

Views and Practice

Education of dermatology for primary care physicians through distance learning courses

S Chua 蔡貴杰, M Pitts, P Lemark, J Li 李晶

Skin disease accounts for a significant proportion of primary care visits, and most patients with dermatological complaints contact only their family physicians.¹ But commonly, due to the nature of training, family physicians have been reported to have high rates of misdiagnosis.² With this, patients might be sub-optimally managed, because an accurate diagnosis is important as it is a starting point of the management process and decides the subsequent patient management algorithm and outcome. With long waiting times for an appointment with a dermatologist not about

to be resolved soon,³ more effort should be made in improving the competence of primary care physicians in the management of dermatological conditions.

One of the least disruptive (i.e. to the life of primary care physicians) means of education is to join one of the online distance learning courses in Dermatology. In recent years, highly accessible Dermatology courses which have a strong distance learning component have been set up (Table 1). In general, these courses can be taken over 9-12 months and require a recommended weekly commitment of 10 hours. Courses often involve a physical component where travel to a centralised location may be optional. Most of the educational components will then be shared online. Assessments are commonly based on end of module multiple choice questions and an end of course written assignment. Participants will also have opportunities to interact with the faculty as well as the other course members when they present challenging cases from their own practice or when they have questions to ask. The only quotable certifications include the Diploma in Practical Dermatology from Cardiff University and Post Graduate Diploma in Clinical Dermatology from Queen Mary University of London. The content varies from course to course. Continual medical education points (CME) are valid in the medical jurisdiction in which the course developers are based in and attaining the points in one's own

**Duke NUS Graduate Medical School, Singapore; and
Duke University School of Medicine, Durham, USA**

S Chua, BEng

**Pritzker School of Medicine, University of Chicago,
Chicago, USA**

M Pitts, PhD

**Booth school of Business, University of Chicago,
Chicago, USA**

P Lemark, MBA

**Department of Rheumatology, Jiangsu University
Affiliated Hospital, China**

J Li, MD

Correspondence to: Dr. S Chua

Singapore General Hospital, Department of Dermatology,
20 College Road, Academia Level 4, Singapore 169856

Table 1. List of distance learning courses in Dermatology which are readily available for participation of primary care physicians: Prices correct as of 18th March 2015

Institution	Country	Certificate	Travel	Modalities of education	Duration	Assessment	Cost	Website	Recommended commitment
Queen Mary University of London	United Kingdom	Postgraduate Diploma in Clinical Dermatology	No	Weekly written material, slide library, supplementary reading, quizzes student café, audio and visual podcasts, online tutorials, live interactive lectures (With six clinical days in Britain variant)	1 year	Weekly MCQ style questions, written coursework, written final examination	£5,300 for the Home Programme £9,200 for the International Programme	http://www.londondermatology.org/	10 hours a week
Cardiff University	United Kingdom	Diploma in Practical Dermatology	Yes	Written, video and audio material	1 year (Full time), 2 years (Part time)	Compulsory assignments, extended matching questions (EMQs), clinical case studies, peer reviews, scenario based written work, asynchronous group assignments, discussion forums for participant discussion of cases	Local Full time: £7,560.00, Part time: £3,780.00, International Full time: £9,600.00 Part time: £4800	http://courses.cardiff.ac.uk/postgraduate/course/detail/p257.html	10-20 hours a week
Rita Institute of Health Science in collaboration with Middlesex University of London	United Kingdom	Postgraduate Diploma Dermatology	Yes	Online and physical	9-11 months	Formative assessments, final examinations with MCQ and written assessment	Registration fees £120, Diploma fees £3,600	http://www.gpcourses.co/course/postgraduate-diploma-dermatology/#.VRkyfvmUcv0	0.5 to 1.0 days a week
Australia Institute of Dermatology	Australia	Australian Institute of Dermatology Diploma	No	Online podcast, blogs, video, teleconferences	1 year	Module MCQs and written module questions, case presentations, on an ongoing basis, two live online examinations during the course	Early bird \$3950, Normal \$4250	http://www.myskinconsult.com/about.cfm	10 hours a week
Royal Australian College of General Practitioners and Australian College of Dermatology	Australia	Certificate of Primary Care Dermatology	Yes	Dermatological surgery workshop, online lectures	Varies	Modules End quiz	AUD\$11,740 with pay as you go options	http://www.racgp.org.au/education/courses/dermatology/overview/	10 hours a week
National University of Singapore and National Skin Centre (Singapore)	Singapore	Graduate Diploma in Family Practice Dermatology	Yes	Distance learning, clinical attachment	11 months	Slide quiz test, viva, MCQ	SGD\$4595,50	http://www.med.nus.edu.sg/dgms/our-programmes/graduate-diploma-programmes/family-practice-dermatology.shtml	10 hours a week

jurisdiction is dependent on the recognition of the courses.

Previously, there was scepticism of the value of this form of knowledge delivery in healthcare, but this has recently been proven to be incorrect in a study by Cook et al.⁴ This study showed that online courses for healthcare professionals are associated with a significant positive effect and greater effectiveness as compared with traditional methods. These courses also provide a longer duration of which is associated with positive effects in education.⁵ The nature of the courses also helps to motivate the participants to complete the course. In dermatology, they have also been reported to be effective in optimisation of patient care for dermatological conditions.⁶

Before primary care physicians enrol for these courses, it is important to understand certain weaknesses of these programs. These stem from the fact that the distance learning is often based on the internet and hence there is a need for a strong connection speed which may not be available in some regions. This form of education also offers a narrow spread of modalities of education which has been associated with poor educational outcome.⁵ Distance learning often focuses only on the knowledge aspects of dermatology without touching on the softer aspects of this field. This may result in poor medication adherence and outcomes for patients.⁷ The content is often created based on the local epidemiology and healthcare context of the course developers. Participants of the programmes may find themselves unable to apply most of the content they have learned.

With such limitations in mind, we recommend that such courses be considered to be one of the adjunctive modalities to learning dermatology for primary care specialities. Other efforts that we would advise include taking fellowships and attachments to local dermatology departments/practitioners, joining

humanitarian efforts in dermatology,⁸ and participation in teledermatology programmes,⁹ where they can obtain supervised direct patient care, demonstrations, and various types of ward rounds for a broader base of training. The greater number of lesions that are seen physically in a shorter time can also improve lesion recognition.¹⁰ The increased opportunities in having a first-hand account of lesion recognition and clinical management of patients combined with the knowledge provided by the courses will enhance the confidence and competence to provide care for patients with dermatological problems.

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