

## **JOB DESCRIPTION**

<b>Job Title/grade:</b>	ST1/2 Dermatology ITP
<b>Speciality:</b>	Dermatology
<b>Duration of Post:</b>	6 months as part of ST post in General Practice
<b>Base:</b>	One of the 4 Pennine Acute Hospitals, and time spent in general practice with a dermatology GPSI.
<b>Responsible to:</b>	Consultant in dermatology
<b>Working Hours:</b>	48 hours
<b>On-call</b>	takes part in General medical On call rota.

### **Duties of the post**

Attending out patient dermatology clinics.

Care of all patients on wards who are under care of dermatologist and  
?rheumatologist.

Clerking and consenting patients for minor surgical procedures where necessary.

Management of histological and other results, and communication of these  
results to consultant, GP and patients as appropriate.

Participation in on call medical rota (to clarify with post holder and HR)

### **On Call**

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### **Clinical Governance**

Undertake induction and mandatory training, including completion of the  
Educational Agreement / LNA

Up to date training in adult and resuscitation.

Minor surgical procedures will not be undertaken without appropriate training.

In accordance with the Educational Contract, take part in audit.

**Teaching**

I don't know what the teaching timetable for this post is.

## Educational Aspects of the Post/ curriculum coverage

The overall aims will be:-

- **Management of common and important skin conditions in hospital and general practice setting**
- **Develop history taking and examination skills to aid diagnosis of skin conditions.**
- **Up to date and evidence based management of skin conditions and cost effective prescribing for these conditions.**
- **To develop communication skills with regard to dermatology and also general practice.**

The curriculum will be based on the new General Practice curriculum statement 15.10.

Area of the curriculum to be covered	Where this may be achieved during the post
Acquiring knowledge of the signs, symptoms, treatment or appropriate referral of common or important skin presentations eg rashes, hair loss, nail disorders, pigmented and other skin lesions and skin infections. This would also include medical conditions with skin manifestations.	This would be achieved during the teaching sessions and clinics, with additional reading as appropriate. It would be appropriate to attend other medical clinics eg rheumatology to gain experience.
To use communication skills to approach the patient in a sensitive manner, appreciating skin conditions may be chronic or embarrassing to the patient, and that treatment may control and not cure the condition.	This would be achieved in hospital and general practice clinics, and could form part of a COT/ video tutorial, or CBD.
To gain skills in empowering patients (adults and children) to manage their own conditions and seek help where appropriate. This will include explaining to patients about applying creams etc.	As above and also attendance at nurse led and community clinics, and paediatric clinics
To be aware of the natural history of common skin conditions, and also less common conditions which are important as listed on the curriculum statement.	Attendance at clinics and teaching sessions.
To be able to manage skin lesions that present in general practice and hospital outpatients, including diagnosis, and appropriate investigation. This will include developing surgical skills.	Attendance at outpatients and minor surgery sessions in hospital and general practice.
To be aware of the dermatological conditions that present as an emergency and how to manage them eg angioedema, Stevens-Johnson syndrome, severe herpes simplex etc	This is a more difficult area to cover as these conditions are not common, but may be covered in teaching, or on a ward round.
To be able to explain to patient about prevention of skin conditions including discussion about sun exposure and genetic and environmental factors.	Teaching , clinics, individual case discussions

This will also include occupational health advice	
To appreciate and manage the psychological impact of skin conditions and possible disfigurement on the patient.	Attendance at clinic and possible attendance at plastic surgery clinic. Possible liason with psychologist who works in dermatology dept.
To be aware of prevalence of common conditions in the community and their effect on patient, practice and community. This will include knowledge of provision of community services, and also local charitable organisations eg Red Cross camouflage teaching for patients with visible skin lesions	Teaching, audit, attendance at clinics
To be aware of appropriateness of referral, and impact of inappropriate referrals	Audit of own and possibly practice referrals
To develop own teaching skills.	Teaching junior colleagues eg medical students.

### **Educational content:**

The post holder will have a named clinical supervisor who is accountable for the overall educational experience of the job.

The post holder will also attend the fortnightly educational meetings organised by the General Practice Primary Care Medical Educator. (please check with post holder)

The post holder will participate in departmental teaching in the hospital. This will be encouraged by various educational methods including self directed learning, tutorials, random case analysis, project work, audit, case studies, computer based learning and clinical practice.

The hospital department and general practice will endeavour to help the ST to cover the curriculum as far as is practical and will try to be flexible with regard to study leave so that outreach, clinics and courses may be attended.

The post holder will be encouraged to attend a recognised minor surgery course, and gain appropriate certification.

The post holder should record progress in the e-portfolio on a weekly basis.

### **The Appraisal and Educational Assessment:**

Trainees should be appraised at the beginning of their job, and at the end of the job by their clinical (hospital-based) educational (GP) supervisor, to provide educational feedback and suggest ways forward. There should also be ongoing assessment which will include COT and CBD, by their clinical supervisor with feedback on these assessments and also their log entries on the portfolio.

Educational Assessment should be based on the core curriculum.

At the end of the post the clinical supervisor will complete the supervisors report in the trainees e portfolio. The trainee should give feedback on the training post.

### **Example Timetable:**

	<b>AM</b>	<b>PM</b>
<b>MONDAY</b>		
<b>TUESDAY</b>		
<b>WEDNESDAY</b>		GP teaching
<b>THURSDAY</b>		

**FRIDAY**