Fakulteit Gesondheidswetenskappe Faculty of Health Sciences

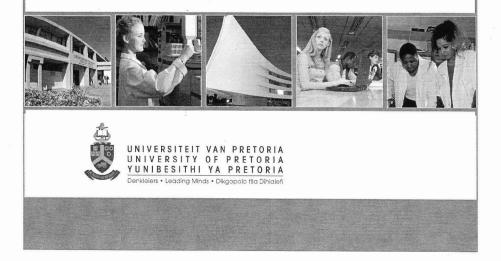
School of Medicine

MBChB IV (GNK487)

Skin

2012

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MBChB IV SA11 (GNK487) SKIN

17 – 21 September 2012

and

1 - 5 October 2012

1

ORGANISATIONAL COMPONENT

INTRODUCTION TO SA11

The primary aim with this special activity is to gain knowledge, skills and attitudes in order to

- recognise, by means of history and clinical examination, common and important skin conditions in both adults children
- learn how to approach and manage a patient with skin problems
- see Dermatology as an integrated part of other medical disciplines

The educational objectives of SA11 are described by means of the modified Nijmegen Classification System under the following headings:

| Knowledge/theory (T) | Clinical pictures (C) | Skills (S) | | |
|------------------------------|-----------------------------|------------------------------|--|--|
| T1 – Good to know | C1 - Recognise or place | S1 – Only theory | | |
| T2 - Of some relevance | C2 - Tentative of diagnosis | S2 – Theory and seen or have | | |
| | | had demonstrated | | |
| T3 – Advisable to know | C3 – Diagnose and refer | S3- Apply / perform under | | |
| | | supervision | | |
| T4 – Essential knowledge for | C4 – Diagnose and treat | S4 – Routine performance | | |
| future clinical practice | | | | |

2

Educational objective

Knowledge objectives:

 Signs and symptoms relevant to the skin, clinical diagnosis and therapeutic modalities are learned in the context of an integrated medical approach.

Skills objectives:

 The required skills relevant to medical students range from those they only need to know of, to those skills that students must be able to perform under supervision in their final year SIC block

Attitude objectives:

- Demonstration of an appropriate attitude towards patients and their relatives, as well the nursing staff.
- Recognition of the value of Dermatology as a medical discipline in general practice and particularly in the primary health care.

2. LECTURERS AND RESOURCE PERSONS

| Prof WK Jacyk | Tel. (012) 354-2375 Fax (012) 354-1856 SBAH, Level 9, Room 92452 |
|---------------|---|
| Dr D Tenea | Tel. (012) 354-5576/2739 Fax (012) 354-1856 SBAH, Level 9, Room 92453 |
| Dr L Wentzel | Tel. (012) 318 6801 Kalafong Hospital |
| Dr M Mokgatle | Tel. (012) 314 0452 1 Military Hospital |
| Dr T Mokwena | Tel. (012) 354 1508 SBAH, Level 9, Room 92454 |
| Dr A Esson | Tel (012) 354 1508 |

Dr A Essop Tel. (012) 354 1508 SBAH, Level 9, Room 92454

3. RESOURCES

Compulsory reading:

Boon NA, editor. Davidson's principles and practice of medicine. 20th ed. New York: Elsevier; 2006. (Chapter on Skin)

Recommended books:

Gawkrodger DJ. Dermatology : an illustrated colour text. 3rd ed. Edinburgh: Churchill Livingstone; 2002.

Graham-Brown R, Burns T. Lecture notes on Dermatology. 8th ed. Oxford: Blackwell Scientific; 2002.

Hunter JAA, Savin JA, Dahl MV. Clinical Dermatology 3rd ed. Malden: Blackwell Scientific; 2002.

Please visit the AIS SA11 block web page for a variety of useful Internet links

| Stud | University of Pretoria, Medical School Student Injury on Duty – needle stick or splash | chool ATTACHMENT | NT A |
|---|---|--|-----------------------------|
| THIS IS A MEDICAL EMERGENCY!!!!! - Student should be excused from normal | Report to the Department of Family Medicine ASAP (within 48 - 72 hours) | POST-EXPOSURE SUPPORT SYSTEM | |
| duty to follow the protocol | You will receive counselling and make a decision re further treatment | 1. Open file at Dept of Family Medicine 2. Counselling | of Family |
| Wash skin with water and soap, or rinse mucous membranes with water | Thours have elapsed since | | sts llts |
| Do NOT squeeze the wound – resultant inflammation is of benefit to the virus | Student gets consent (from expert advice expert advice patient or when not at the the telephone telephone | Jy. Get 5. Management plan drawn idvice up after reviewing patient ne profile ⁽²⁾ | drawn tient |
| | Superimendent) and numbers draws blood from source listed before (patient), for: hIV prophylaxis | | e oria with Mrs |
| retroviral post- exposure prophylaxis YOUR | | Mmattoa – Koom 7.17 HW Snyman North building if you e 24 are not in Pretoria. | 7 HW Ig if you |
| COMBIVIR + ISENTRESS starter pack | Student has own blood hours per day) drawn for: HIV Hepatitis B _s ab (immunity) | | ncerns |
| 1 Get nationt | Samples must be labelled | contact us by telep 012 354 1683 or 012 354 2141 or | hone |
| | Injury on Duty (STIOD)", and SPOED. Do not use a ward number. | 082 785 4500 (Dr van Rooyen) 082 214 1811 (Prof A Stolz) 082 555 7724 (Dr L Webber) | Rooyen) Stolz) ebber) |
| vice pauent and yourself A prescription is available from | A prescription is available from the Department of Family Medicine. Riviera Pharmacy, 52 Annie Botha Ave sells it. Price to be confirmed. | mes. acy, 52 Annie Botha Ave sells it. Price to |) pe |
| | ũ | | |
| | | ATTACHMENT | 1ENT A |
| PLEASE NOTE: | | | |
| In order to document an incident fuils unable to give consent, please a | In order to document an incident fully, we need to submit your blood and the patient's blood for testing simultaneously. If the patient is unable to give consent, please approach the superintendent to give consent for the patient's HIV test. | s blood for testing simultaneously. If the e patient's HIV test. | oatient |
| Therefore, take your blood to the k day to discuss your results. This v exposure. | Therefore, take your blood to the laboratory but wait for your appointment with your supervising Family Physician the next working day to discuss your results. This will make no difference to the immediate decisions that you should take on the basis of the exposure. | supervising Family Physician the next w st that you should take on the basis o | rking if the |
| This is provided that you take YC required. | This is provided that you take YOUR STARTERPACK immediately and then use the action tree (other side of this) to do what is required. | The action tree (other side of this) to do w | nat is |
| PLEASE remember to bring all repo | PLEASE remember to bring all reports, results and notes back to Pretoria with you, so that we can follow you up effectively and keep correct records of all incidents. | so that we can follow you up effectively | and |
| AS SOON AS POSSIBLE, PLEA OF PATIENT STATUS, I | SOON AS POSSIBLE, PLEASE REPORT ALL INCIDENTS TO THE DEPARTMENT OF FAMILY MEDICINE, REGARDLESS OF PATIENT STATUS, DEGREE OF RISK, OR CHOICE TO RATHER SEEK HELP IN THE PRIVATE SECTOR | MENT OF FAMILY MEDICINE, REGAR | DLESS |
| It is important to note the an Is/was your patite a. Is/was your patite b. For how long has c. Are there any cli example any opp | It is important to note the following regarding your patient: a. Is/was your patient on ARV treatment? b. For how long has he/she been on treatment and what is the CD4 count and HI- viral load of the patient? c. Are there any clinical signs and symptoms present in the patient that may indicate treatment failure (for example any opportunistic infections) | D4 count and HI- viral load of the pat ant that may indicate treatment failur | ent? . (for |
| 2. If the patient is treatmer Continue 28 day | If the patient is treatment naïve or the probability of viral resistance is unlikely: Continue 28 days of Combivir and Isentress | unlikely: | |
| If there is a significant r Continue Truvad | If there is a significant risk that anti-retroviral drug resistance is likely in the source patient: Continue Truvada and Aluvia/ Isentress for 28 days | in the source patient: | 5 |
| | Your starter pack should be with you at all times. | times. | |

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University of Pretoria, Medical School

Your starter pack should be with you at all times. A prescription is available from the Department of Family Medicine. Riviera Pharmacy, 52 Annie Botha Ave sells it. Price to be confirmed.

4. TIMETABLE 17-21 SEPTEMBER 2012

| Time | Monday 17/09/2012 | Tuesday 18/09/2012 | Wednesday 19-09/2012 | Thur 20/09/12 | Fri 21/09/12 |
|--------------------|--|---|---|------------------|-----------------|
| 9:00-9:50 | Introduction | • Psoriasis | Bacterial infections Tuberculosis | | |
| | Dr D Tenea Y | Dr T Mokwena | Dr A Essop | | |
| <u>10:00-10:50</u> | •Eczema: - Atopic - Seborrhoeic - Contact | Syphilis Viral infections | Pigmentary disorders: Albinism Vitiligo | | |
| | Dr L Wentzel | Dr D Tenea | Dr T Mokwena | | |
| 11:00-11-50 | • Hair Disorders | Fungal infections Parasitic infestations | • HIV Dermatoses | SA | 8 |
| | Dr L Wentzel | Dr D Tenea | Dr D Tenea | | |
| 12:00-12:50 | • Acne • Rosacea | • Leprosy | Autoimmune blistering Disorders | | |
| | Dr M Mokgatle | Dr L Wentzel | Dr L Wentzel | | |
| 13:00-14:00 | LUNCH | LUNCH | LUNCH | | |
| 14:00-14:50 | Self study | Self Study | Self Study | | |
| 15:00-15:50 | | con olday | | | |

7

TIMETABLE 1-5 OCTOBER 2012

| Time | Monday 1/10/2012 | Tuesday 2/10/2012 | Wednesday 3/10/2012 | Thur 4/10/12 | Fri 5/10/12 | |
|-------------|---|--|--------------------------|---|----------------|--|
| 9:00-9:50 | Lichen Planus Pityriasis Rosea Prof WK Jacyk | Precancerous skin lesions: Solar keratosis Bowen's disease Dr D Tenea | Academic Support Time | 3 HOUR BLOCK TEST Thursday 9H00-12H00 | | |
| 10:00-10:50 | Urticaria and Angioedema Drug eruptions | Basal cell carcinoma Squamous cell Carcinoma | Academic Support Time | | | |
| | Prof WK Jacyk | Dr D Tenea | | | | |
| 11:00-11:50 | Connective tissue diseases : Lupus Erythematosus Scleroderma Dermatomyositis | ● Malignant melanoma | Academic Support Time | | | |
| | Prof WK Jacyk | Dr D Tenea | | | | |
| 12:00-12:50 | Haemangiomas and Naevi | Cutaneous metastases Cutaneous lymphoma | Academic Support Time | | | |
| | Dr L Wentzel | Dr D Tenea | | | | |
| 13:00-14:00 | LUNCH | LUNCH | LUNCH | | | |
| 14:00-14:50 | Solf study | Solf study | Acadamia | | | |
| 15.00-16.00 | Self study | Self study | Academic Support Time | | | |

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4. ASSESSMENT OF STUDENTS

- Attendance is compulsory and attendance register will be circulated (100% attendance required).
- Block test: a 2-hour test on Wednesday, 08 October 2008 (14:00-16:00). It consists of short questions, core cases, spot diagnosis on clinical pictures. The types of questions in the test will be demonstrated during the course.

Block mark: A block mark>60% is a prerequisite for promotion (This mark then attains examination status).

STUDY COMPONENT

5. STUDY OBJECTIVES

Study unit 1: Introductory lecture

 This introductory lecture is aimed at familiarizing the students with basic dermatological signs and symptoms, with skin-related laboratory investigations and clinical approach in order to reach a final diagnosis.

Study unit 2: Acne and Rosacea

 To gain knowledge and skills to diagnose and manage these conditions in general practice.
 Rating: T1, C4, S4

Study unit 3: HIV/AIDS

 To be familiar with cutaneous manifestations of HIV infection: inflammatory conditions,infections,maliganancies Rating: T4, C2, S1

Study unit 4: Atopic dermatitis (AD)

- To learn about the pathogenesis, clinical picture and management of AD.
- To be able to diagnose and treat this condition Rating: T4, C4, S4

Study unit 5 : Bacterial Infections/ Skin Tuberculosis/ Leprosy

- To learn about the most common cutaneous bacterial infections, skin TB, Leprosy and their treatment
- To be aware of their relevance in immunocomprommised petients Rating: T4, C4, S1

Study unit 6 : Contact dermatitis

- · To learn about the basis of contact allergy
- To be familiar with the most common presentations of this form of eczema, paying particular attention to occupational factors relevant to the South African environment Rating: T4, C3, S2

Study unit 7 : Connective tissue diseases

 To learn about cutaneous manifestations of the following: lupus erythematosus, dermatomyositis,scleroderma Rating: T4, C3, S2

Study unit 8 : Fungal infections

 To learn about the most common superficial fungal infections of the glabrous skin, scalp, groins, hands and feet (dermatophytoses), candidiasis, as well as the most common deep fungal infections: sporotrichosis, mycetoma, chromomychosis Rating: T3, C3, S2

Study Unit 9 : Hair Disorders

• To learn about common hair disorders Rating T3, C2, S2

Study unit 10: Haemangiomas and Naevi

- To understand the concept of different types of naevi (congenital and acquired) and vascular anomalies (malformations and tumours)
- To understand the importance of diagnosing giant melanocytic naevi and their malignant potential

Rating T4, C3, S2

Study unit 11 : Malignant/ premalignant skin tumours

- To learn about the most common premalignant skin conditions and malignant epithelial tumours: basal cell carcinoma and squamous cell carcinoma
- To be familiar with concepts of cutaneous carcinogenesis, the role of the sun and other predisposing or inducing factors
- To diagnose different types of these tumours
- To know how to manage these tumours Rating: T4, C3, S3

Study unit 12: Melanoma

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- To know the risk factors and clinical subtypes of Malignant Melanoma
- To be familiar with different methods of early detection of Melanoma and treatment modalities Rating: T4, C3, S2

Study unit 13 : Parasitic infestations

 To be able to diagnose and manage scabies, pediculosis, larva migrans ans tumbu fly infestations Rating: T4, C4, S4

Study unit 14 : Pigmentary disorders

To understand the concept of different types of pigmentary disorders (albinism, vitiligo, cloasma)
 Rating : T3, C3, S2

Study unit 15 : Psoriasis

- To learn about the pathogenesis, clinical manifestations and treatment of psoriasis
- To be able to diagnose different types of psoriasis Rating: T4, C3, S2

Study unit 16 : Seborrhoeric dermatitis/Lichen Planus/P. Rosea

- To learn the basics on these conditions
- To be familiar with their clinical presentations and treatment modalities Rating: T3, C3, S2

Study unit 17 : Syphilis

- To be able to diagnose different types of syphilis (congenital, primary, secondary, tertiary)
- To be familiar with diagnostic laboratory investigations
- To learn how to manage syphilis in its primary and secondary stages Rating: T4, C4, S4

Study unit 18 : Urticaria / Angioedema and Drug Reactions

- To learn about urticaria and erythema multiforme
- To differentiate between erythema multiforme, Stevens-Johnson syndrome and toxic epidermal necrolysis
- To be aware of the causes/pathogenesis of these conditions
- To be able to diagnose and treat them Rating: T4, C3, S2

Study unit 19: Viral infections

- To learn about the most common cutaneous viral infections (herpes simplex and varicella zoster infections, molluscum contagiosum, warts)
- To be aware of their relevance in immunocompromised patients
- To be able to diagnose and treat them Rating: T4, C4, S4