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## Electronic Learning for Healthcare e-Dermatology modules as a key educational tool for trainees during the COVID-19 pandemic: a regional experience

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The COVID-19 pandemic has dramatically affected clinical practice due to staff redeployment, reduced face-to-face patient contact and the temporary closure of routine services. Consequently, this has had a negative effect on the experiential training and education of doctors across all specialties globally, including Dermatology. Owing to the limitations imposed on physical gatherings, learning

has had to rapidly shift to online platforms in order to bridge the gap in training requirements. We describe the consultant-led interactive delivery of 10 educational online modules to Dermatology trainees across Wales.

The resources used were developed in conjunction with Health Education England e-Learning for Healthcare (HEE e-LfH), which works in partnership with the National Health Service (NHS) and professional bodies to educate and train the health and social care workforce. Currently, there are > 210 e-learning programmes and 24 000 sessions accessible on the platform (Fig. 1), including modules focusing on the diagnosis and management of common dermatological disorders, which have been developed in conjunction with the British Association of Dermatologists (BAD). Learning is based on the current Joint Royal Colleges of Physicians Training Board (JRCPTB) curriculum for specialist training in Dermatology. Interactive and engaging learning sessions covering all areas of the approved curriculum can be found on the e-LfH website.4 This e-Dermatology resource is currently being updated by expert authors to map to the new curriculum due in 2021.

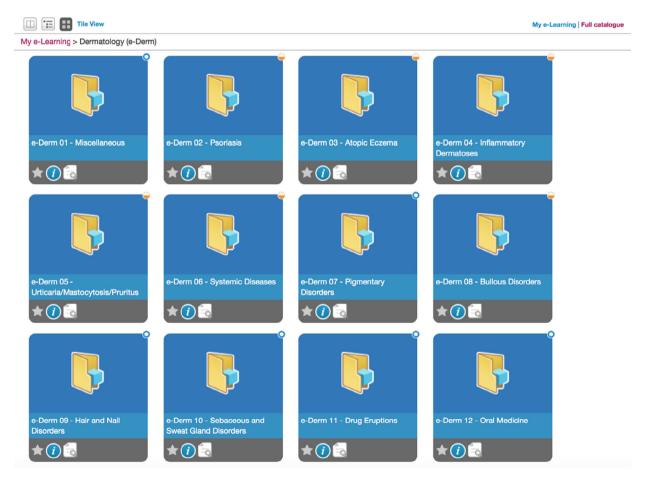


Figure 1 Screenshot of some of the available dermatology modules on the e-Learning for Healthcare website (https://www.e-lfh.org.uk/).

	Connection strength (%)	Video quality (%)	Audio quality, %	Ease of access, %	Quality of teaching slides, %	Quality of Teams <sup>®</sup> platform, %	Ease of asking questions, %
Excellent	37.5	25.0	25.0	37.5	62.5	37.5	37.5
Good	62.5	62.5	62.5	37.5	25.0	62.5	25.0
Average	_	12.5	12.5	25.0	12.5	_	37.5
Poor	_	_	_	_	_	_	_
Very	_	_	_	_	_	_	_
poor							

Table 1 Trainee feedback on the delivery of e-Learning for Healthcare e-Dermatology modules.

As part of this pilot teaching scheme, trainees in Wales (n=8-10) completed 2–3 online modules weekly prior to a consultant-facilitated interactive session on Microsoft Teams (Microsoft Corp., Redmond, WA, USA). Trainees also rotated in delivering literature updates on the relevant topic to further inform the sessions. Formal feedback was completed on various aspects of this format of virtual teaching.

Trainees rated signal connection strength, video quality, audio quality, ease of access, quality of teaching slides, overall quality of the Teams® platform and ease of asking questions. The majority of responses were 'Good' or 'Excellent' across all domains (Table 1). Most trainees (n=6;75%) felt the e-LfH modules along with tutor-led virtual sessions were a suitable alternative to in-person teaching, and 88% (n=7) felt the modules were sufficient to cover Dermatology JRCPTB curriculum requirements in addition to regular clinical training. During trainees' interviews, the ability to access modules 'anywhere' and the 'lower risk of infection' were major benefits. Access to teledermatology and high-quality images further augmented the teaching experience.

The HEE e-LfH e-Dermatology programme is a valuable, free resource that covers 160 topics including Specialty Certificate Exam questions, psoriasis, eczema, other common inflammatory diseases, melanoma and other skin cancers, and can be linked to NHS e-portfolios. The online sessions enhance traditional learning, support existing teaching methods, and provide a valuable reference point particularly during the shortfalls in training due to COVID-19. The experience for trainees may be further enriched by consultant input and informed discussion. The main limitations include access to technology, internet connectivity and lower engagement in larger groups.

Although face-to-face teaching was the preferred format by trainees, in its absence the e-LfH platform enables more interactive pedagogical techniques in supporting training and education during the pandemic and beyond.

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Conflict of interest: MMUC is Clinical Lead for the e-LfH e-Dermatology programme of the British Association of Dermatologists. The other authors declare that they have no conflicts of interest. Accepted for publication 10 November 2020

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## Changes in UK dermatological surgery during the COVID-19 pandemic

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COVID-19 has resulted in 1.5 million cases and over 66 000 deaths (on 28 November 2020)<sup>1</sup> in the UK with 'lockdown' introduced in March 2020. The British Society for Dermatological Surgery (BSDS) published guidance to dermatologists on 30 March 2020, with recommendations of 'avoid, restrict and abbreviate': *avoid* non-urgent clinics/surgeries; *restrict* number of visits, staff and aerosol generation; and *abbreviate* waiting and treatment times.<sup>2</sup> UK Dermatology departments have experienced severe effects across their services. We sought to determine the impact of COVID-19 on UK Dermatological Surgery through anonymous surveys electronically distributed to all BSDS members in May–June 2020.

In total, 51 recipients responded: 21 (41%) general dermatology consultants, 19 (35%) Mohs surgeons and