assessment of topics between students. The examination will be conducted online and supervised by iheed through their remote proctoring solution to ensure appropriate rigour and security procedures are in place to maintain the integrity of the examination process.

Communication Skills: Students will be provided with a scenario and will be asked to engage an actor to play the role of the patient. Using the patient history provided, students will record themselves taking a dermatological history or will demonstrate their communication of a diagnosis to a patient.

To ensure consistency between delivery and assessment, exam processes will be reviewed to the Programme Board's satisfaction to ensure:

- learning objectives are clear and specific, are aligned with teaching activities and the examination question
- candidates receive detailed instructions and guidelines for the examination
- candidates receive a comprehensive marking guide
- there is consistency in grading and among groups/cohorts
- questions have high discrimination scores
- appropriate feedback is provided to students in a timely fashion

6.1 Passing Requirements

The passing requirement for each examination is set through a standard setting process.

No compensation between assessments is allowed.

Students are permitted two attempts at each assessment which consist of a main and repeat attempt.

Students who do not successfully complete an assessment within the permissible number of attempts and who are not afforded concessionary attempts by the Royal College of Physicians will be removed from the program. In such circumstances, re-enrolment on future intakes of the programmes is not permitted.

Upon successful completion of all assessments and ratification of results, students will be awarded a Professional Diploma in Dermatology from the Royal College of Physicians of Ireland.

No interim award will be given for partial completion of the programme.

Professional Diploma in Dermatology (Online) CURRICULUM

7. Programme Exam Board

The Programme Exam Board will exercise the fair and just use of RCPI regulations to uphold academic standards in respect of the assessment of participants. The Board will directly, or through delegation to the Programme Director, approve:

- the questions and format used in examinations and other forms of assessment.
- the moderation of marking standards and so the approval of the results.
- decisions relating to the progression of students and termination of study.

Ultimately the Programme Exam Board will make recommendations to the RCPI for the conferral of awards upon individual participants.

8. References

- 1. <u>https://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/non-melanoma-skin-cancer/incidence#heading-Two</u>
- 2. https://www.nottingham.ac.uk/research/groups/cebd/documents/hcnaskinconditionsuk2009.pdf

Who is iheed?

iheed is leading the way in delivering high-quality **online medical education**. Built by doctors and healthcare professionals, we have **over 30,000 users** across the globe, and believe that effective, accessible medical education is the key to providing better health outcomes worldwide. **iheed** is a division of Cambridge Education Group.

Since 1952, Cambridge Education Group has been delivering the highest quality academic programmes, providing a valuable stepping-stone for thousands of students to progress onto the world's leading universities and maximise their career opportunities.

Any questions?

Get in contact today at dermatologysupport@iheed.org

🕞 iheed.org

f facebook.com/iheedonline

twitter.com/iheed

