



DEPARTMENT OF
DERMATOLOGY
CARDIFF UNIVERSITY

***A Short Course
in Acne***



Contents

1.	Introduction to the Course	3
1.1.	Welcome	3
1.2.	Course Team Profiles	3
1.2.1.	Course Organisation.....	3
1.3.	What You Can Expect From Us	3
1.4.	What We Expect From You	3
1.5.	Important Contact Details.....	4
2.	Course Aims and Learning Outcomes	5
2.1.	Course Overview	5
2.2.	Programme Aims.....	5
2.3.	Programme Outcomes	5
3.	Course Structure	8
3.1.	Module Material	8
3.2.	Teaching Methodology	8
3.3.	Computer Requirements.....	8
3.4.	Course Content - Timetable	9
3.5.	Course Assessment Procedures	9
4.	Course Activities	10
4.1.	Module MCQs (Summative).....	10
4.2.	Case History & Peer Review	10
4.2.1.	Assignment Information and Marking Procedure	10
4.2.2.	Structure For Case History	11
4.2.3.	Peer Review of Case History	11
4.2.4.	Marking Criteria for Case Histories	12
4.3.	Med-e-Conference	15
4.3.1.	Med-e-Conference Assessment.....	15
4.3.2.	Med-e-Conference Marking Criteria.....	16
4.4.	Discussion Forums (Formative).....	19
4.5.	Activity Summary	19
5.	Student Feedback and Evaluation.....	20
5.1.	Individual Evaluation and Feedback	20



1. Introduction to the Course

1.1. Welcome

Welcome to the Short Course in Acne. The purpose of this course handbook is to introduce you to the course team and provide you with important information about the structure and administration of the course. We would advise you to read the handbook now and to store it carefully as you will need to refer to it over the coming weeks.

1.2. Course Team Profiles

1.2.1. Course Organisation

The course is organised and controlled by the Department of Dermatology at the School of Medicine, Cardiff University. Dr Maria Gonzalez (Reader in Dermatology) and Mrs Helen Pugsley (Senior Lecturer) carry responsibility for academic aspects of the short course.

There are currently one Postgraduate Courses Coordinator responsible for the administration of the course. This is Ruth Williams. Abrar Ullah and Nan Zhang are the Learning Technologists and IT advisers in the department. The Postgraduate Courses Executive Officer is Heather Williams who oversees the administration of all of the postgraduate courses delivered by the department.

- Any academic queries you may have should be directed to Mrs Helen Pugsley
- Administrative queries from students should be addressed to Ruth Williams.
- Technical queries from students should be addressed to Abrar Ullah and Nan Zhang.

1.3. What You Can Expect From Us

- The delivery of a high standard of teaching, using a range of relevant teaching approaches.
- The provision of regular feedback throughout the course.
- Support for students in all aspects relating to their studies and the assurance of prompt action to address any issues that arise.
- A high degree of professionalism and courtesy in our dealings with students and colleagues.
- A commitment to regular evaluation of the course based on feedback from students so as to maintain the quality of the course.

1.4. What We Expect From You

A commitment to:

- Log in to the course website regularly.
- Regularly check your internal email as this is the main way that tutors and administrators will communicate with you.
- Fully participate in all interactive teaching activities on the course.
- Inform the course team of problems associated with attendance, etc.
- Notify the department of any special extenuating circumstances.
- Always be courteous towards colleagues and staff.



- Submit all course work and MCQs within the stipulated deadline.
- Complete the course evaluation surveys.

1.5. Important Contact Details

There are direct telephone numbers, email addresses, and a fax number to ensure good communication with the department. However, most of the communication is via the website.

Heather Williams Postgraduate Courses Executive Officer	Tel: +44 (0)29 2074 2885 Email: williamshe6@cardiff.ac.uk Internal Email: heather.williams@dermatology.org.uk
Ruth Williams Postgraduate Courses Coordinator	Tel: +44 (0)29 2074 5388 Email: williamsrm@cardiff.ac.uk Internal Email: ruth.williams@dermatology.org.uk
Abrar Ullah (Part-time Mon-Wed) Learning Technologist	Tel: +44 (0)29 2074 4760 Email: ullaha@cardiff.ac.uk Internal Email: abrar.ullah@dermatology.org.uk
Nan Zhang Learning Technologist	Tel: +44 (0)29 2074 2369 Email: zhangn@cardiff.ac.uk Internal Email: nan.zhang@dermatology.org.uk
Mrs Helen Pugsley Clinical Lecturer & Course Supervisor	Tel: +44 (0)29 2074 4311 Email: pugsleyh@cf.ac.uk Internal Email: Helen.pugsley@dermatology.org.uk
Dr Maria Gonzalez Reader & Postgraduate Courses Director	Tel: +44 (0)29 2074 4398 Email: gonzalezml@cardiff.ac.uk Internal Email: m.gonzalez@dermatology.org.uk

In order to help the department avoid receiving large quantities of “spam” mail, please only use the above email addresses when contacting us directly. Please do not include the above email addresses in group or batch emails that you send from your personal email accounts.

All staff members are located at the following address:

Department of Dermatology
Cardiff University
3rd Floor Glamorgan House
Heath Park
Cardiff
CF14 4XN
UK

The Dermatology Department’s fax number is: **+44 (0)29 2074 4312**

The department can be contacted by telephone during office hours 9.00a.m. – 4.30p.m., Monday to Friday. The course coordinators have 24 hour answer phones, and email is checked on a daily basis, so queries should be dealt with within 24 hours except on weekends.

Please email staff members using the internal email system on the course website.

2. Course Aims and Learning Outcomes

2.1. Course Overview

This Short Course in Acne is designed to provide the participants with an overview of acne and the principles of management to support effective management of this common condition. The course material has been written by a variety of acne experts to give a diverse range of information and expertise.

The broad aims and learning outcomes of the course are outlined below. Detailed aims and learning outcomes of the individual modules covered are outlined in the course curriculum.

2.2. Programme Aims

The broad aim of the course is for the participant to:

- Develop a basic competency in grading and managing acne appropriately.

More specifically the course aims to:

- Develop the participant's skills in grading acne
- Develop the participant's skills in prescribing appropriate treatment according to the guidelines
- Promote the participants ability to recognise the psychological morbidity caused by acne
- Promote the participant's awareness of treatment failure

2.3. Programme Outcomes

Participants who successfully complete the course will have demonstrated achievement of the following learning outcomes, as set out under A,B,C,D, below:

A – Knowledge and Understanding

Upon completion of the programme, a typical student will be able to:	<i>Teaching and learning strategies and methods</i>
<ul style="list-style-type: none"> • Describe the aetiology of acne • Recognise key clinical features of acne. • Demonstrate a methodical approach to the management of acne • Discuss the factors in the decision making in the management of acne. • Discuss the psychological issues affecting patients with acne. • Categorise the acne grading system. • Identify the treatment options for each grade and type of acne; topical, systemic, physical, and combined therapy. 	<p>A variety of teaching and learning strategies are used on the course to promote purposeful learning. Subject specific web-based lectures are provided to promote independent learning. There is an opportunity for discussions and peer interaction (through the discussion forums) designed to enhance experiential learning congruent with principles of adult education. Online tutor facilitated forums enable learners to consolidate and transfer concepts and knowledge to gain a deeper understanding of acne management.</p>

<ul style="list-style-type: none"> • Recognise the potential side-effects for each treatment modality • Discuss causes of treatment failure: poor compliance, antibiotic resistance and underlying aetiological factors. • Describe the side-effects of isotretinoin and explain the treatment regime and follow-up procedures for female patients 	<p><i>Assessment</i></p> <p>Knowledge and understanding is assessed through a series of summative module MCQs. Formative feedback by tutors is also provided throughout the course. A case history is assessed so the participant can demonstrate their ability to apply knowledge in problem solving through personal experience and management of the case.</p>
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B – Intellectual Skills

<p>Upon completion of the programme, a typical student will be able to:</p> <ul style="list-style-type: none"> • Recognise the key signs and symptoms and explain the aetiology of acne • Demonstrate ability to apply knowledge of the management of acne. • Demonstrate ability to apply knowledge to recognise contra-indications / high risk patients to avoid side-effects and potential dangers with treatment including psychological issues such as depression • Demonstrate ability to apply knowledge to counsel patients of all of the above 	<p><i>Teaching and learning strategies and methods</i></p> <p>Intellectual skills are developed through a range of learning and teaching strategies. There is potential through the online discussion forums for the participants to bring their current experience to the course and discuss cases or issues relating to acne management. Participants are provided with opportunities throughout the course to develop their IT skills as an unexpected learning outcome. However, a basic level of IT skills is required and expected, to be able to do the course.</p> <p>Appropriate feedback is provided by the tutors in order to develop participants' intellectual capabilities.</p> <p><i>Assessment</i></p> <p>Formative assessment through tutor and peer feedback is designed to develop the participants intellectual skills in management of acne. The case history, med-e-conference and MCQ assessment will assesses the participant's intellectual skills.</p>
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C – Discipline Specific, Including Practical Skills

<p>Upon completion of the programme, a typical student will be able to:</p> <ul style="list-style-type: none"> • Make accurate diagnoses and plan appropriate management of a range of acne grades. • Demonstrate awareness of the limitations in the management of acne. • Discuss the significance of prescribing and choosing the appropriate treatment in the management acne in the light of existing evidence. 	<p><i>Teaching and learning strategies and methods</i></p>
	<p>Participants’ skills in acne management are developed throughout the course in assessed MCQs Med-e-conference and a case report. In addition the formative discussion forums with tutor support will develop practical skills in grading and managing acne. Tutor feedback throughout the course is geared towards challenging and promoting competency in managing acne.</p>
	<p><i>Assessment</i></p> <p>The participants’ ability to accurately describe and manage acne, are assessed throughout the course through regular tutor feedback. These skills are summatively assessed in the case history, med-e-conference and MCQ’s.</p>

D – Transferable Skills

<p>Upon completion of the programme, a typical student will be able to:</p> <ul style="list-style-type: none"> • Work effectively in independent study and in interactive online environments. • Demonstrate communication skills both written and vernal with peers and tutors. • Prepare for lifelong learning with a commitment to professional development. • Develop IT skills. 	<p><i>Teaching and learning strategies and methods</i></p>
	<p>The range of learning and teaching strategies offered on the course ensures that diverse learning styles are considered in keeping with principles of adult education. The online platform provides an interactive environment and facilitates development of effective communication skills.</p>
	<p><i>Assessment</i></p>



3. Course Structure

3.1. Module Material

There is one module covering the aims, objectives and learning outcomes of this short course. In addition there are supplementary chapters, additional articles and online lectures which provide compulsory reading. The course material can be accessed through the course homepage and content section. The PDF or word version can be saved on your hard drive and printed out for ease of access. We have provided several module formats to accommodate for different internet speeds and for personal preferences. An interactive online module is provided which gives an overview of the module with animated diagrams. This is intended to be used with the more detailed PDF or Word version, which is also available. We have provided a PDF version with small clinical photographs. For those of you with slower systems or simply wishing to save on cartridge ink, you may prefer to download the simple word version with no clinical images. This reading is compulsory and will form the basis for the MCQ assessments. All communications queries and course information are accessible through the student's homepage. It is essential that students become well acquainted with this page so that they may effectively use all of the site functions.

3.2. Teaching Methodology

All course participants are practicing doctors who regularly manage patients with dermatological problems. To take advantage of the wealth of experience that already exists among these practitioners the course utilises methods that promote co-operative, purposeful learning. This includes problem solving and discussion forums all within an efficient online environment. Didactic methods such as the lecture format are not emphasised. Students are expected to use their individual study time to complete the modular material. The success of the programme therefore depends, to a large extent, on the input and enthusiasm of course participants.

3.3. Computer Requirements

All the work on this programme will be done through the dermatology website at www.dermatology.org.uk. It is therefore essential to have access to a computer with access to the internet. At the start of the course students are issued with a username and password which will allow access to this secure area, available exclusively to course administrators and course participants.

To enhance students' experience online we recommend subscribing to a fast Internet access service (ADSL or Broadband). Students are able to participate fully with a standard modem but all activities online will be less efficient and sometimes more frustrating.

Please note that there are occasionally problems with accessing the website which are related to the Internet Service Provider (ISP) students have chosen to use. This is entirely outside of our control. There are also monthly maintenance updates from the website providers. We hope these slight hiccups do not affect student motivation to complete the programme. We try to ensure that all the technology is functioning well at our end at all times and try to inform students of the times and dates of maintenance checks in advance.

If you have an Apple Mac computer it is important that you load the Microsoft package in order to participate fully in the online activities, and we recommend that you contact the department as early in the course as possible if you have any queries.

3.4. Course Content - Timetable

WEEK	TOPIC	WEEK COMMENCING
1	Course reading and familiarisation	30 August 2010
2	Acne module and lectures	06 September 2010
3	Med-e-conference	13 September 2010
4	Case History	27 September 2010
5	MCQs	04 October 2010
6	Website closes	11 October 2010

3.5. Course Assessment Procedures

The programme requires formal assessment to achieve the Certificate of Completion. In-course continuous assessments contribute 100% of the final mark

In-course activities comprise of formative and summative components. The formative activities are intended as a means of giving feedback to students and to encourage peer interaction. All in-course activities are both completed and assessed online.

Summative Assessments		Formative In-Course Activities
Module MCQs	10%	Discussion Forums
Case History	30%	Peer Review
Med-e-Conference	60%	
Total	100%	

Students must gain 50% of the continuous assessment to gain the certificate in acne management

4. Course Activities

4.1. Module MCQs (Summative)

There will be an assessed MCQ that must be completed by the end of the course. There are a variety of questions and we have provided you with a mock MCQ test so you can familiarise yourself with the format.

4.2. Case History & Peer Review

4.2.1. Assignment Information and Marking Procedure

WORD COUNT 1500

The Case History is an important aspect of the course. It is a mandatory assessment and students must submit one case of acne management highlighting key learning points in week 3 for grading.

The Case History should be one that has been managed by yourself from presentation to conclusion, or, at the very least, where you have had a part in the management.

The case histories will be assessed online and will account for 30% of the course mark. This weighting reflects their importance as they demonstrate the student's ability to synthesise and apply their learning on the programme.

Important Information Regarding the Case History

1. The structured headings given in the table below should be used.
2. Where relevant, give references in the Vancouver style.
3. In the interest of confidentiality, do not give actual patient names or initials, but use pseudonyms or another method of preserving patient privacy, such as initials only. Do not give patient addresses. Similarly do not identify names or even initials of consultants involved in patient care. When giving drug names please use generic names rather than trade names where possible.
4. Detailed "copied" case records are not appropriate and will be given a mark of zero.
5. Remember to check the spelling! We recommend using a spell-check facility. Spelling "seborrhoea" or "comedone" incorrectly gives a bad impression!
6. Clinical photos may be used as they tend to make the case more realistic for the reader. However, the use of photos is not compulsory.
7. The Case History should be uploaded as fully formatted Microsoft Word documents to ensure that the tutors can open them. If you do not have access to Word, please let your group tutor know so that arrangements can be made for your written work to be accessible for marking.
8. Use the following fonts only: Times New Roman, Courier New and Arial.
9. Make sure that your name is clearly displayed at the top right-hand corner of the front page of your case history.
10. Include a word count. Failure to do so will result in zero marks. Please note: this is a Cardiff University requirement.
11. When submitting the case history, students are strongly advised to keep a hard copy for themselves.
12. Submit the case history by the set submission dates.

4.2.2. Structure For Case History

(Basic structure 1500 words)

<p>Introduction 200 words</p>	<ul style="list-style-type: none"> • Very brief introduction of where you work. • Motives and reasons for presenting the case: key learning points • Definition of the topic: problem, disease, clinical activity. • General context of the topic: relevant knowledge, present clinical situation and challenges
<p>Presentation of the case 600-800 words</p>	<ul style="list-style-type: none"> • Situation, context and triggering factor of the report (might include an event in patient's life, outbreak in the area of infection or something unusual about the normal pattern of their disease) • Clinical state of the patient • Diagnostic and therapeutic acts, care and support • Expected or Unexpected results and events of actions carried out or omitted • Highlights of the report: "What have you learnt?"
<p>Discussion and conclusion 500 words</p>	<ul style="list-style-type: none"> • Discussion of observations and results • Conclusions: "What does this mean?" • Proposals and recommendations for practice: How will your clinical decisions for similar cases in the future be affected?
<p>References Not included in word count (max. 12 references)</p>	<p>Of relevance to:</p> <ul style="list-style-type: none"> • Clinical problem described • Clinical actions taken • Decisions and actions under consideration

4.2.3. Peer Review of Case History

Students are also required to Peer Review one case history of a group member. It is a formative but compulsory assessment. If you do not complete your peer review you will not be issued a completion certificate

Your peer review will be acknowledged by your tutor but not assessed. You will not receive your case result until you have peer reviewed your allocated case. The submission date is included on the timetable and the list of whose case you will be required to review will be made available on the course home page. Please write 250 words using the criteria of introduction, presentation of the case, discussion and conclusion to include accuracy and relevance of the use of supportive evidence (quality and usefulness of references). The peer review exercise will take place on the discussion forum area within your groups. Therefore you need to load a copy of your case onto the discussion forum for peer review and you will be allocated a case to review.

4.2.4. Marking Criteria for Case Histories

	Distinction (70 – 100%)	Clear pass (60 – 69%)	Pass (50 – 59%)	Fail (40 – 49%)	Clear Fail (0 – 39%)	Not Submitted Plagiarised (0%)
Conforming with instructions (e.g. word length, references)						
Attention to purpose and Presentation	<p>Has addressed the purpose of the essay and each case in a comprehensive, imaginative and exceptional manner.</p> <p>Presentation is articulated in an exceptionally logical manner.</p>	<p>Has addressed the purpose of the essay and each case history coherently and with some attempt to demonstrate imagination.</p> <p>Carefully and logically organised</p>	<p>Has addressed the main purpose of the essay and each case history.</p> <p>Shows organisation and coherence.</p>	<p>Some of the work is focused on the aims and themes of the essay and each case history.</p> <p>Shows some attempt to organise in a logical manner.</p>	<p>Fails to address the task set.</p> <p>Disorganised/Incoherent.</p>	
<p>Accuracy of information provided (whether evidence-based)</p> <p>Use of dermatology terminology and treatments</p>	<p>Information was relevant and accurate.</p> <p>Excellent use of vocabulary and descriptive skills.</p> <p>Discussed an exhaustive list of treatment options.</p>	<p>Information was relevant and accurate.</p> <p>Discussed comprehensive treatment options.</p> <p>Very good use of vocabulary and descriptive skills were appropriate, accurate and elaborated upon.</p>	<p>Information was reasonable, relevant and accurate.</p> <p>Was able to discuss appropriate treatment options. Use of vocabulary and descriptive skills were clearly understood but not elaborated upon.</p> <p>Some spelling errors of the medical terms which do not detract from the meaning of the essay.</p>	<p>Some relevant information but not completely accurate.</p> <p>Inadequate and limited superficial information. Limited description ability and use of vocabulary.</p> <p>Numerous spelling errors of the medical terms which detract from the meaning of the essay.</p>	<p>Inaccurate, unsafe treatment regimens or advice discussed.</p> <p>Was unable to describe or use the correct dermatology vocabulary.</p> <p>Numerous spelling errors of the medical terms which detract from the meaning of the essay.</p>	

<p>Use of literature Evidence of reading</p>	<p>Has developed and justified using own ideas based on a wide range of literature and sources which have been exceptionally analysed and discussed, throughout the essay.</p>	<p>Able to critically appraise the literature and theory gained from variety of literature and sources, developing own ideas in the process, which have been analysed and discussed, throughout the essay.</p>	<p>Clear evidence and application of readings relevant to the subject; uses indicative texts identified, which have been superficially analysed and discussed in the essay.</p>	<p>Literature is presented uncritically, in a purely descriptive way and indicates limitations of understanding which is not applied or analysed or discussed in any depth in the essay.</p>	<p>Either no evidence of literature being consulted or irrelevant to the cases, management or outcome of the essay.</p>	
<p>Rationale/Evaluation</p>	<p>Uses all available data to evaluate the options. Clear criteria are applied to demonstrate reasons for final decision/choice/outcome and reflects on the process.</p>	<p>Uses data to evaluate options and selections of final outcome clearly demonstrated in discussion and conclusion.</p>	<p>Uses data to evaluate some options and selection of final outcome is linked in the discussion and conclusion.</p>	<p>Presents benefits and disadvantages of some potential outcomes but without providing clarity on reason for final outcome / choice.</p>	<p>Little explanation of how the final outcome/choice was made OR no indication of final outcome/choice.</p>	
<p>Self-criticism/flexibility (reflection on practice)</p> <p>Ability to recognise a change of plan as new information or the case develops and ability to reflect on your role in that process. The student reflection on the case, having a good clear summary of what they have learnt from the case and a good clear statement of what they will do differently in the future if faced with a similar case. This criteria may require you to add information if the case is very straight forward and does not change.</p> <p>Always include a plan B or expected outcome if you have not followed up the case fully to demonstrate your safe management of the patient in case you have got it wrong.</p>	<p>Is confident in application of own criteria of judgement and in challenge of received opinion in action and can reflect on action, in an exceptional way.</p>	<p>Is able to evaluate own strengths and weaknesses; can challenge received opinion and begins to develop own criteria and judgement.</p>	<p>Is largely dependent on criteria set by others but begins to recognise own strengths and weaknesses.</p>	<p>Dependent on criteria set by others. Begins to recognise own strengths and weakness.</p>	<p>Fails to meaningfully undertake the process of self criticism.</p>	

<p>References - Appropriateness of references quoted.</p>	<p>Exceptional use of relevant, accurate references, which are accurately embedded throughout the text.</p>	<p>References are adequate in number, very good and relevant to the subject, which are accurately embedded throughout the text.</p>	<p>Referencing is mainly accurate. References are accurately embedded throughout the text.</p>	<p>Some attempt at referencing. Listed but not embedded in the text.</p>	<p>References are inaccurate and sparse Referencing is absent/unsystematic.</p>	
<p>Total marks</p>	<p>30</p>					

4.3. Med-e-Conference

Assignment Information and Marking Procedure

The Med-e-Conference is a group assignment, which includes a series of tasks and activities culminating in a group task of relevance to acne management and prescription of isotretinoin. The conference will contribute to 60% of your assessment activity.

The acne conference requires mandatory participation. You **MUST** inform your tutor and your group at the beginning of the conference if you are delayed due to extenuating circumstances as your tutors log in daily and many do grade your input on a weekly basis.

The main aim of the Med-e-Conference is to encourage learning through collaboration and teamwork. It is important that students discuss and comment on their colleagues' completed tasks. Med-e-Conferences are a 2 week discussion on acne which are meant to encourage students to develop discussions around key clinical and practical issues in their day to day practice. Their aim is to highlight a specific clinical area, exchange existing practices on the subject and through group discussion and collaboration agree on best practice by the end of the conference. The tutor's role will be mainly to guide the discussion through appropriate contributions largely meant to support the collaborative efforts of the students. Non participation or minimal participation is not in the spirit of the task and simply reiterating what colleagues have said previously is unlikely to gain you many marks. Your personal contribution to the conference is recognised by the fact that you get 2 marks at the end – a personal one and a team one. The weighting is heavily in favour of the personal contribution by 80:20%. Some tutors like to keep on top of the conference and assess the tasks weekly – generally you will have 9 or 10 tasks to do and the tutor will guide you at the beginning of the conference as to how he or she would like the conference to run. Take heed of the instructions given and check your site email daily – complaining at the end that you have a poor mark because you did all your work in the 2 days will have little effect.

This is a “group work” activity and as far as possible you are expected to contribute **THROUGHOUT** the 2 weeks to the individual and group tasks –The tutors who assess this conference are, in the main, Primary Care Doctors who have a busy work schedule. Many do mark the conference week by week – if you do not contribute to the conference from the beginning and leave it all to your colleagues to do, you are likely to lose valuable marks.

4.3.1. Med-e-Conference Assessment

The tutors will assess the following:

- Level of participation Interactive and group skills (includes Teamwork, Negotiation)
- Quality of analysis and critique of contributions by fellow group members
- Accuracy of contributions and relevance of contributions to stated conference aims and task requirements.
Use of dermatology terminology and treatments
- Effective use of resources and referencing. Use of evidence to support contributions.
- Applicability of contributions to clinical practice
- Evaluation/Rationale

4.3.2. Med-e-Conference Marking Criteria

	Distinction (70 – 100%)	Clear pass (60 – 69%)	Pass (50 – 59%)	Fail (40 – 49%)	Clear Fail (0 – 39%)	Not Submitted Plagiarised (0%)
Level of participation	Completed all tasks. Assumed central leadership role for group activities.	Completed all tasks. Invaluable contribution to group through well thought out critical analyses and supportive communication with group members.	Completed all tasks. Able to share valuable experience in practice to develop or improve the group task.	Failed to complete each task or completed all tasks but superficially. Contributions not applicable to clinical practice.	Failed to complete each task.	Failed to participate. Plagiarised work. No further mark required.
Interactive and group skills (includes Teamwork, Negotiation) Quality of analysis and critique of contributions by fellow group members	Can interact effectively within a learning or professional group. Can recognise, support and be proactive in leadership. Can negotiate and handle conflict in complex situations. Able to assess/examine a wide range of work of others using broad ranging criteria. Can provide commentary on its marks and offer insight and support into how it could be developed.	Can interact effectively within a learning group, giving and receiving information and ideas and modifying responses where appropriate. Able to assess / study work of others and judge against criteria, areas for improvements	Meets obligations to others (tutors and/or peers); can offer and/or support initiatives; can recognise and assess alternative options. Able to examine work of others and identify its strengths and weaknesses.	Makes efforts to develop interactive skills. Uses basic interactive skills appropriately. Able to comment in general terms on the work of others.	Has problems working with others avoids work with others. Does not contribute or contributes inappropriately in groups. Unable to make reasoned comment on the work of others.	

<p>Accuracy of contributions</p> <p>Relevance of contributions to stated conference aims and task requirements.</p> <p>Use of dermatology terminology and treatments</p>	<p>Excellent use of vocabulary and descriptive skills Information was relevant and accurate Discussed an exhaustive list of treatment options.</p>	<p>Very good use of vocabulary and descriptive skills were appropriate, accurate and elaborated upon Information was relevant and accurate Discussed comprehensive treatment options.</p>	<p>Use of vocabulary and descriptive skills were clearly understood but not elaborated upon. Information was reasonable, relevant and accurate. Was able to discuss appropriate treatment options.</p>	<p>Limited description ability and use of vocabulary Some relevant information but not completely accurate Inadequate and limited superficial information.</p>	<p>Was unable to describe or use the correct dermatology vocabulary. Offered inappropriate or unsafe clinical advice.</p>	
<p>Effective use of resources and Referencing.</p> <p>Use of evidence to support contributions. Not necessary for every single task.</p>	<p>Exceptional use of relevant, accurate references and resources. Including web sources, patient information and accessible material.</p> <p>Wide range of sources which have been exceptionally analysed, applied and discussed.</p>	<p>References and resources were good, useful and relevant to the subject. Able to critically appraise the literature and theory gained from variety of sources, developing own ideas in the process.</p>	<p>Referencing and resources were adequate and mainly Accurate.</p> <p>Clear evidence and application of readings relevant to the subject; uses indicative texts identified.</p>	<p>Some attempt at providing resources but inaccurate referencing. Literature is presented uncritically, in a purely descriptive way and indicates limitations of understanding.</p>	<p>References and resources were absent and misleading.</p> <p>Either no evidence of literature being consulted or irrelevant to the tasks set.</p>	
<p>Applicability of contributions to clinical practice</p>	<p>Consistently demonstrates application of critical analysis of complex information, excellently integrated in the text. This includes colleague's ideas and practices. Clearly demonstrated the value to their own practice in a methodical and organised manner</p>	<p>Clear application of theory through critical analysis/critical thought of the topic area and demonstrated a clear justification of how the discussions of treatment and management of the patients fits into clinical practice.</p>	<p>Demonstrates application of theory through critical analysis of the topic area. Adequate demonstration of how the discussions of treatment and management of the patients fits into clinical practice.</p>	<p>Some evidence of critical thought/critical analysis and rationale for work. Mentioned how the discussions of treatment and management of the patients fits into clinical practice but not explored in any depth.</p>	<p>Lacks critical thought/analysis/reference to theory. Failed to link the information to clinical practice.</p>	

Evaluation /Rationale	Uses all available data to evaluate the options. Clear criteria are applied to demonstrate reasons for final decision / choice / outcome and reflects on the process.	Uses data to evaluate options and selections of final outcome clearly	Uses data to evaluate some options and selection of final outcome.	Presents benefits and disadvantages of some potential outcomes but without providing clarity on reason for final outcome / choice.	Little explanation of how the final outcome/choice was made OR no indication of final outcome/choice.	
Total Marks	30					

Students also receive a group mark based on effective teamwork leading to successful completion of group task = 20%

Distinction 5	Clear pass 4	Pass 3	Fail 2	Clear Fail 1	Not Submitted Plagiarised 0
Outstanding group work: identified key skills within the group and developed outstanding collaborative work to produce an outstanding creative final document.	Good group work: identified key skills within the group and developed good collaborative work to produce a good final document.	Adequate attempt to work as a group and produced an adequate final document.	Poor attempt to work as a group and did not complete the final group task.	Failed to work as a group or complete the final group task.	Failed to participate.

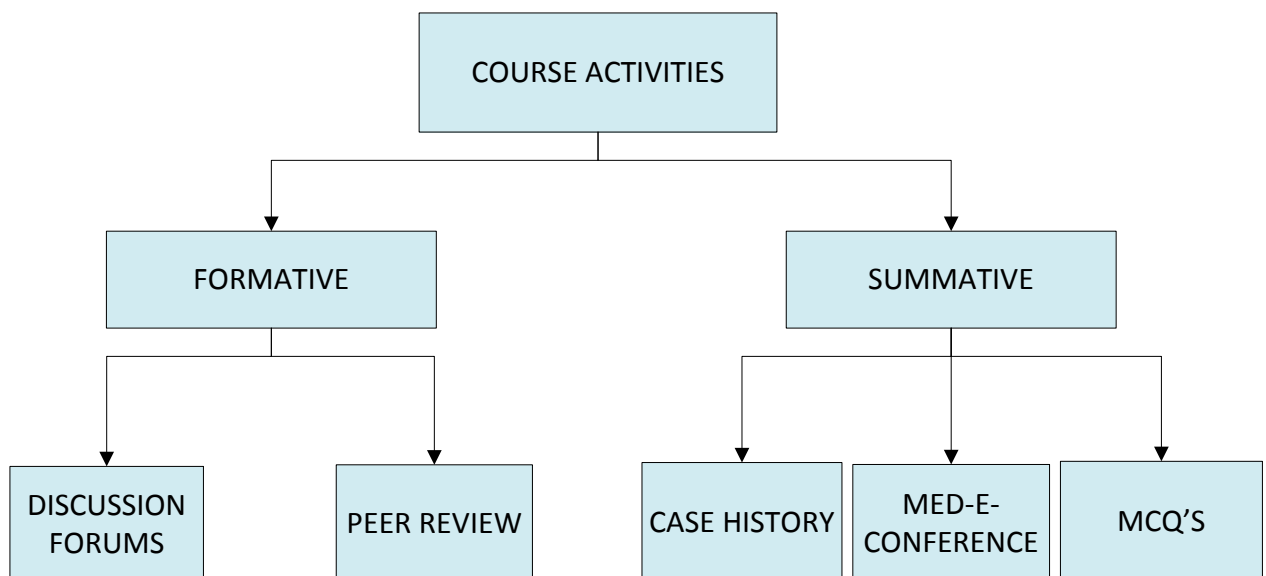
4.4. Discussion Forums (Formative)

The clinical discussion forums enable students to post topics, questions or problems for discussion online. The forums are predominately student led and tutor support is given if students request it or the Forum tutors feel that intervention is required. Fellow students or tutors can moderate and give advice or opinions on any issues relating to the course. The forums are designed to be informal and to generate group discussion and resolution of clinical issues stimulating enthusiasm for the topic. On occasions the tutors may create discussions of interest to the group. There are some students who will be more experienced in acne management and tend to take a lead on this forum. Some beginners may feel rather left out – however, that does not mean you have not got some valuable information for the discussion.

Please do not feel intimidated by the number, use your triaging skills and read the ones that interest you and mark the remainder as read. Please refer to the FAQ section to find out how to mark all posts as read.

There are correct ways to submit a posting to the forum, whether you are starting a new thread or replying to an existing one. To make the “threads” flow and easy to follow it is ESSENTIAL that you are familiar with the technique of participating. If in doubt please read the guidelines produced (link on the discussion pages) on “How to reply to the forum”. Misplaced submissions will also be deleted by the forum tutors.

4.5. Activity Summary





5. Student Feedback and Evaluation

Student feedback is essential to the development of the high quality provision that we offer, therefore your views are important to us and feedback is always welcome.

5.1. Individual Evaluation and Feedback

In order to constantly monitor and improve the course we are very grateful for feedback concerning any aspect of the course. There are feedback forms online to be completed at the end of the course but please feel free to contact us by telephone, email, fax or post at other times. We would be grateful if students would fill these forms in and submit them as they assist us in improving the programme for future participants. In addition there are questionnaires available online after each module. Please complete these so that we can evaluate and develop the online modules.