

CHALLENGES OF DERMATOLOGY TRAINING AMONG INTERNAL MEDICINE RESIDENT DOCTORS IN NIGERIA

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Abstract

Background:

The scope of dermatology training varies in teaching hospitals across Nigeria. In some institutions, there is a department of dermatology while in others it is a unit in the internal medicine department. Some medical schools have clinical postings in dermatology while others do not. Although the number of dermatologists in the country has increased compared with a few years back when they were a handful, the numbers are still inadequate to train other health practitioners on skin disorders and to meet the needs of patients.

The objective of the study was to determine the perceived challenges by residents with regards to dermatology training so as to provide adequate training and ultimately increase the number of dermatologist in the country

Methods:

This was a cross-sectional descriptive study among resident doctors in internal medicine attending the update course of the National Postgraduate Medical College in April 2012 at Lagos using a self-administered questionnaire. Data was analysed with SPSS 16.

Result:

Ninety resident doctors (58 pre-part 1 and 32 post part 1) answered the questionnaire. Seventy two (80.9%) had at least one dermatologist currently in their training institution. Sixty seven (76.1%) of the respondents (35 pre-part 1 and 32 post-part 1) had undergone postings in dermatology. The length of training varied from 1- 6 months. Sixty (66.7%) of the residents had dermatology posting as undergraduates in medical school with the length of the posting ranging from 2-6 weeks (30.0% for two weeks, 23.3% for four weeks and 41.7% for more than four weeks).

Residents felt they had inadequate exposure to procedural dermatology (surgery, lasers, aesthetic), dermatopathology and management of wounds.

Inadequate research opportunity (55.9%), inadequate mentors (53.2%), and inadequate facilities (53.2%) were more important challenges to dermatology training perceived by more than 50% of the residents.

Conclusion:

Dermatology training at both undergraduate and post graduate level in Nigeria is variable in content and duration amongst training institutions in Nigeria.

There is need to standardise undergraduate and postgraduate Dermatology training. Training institution should operate a standard structured dermatology posting for undergraduate training and adhere to available curriculums provided by the postgraduate colleges for postgraduate training. Adequate facilities should be provided in the training centres and were these are not in place candidates should go to other centres with adequate training facilities for their postings.

Keywords: *Challenges, Dermatology, Training*

Introduction

Dermatology services in Nigeria has expanded over the years since its onset in the early sixties.¹ However inadequate trained staff and lack of standard facilities remains a major challenge to the practice of dermatology in Nigeria.^{1,2} The number of dermatologists in Nigeria is grossly inadequate with less than a hundred dermatologists serving about 150 million people. Even in institutions where there are dermatologists, there is inadequate facility for optimal practice of dermatology.

The scope of dermatology training varies in teaching hospitals across Nigeria. In some institutions there is a department of dermatology while in others it is a unit in the internal medicine department. Some medical schools have clinical postings in dermatology while others do not.

Specialization in dermatology can be acquired through residency training through the West African College of Physician (WACP) or National Postgraduate Medical College of Nigerian (NPMC) training programmes. However the number of residents choosing to specialize in dermatology remains few in this environment compared to those of the developed world and is inadequate to meet the needs of those with skin problems.

We decided to look at factors that discouraged residents from specialising in dermatology

Methods

This was cross-sectional descriptive study carried out by using a self administered questionnaire. The questionnaire contains information about the socio-demographic data and dermatology training for the resident doctors. The degree of importance of the various fields of dermatology, perceived challenges and the possible solutions to these challenges were graded on a scale of 1 (not important), 2 (low importance), 3 (somewhat important), 4 (important) and 5 (very important).

The study was carried out among the resident doctors in internal medicine attending the update course of the National Postgraduate Medical College of Nigeria in February 2012 at Lagos university teaching hospital (LUTH) Lagos.

All the resident doctors including the pre-part 1 and post-part 1 residents attending the update course were included in the study.

Only those that refused to give consent were excluded from the study.

Data was analysed using SPSS 16 software. Continuous variables were expressed as means while categorical variables were expressed as proportions.

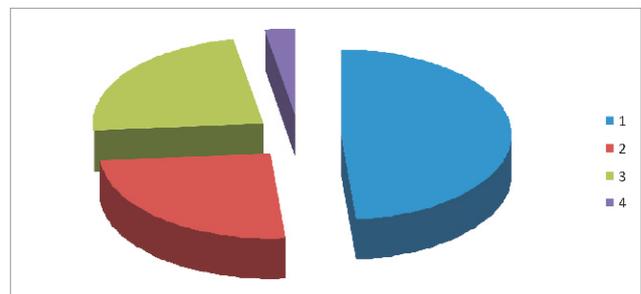
Results

Ninety resident doctors out of 103 returned the questionnaires.

The age range of the doctors was 28-48 years. The mean age was 33.4 years (SD = 3.4 years) while the peak age group was 32-35 years. 62 (68.9%) were males while 28 (31.9%) were females. 78 (86.7%) were Christians while 12 (13.3%) were Muslims. 35 (40.2%) belong to the Yoruba tribe, 22 (25.3%) to the Ibo tribe, 3 (3.4%) to Hausa tribe while 27 (31.0%) belong to the other tribes. 58 (64.4%) were married while 32 (35.6%) were single.

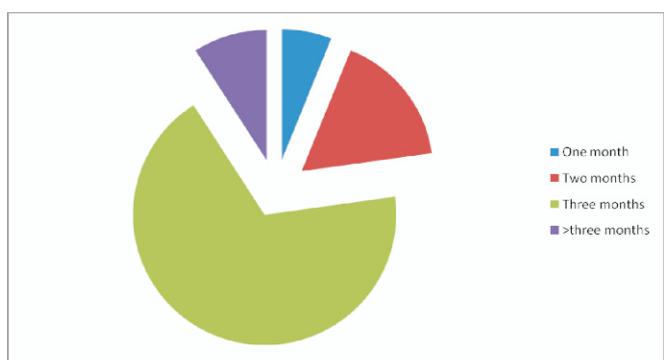
Seventy two (80.9%) had at least one dermatologist in their centre. The percentage distribution of the number of dermatologists is shown in figure 1:

Figure 1: The percentage distribution of the number of dermatologists



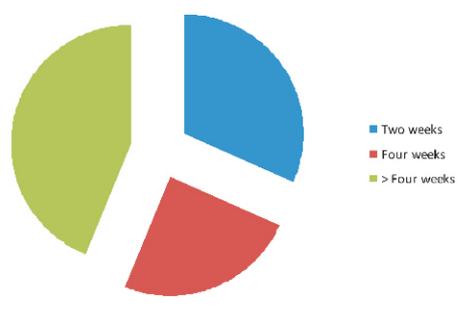
At the time of the study Sixty seven (76.1%) of the residents (35 pre-part 1 and 32 post-part 1) had done dermatology posting. The duration of posting done is shown in figure 2 below.

Figure 2: Distribution of duration of posting in dermatology by residents



Sixty (67.4%) had done dermatology posting in medical school. Thirty four (59.6%) believed that the posting was inadequate. The distribution of duration of dermatology posting in medical school are shown in figure 3 below

Figure 3: The distribution of duration of dermatology posting in medical school



Eighty (88.9%) believed that dermatology was broad enough to stand as a specialty. However 62 (68.9%) were not interested in specialising in dermatology while 27 (30.0%) were interested in specialising in dermatology. The reasons for not specialising in dermatology are shown in table 1:

Table 1: Reasons for not specialising in dermatology

Reason	Pre-part 1	Post-part 1
No answer	18 (47.4%)	10 (41.7%)
No specific reason	2 (5.3%)	0
Not interesting	8 (21.1%)	5 (20.8%)
Interested in another specialty	3 (7.9%)	4 (16.7%)
Guess work	1 (2.6%)	1 (4.2%)
Borring	2 (5.3%)	2 (8.3%)
Confusing	1 (2.6%)	1(4.2%)
Poorly developed	1 (2.6%)	0
Poor exposure in med school	1 (2.6%)	0
Feminine specialty	1 (2.6%)	0
Difficult	0	1 (4.2%)

The degree of exposure to the various fields of dermatology are shown below in figure 4

Figure 4: Degree of exposure to various aspects of dermatology

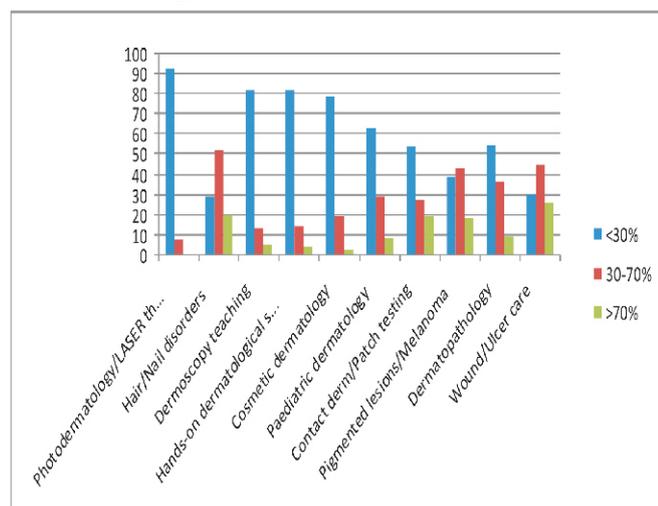
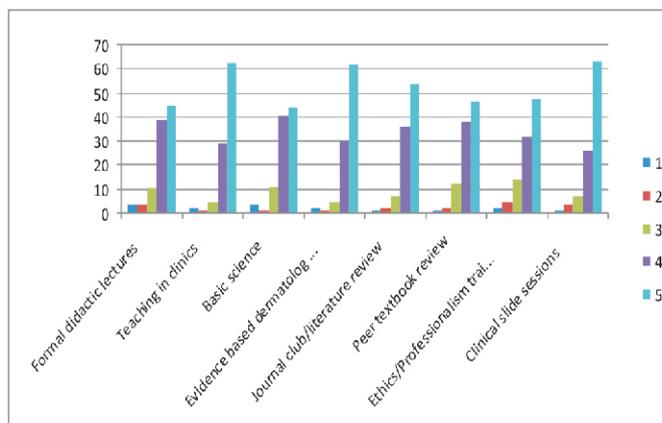


Table 2: Challenges during dermatology posting

Challenges to Dermatology training	Not important	Low importance	Somewhat importance	Important
Poor receptiveness to resident inputs	30.8	17.9	23.1	28.2
Inadequate mentors and carrier counsellors	19	11.4	16.5	53.2
Inadequate facilities	15.2	10.1	21.5	53.2
Inadequate time for independent study	17.7	12.7	24.1	45.6
Low patient discussion and presentation	19	20.3	12.7	48.1
Unavailability of specialty clinic	44.2	15.6	11.7	28.6
Inadequate volume and variety of patients	28.6	14.3	27.3	29.9
Low elective opportunities	19.5	10.4	26	44.2
Poor research opportunity/support	55.9	23.4	11.7	9.1
Inadequate support via peer teaching	14.3	13	22.1	50.7

Figure 5: Possible measures to improve dermatology training



DISCUSSION

Although there are many more teaching hospitals with dermatology units or departments in the country presently majority of the residents had poor exposure to various aspects of dermatology both as undergraduate and postgraduates. The period of exposure to dermatology postings also varied and some residents did not have any undergraduate dermatology training. Skin disorders constitute a significant percentage of outpatient department hospital visits in our environment. Most doctors will be consulted for a skin problem during their careers. All students should go through dermatology training before graduating as doctors.

Our study also showed that there is a deficiency in exposure to procedural dermatology dermatopathology and wound care (fig 4). In the last couple of years, Dermatology has been broadly divided into general, paediatric, cosmetic, surgical and dermatopathology. General dermatology is still the predominant aspect of dermatology emphasized in our environment as many of the skin disorders seen are eczematous or infectious.

Equipments such as LASERs for managing conditions such as pigmentary disorders, hirsutism and ageing issues are quite expensive and not available in any of our teaching hospitals at the moment. The increase in the number of dermatologist in most developed countries has been due to the increase in the number of those sub-specializing or practicing cosmetic and surgical dermatology.

There are few pathologist interested in dermatopathology in the country and some dermatology training centres do not have any exposure to dermatopathology. The importance of dermatopathology to the training of a dermatologist cannot be overemphasised. The suggestions given by residents on ways of improving the training of dermatologist (fig 5) suggests that some of the training centres do not have structured training programmes or are not adhering to the curriculums stated by the postgraduate colleges as the curriculum contain most of the suggested ideas. Some of the residents complained of inadequate time to learn dermatology and pressure from the continued management of patients with general medicine reduced the time available for the practice of dermatology. There are centres in Nigeria where dermatology exist as departments outside internal medicine, it would be nice to study such facilities and see if there are advantages to existing as a department. The residents complained of few mentors in the field, it is hoped that most of the teaching centres will have adequate teachers or send residents to centres that have standard training facilities in dermatology. There is a need to ensure that dermatology training is standardized in the centres where it is available similar to what obtains abroad. Freiman et al³ in a review of Canadian dermatology residency training reported adequate exposure to various aspects of training

but varying degree of satisfaction to the various aspects of dermatology.¹

Poor research opportunity was considered the most important among all the challenges experienced by residents in internal medicine during dermatology posting.

Teaching in clinics and unknown slide sessions were considered important measures that will enhance dermatology training in Nigeria

CONCLUSION

Dermatology training at both undergraduate and post graduate levels in Nigeria is variable in content and duration amongst training institutions in Nigeria.

There is need to standardise undergraduate and postgraduate Dermatology training. Training institution should operate a standard structured dermatology posting for undergraduate training and adhere to available curriculums provided by the postgraduate colleges. Adequate facilities should be provided in the training centres and were these are not in place candidates should go to other centres with adequate training facilities for their postings. Procedural dermatology and dermatopathology exposure should be emphasised.

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