

MBChB Year 2 Clinical contact in GP – Skin and integument 30th October 2025

Context for the session

The Intended Learning Outcomes for this session are:

Discuss how to work effectively on clinical placement (including group rules)
Discuss how to prepare for a clinical consultation
Describe & demonstrate how to open a clinical consultation
Undertake (or observe and feedback on) a clinical consultation & gather information relevant to the patient presentation
Describe & demonstrate strategies for building rapport
Describe & demonstrate how to elicit patient's ideas, concerns, expectations, impact and emotions (ICE-IE)
Demonstrate an approach to the clinical examination (WIPE) (see vital signs protocol)
Assess and document vital signs including pulse, respiratory rate oxygen saturations, temperature and blood pressure (see vital signs protocol)

Overview of tasks for this session: This is the first session in Primary Care for your Year 2 students and the first time you have met them. Please give enough time for you to get to know your students, and set up the group for success. You are likely to only have time to see one patient this session.

TASK	Notes
Meet and greet your students: <ul style="list-style-type: none">• Orientate them to the practice and area. Where will they leave their personal belongings? What is your patient demographic?• Introductions: Get to know your students & tell them about yourself and career journey. The students may not know each.• Group rules: Set expectations of the group and outline what they can expect from you. Agree how to work together as a group, e.g. punctuality, keeping each other confidences, etc.• 1:1 time – briefly meet each student individually so that they have an opportunity to tell you anything that they want you to be aware of	<p>Consider with the reception team how to welcome students.</p> <p>Consider how you want the students to communicate e.g. a back office number for absence on the day</p> <p>Work on “group rules” for a success together with your students – keep a note of these (everyone could take a photograph)</p> <p>Consider a rota for consulting/examining/ bringing food etc</p>
Set up the session: <ul style="list-style-type: none">• Find out what they have been learning about so far in this case-based learning block (Skin)• Share clinical experience. What skin problems do you commonly see in GP? Any top tips?• Discuss opening a consultation how to get off to a good start, and things you do to help build rapport	<p>For tips on opening and building rapport do refer to the COGConnect part of the primary care website</p> <p>When allocating tasks to students consider who will consult & who will</p>

<ul style="list-style-type: none"> • Give an overview of the patient/s who are coming in today. • Allocate tasks 	examine, & assign tasks to the observing students e.g. specific areas to observe and feedback on.
Patient consultation: <ul style="list-style-type: none"> • Introduce the patient and outline the task • Please allow students to practice assessing vital signs (ideally on a patient) - pulse, respiratory rate, temperature, oxygen saturations, blood pressure. 	<p>Students to consider how to find out the impact of the patients health on their life, and how to elicit the patients ideas, concerns and expectations for their health condition and what they want from their doctor</p> <p>Share any top tips from your clinical experience for assessing vital signs</p>
Feedback and debrief: <ul style="list-style-type: none"> • Reflect on patient story and learning from the session with the group. Any further learning the students plan to do? • What should the students who consulted/examined keep doing, and what do they plan to work on or try differently next time? • The students next session with you is in their Pharmacology & therapeutics block. Anything that needs covering in advance of this session 	
Closing: Submit attendance form (including any late arrival or early leaving with timing) Manage any student concerns that you need to communicate with the GP teaching team	

Specifics for the Skin and integument session in GP clinical contact

Session structure and format

Please refer to the GP Clinical contact handbook for generic information and advice on how to structure and deliver each session.

Learning needs/ brainstorm/ preparation to see the patient

Spend some time asking the students what they have learnt in the skin case and talk briefly about the common skin related issues you see in general practice.

You are not expected to give a tutorial on assessing skin problems. Students have had lectures and been sent reading material on assessing skin lesions and rashes in clinical practice, so get them to tell you what they have learnt. Brainstorm their thoughts on a flipchart or whiteboard (see figure) and/or use these prompts:

- Discuss what skin problems you commonly see in practice
- The range of possibilities for “a rash” is broad. What are the most important things you want to cover in the medical history and why? What are “red flags” in a patient presenting with rash?
- When someone presents with a skin lesion what do you want to find out about? How do you go about differentiating a skin cancer from a benign skin lesion?

Patient one

For this session, due to the time it will take to get to know your group you may only have time to bring in one patient. Where possible we would like you to bring in a patient with a skin condition and relate it to their learning in the block. However we know this is not always possible, therefore would like you to use the session to build the students confidence in speaking to a patient, and we would

also like the students to have a go at assessing vital signs in a patient (pulse, respiratory rate, oxygen saturations, temperature and blood pressure) so it does not matter if your patient does not have a specific skin condition. We would like the students to practice measuring vital signs on real patients as they may have only tried this on their peers.

Ideal patients for the block are people who:

- With any condition who is open and willing to share their story with the students
- A patient who has a long-term skin inflammatory conditions, such as atopic eczema, acne or psoriasis.
- A patient with common, benign skin lesions (e.g. warts, seborrheic keratosis/basal cell papilloma) or chronic urticaria or had treatment for skin cancer
- Additionally; willing to have their pulse, respiratory rate oxygen saturations, temperature and blood pressure checked (see [protocol linked here](#)) Or consider another patient for vital signs.

What else students will have covered in the two-week Skin and Integument block:

In **Case-Based Learning** they will consider a young man who presents with psoriasis. Students will consider: pathophysiology and skin turnover; how to describe rashes; impact on physical, social and psychological function; differential diagnoses of rashes; topical treatments and basic mechanism of action of steroid creams; and coping strategies. The GP treating the young man also has a rash – a dermatitis of the hands and the students look at implications for work.

In **Lectures, workshops and practicals** they will learn about:

- The structure and function of the skin, hair and nails including normal diversity.
- Skin thermoregulation
- Skin histology
- Skin damage and repair
- Skin conditions: Psoriasis, eczema, acne, skin infections, and skin cancer
- Acute and emergency dermatology
- Paediatric dermatology
- Skin in systemic disease

In their **Effective Consulting lab** they will consider

- Preparing, Opening, and eliciting the patients ideas concerns and expectation and understanding the patients emotions and impact of their condition on them (ICE-IE)
- They will also think about how to build rapport
- How to undertake a focused dermatology history in a patient presenting with a common dermatological condition (see attached student information for your information)

In their **clinical skills session** they will be covering:

- Describe & demonstrate how to perform A-E exam including observations such as a manual BP
- Demonstrate how to record and interpret a NEWS score
- Identify common signs of sepsis and be able to describe the sepsis 6

Student information on skin history and examination

– you do not need to “teach” this but if the students do see a patient with a skin condition with you it is useful to know what they are taught centrally about how to approach to the history in dermatological conditions

Why does dermatology matter?

(Adapted from Munro)

In the United Kingdom, general practitioners deal with most skin problems, which account for 10-15% of all consultations (Le Roux et al 2020). However, because skin disorders are so common and so obvious, all doctors ought to have some idea about what is and what isn't normal in the skin.


The skin is in the front line of environmental attack from physical and biological agents. Each of the skin's physiological roles can malfunction. The skin may also be damaged as a result of disease arising elsewhere in the body. Consequently, there are lots of dermatological diseases: the British Association of Dermatologists diagnostic index has over 4000 preferred terms. Remember that in many parts of the world, leprosy and fungal and protozoal skin diseases remain major public health problems.

Nobody has a perfect skin, and a lot of lesions never reach medical attention. Skin disease generally starts to matter to people when:

- it doesn't look nice, to themselves or others
- they don't know what might be
- it itches or hurts
- it might be contagious
- they are concerned it is something serious. (Malignant melanoma kills about 1500 people a year in the UK, many of them relatively young; squamous carcinoma of the skin another 500. Serious malignancies of the skin also include cutaneous lymphomas, and the skin may be the site of metastatic tumours and of cutaneous signs of malignancy)

It is easy to underestimate the social impact of even mild skin disease. Itch is unpleasant, and scratching unpleasant to watch. Atopic eczema keeps children and their parents awake. Hand dermatitis produces occupational handicap. Hair loss may be psychologically devastating; psoriasis can cause sexual difficulties; acne impairs confidence, and may affect job prospects.

History

	<p>Broadly speaking, skin disorders can be divided into rashes and lesions:</p> <ul style="list-style-type: none">• Rashes are things like psoriasis, eczema, acne, and drug eruptions• Lesions are things like moles, warts, and benign and malignant tumours.
---	--

‘SOCRATES’ is one way to remember what to ask about:

SOCRATES	RELEVANT QUESTIONS
Site	Where is the rash/lesion?
Onset	How and when did it start?
Character	Pain/itch/bleeding/discharge?
Associated symptoms	Malaise, temperature, etc
Time course	How has it changed over time?
Exacerbating or relieving factors	What have they tried/done?
Severity	Pain or impact on patient

PAST MEDICAL AND DRUG HISTORY
Previous illnesses, operations or hospital admissions SLE Coeliac disease JACCOL: jaundice, anaemia, clubbing, cyanosis, oedema, lymphadenopathy Medication Prescribed/over-the-counter Name, dose, frequency, form and route

Allergies

FAMILY AND SOCIAL HISTORY

Any diseases that run in a patient's family (generally the focus should be on first-degree relatives).
e.g. atopy (eczema, asthma, hay fever)

Drawing out a family tree can be useful to identify patterns of inheritance if the disease is genetic

Occupation, hobbies, smoking, alcohol and sun exposure e.g. hand dermatitis, nicotine-stained nails or clubbing

PATIENT PERSPECTIVE ICE-IE

Ideas. What do they think is going on? Possible causes? What have they tried already? Sources of info e.g. What does your partner/ family think?

Concerns. What are they most concerned is going on?

Expectations. What are they hoping for?

Impact. How is the problem affecting them/work/relationships?

Emotions. What are the predominant emotions around the problem? Psychological impact.

Examination

There are four important principles in performing a good examination of the skin:



Examining the skin (adapted from [British Association of Dermatology Handbook for medical students](#)):

Principle	Key features
INSPECT	General observation Site and number of lesion(s) If multiple or a rash, consider the pattern of distribution and configuration
DESCRIBE	<i>The individual lesion</i> SSCamm Size (the widest diameter), Shape Colour Associated secondary change M orphology, M argin (border)
If the lesion is pigmented:*	ABCDE rule: Asymmetrical shape

	Border irregularity Colour irregularity Diameter > 6mm Evolution of lesion (e.g. change in size and/or shape) Symptoms (e.g. bleeding, itching)
PALPATE	<i>The individual lesion:</i> Surface Consistency Mobility Tenderness Temperature
SYSTEMATIC CHECK	Examine the nails, scalp, hair & mucous membranes Examine draining lymph nodes <i>And general systems examination.</i>

* NICE recommended referring people using a suspected cancer pathway referral (for an appointment within 2 weeks) for melanoma if they have a suspicious pigmented skin lesion with a weighted 7 point checklist (**score of 3 or more**):

- Major features of the lesions (scoring 2 points each):
 - change in size
 - irregular shape
 - irregular colour.
- Minor features of the lesions (scoring 1 point each):
 - largest diameter 7 mm or more
 - inflammation
 - oozing
 - change in sensation.

Skin colour

Take a look at “Humanæ” (<https://angelicadass.com/photography/humanae/>), which is a photographic work by artist Angélica Dass. It is an attempt to move our thinking beyond inaccurate labels of “white”, “red”, “black” and “yellow” associated with race, and to better reflect the diversity of human skin colour. The background for each portrait is tinted with a color tone identical to a sample of 11 x 11 pixels taken from the nose of the subject and matched with the industrial pallet Pantone®



Terminology

Using correct medical terminology for skin problems can help your observation skills and help you reach a differential diagnosis, it is also important to give an accurate description when you refer to colleagues for advice.

- A **rash** is an eruption or widespread collection of lesions
- A **skin lesion** is an area of altered skin, they can be single or multiple

The medical student handbook – link below has a useful guide to terminology.

Also see [Terminology in dermatology](#) (from dermnetnz.org)

Resources

[Taking a set of observations \(vital signs\) protocol](#)

“Medical Student: Dermatology” app: Developed by the British Association of Dermatologists, this is free to download from the [App Store](#) and [Google Play](#)

“Dermatology: A Handbook for Medical Students and Junior Doctors” is available free as book or PDF (see link below). It is fantastic resource, giving a comprehensive outline of the examination of skin lesions, rashes and terminology.

References

Le Roux E, Edwards P J, Sanderson E, Barnes R K, Ridd M J. British Journal of General Practice 2020; 70 (699): e723-e730. DOI: <https://doi.org/10.3399/bjgp20X712577>

Chiang N, Verbov J. Dermatology: A Handbook for Medical Students and Junior Doctors. BAD, 3rd Edition, 2020. https://cdn.bad.org.uk/uploads/2021/12/29200247/Derm_Handbook_3rd-Edition-Nov_2020-FINAL.pdf [Accessed 17.09.25]

Figure: Possible skin “brainstorm”



