

Mitigating the risk of skin cancer associated with thiopurine use

Sir,

We read with interest the review of thiopurine toxicity (vol 74(9), 2013, p. C153). While the authors have acknowledged the increased susceptibility to non-melanoma skin cancer among patients taking thiopurines, they do not outline simple but important steps that clinicians should take to mitigate and monitor this risk when initiating treatment and reviewing these patients.

All clinicians prescribing thiopurines for any indication must be aware of the need to inform patients of the increased risk of all forms of skin cancer, the photoprotective measures required to reduce such risks (including avoidance of excessive sun exposure, physical shielding from the sun with longer clothing and wide-brimmed hats and regular sunblock application) and the need for regular self-surveillance – as stipulated by British Association of Dermatologists (Meggitt et al, 2011) and British Society for Gastroenterology guidelines (Mowat et al, 2011).

On review, patients should be questioned about any new or changing skin lesions, and any suspected malignant or pre-malignant lesions should be referred expeditiously to a dermatologist for further assessment and early treatment. For organ transplant recipients, the National Institute for Health and Clinical Excellence (2006) also recommends annual skin checks in a specialist transplant clinic.

Faisal R Ali/John T Lear

Specialty Registrar (Dermatology)/

Consultant Dermatologist

Dermatology Centre

University of Manchester

Manchester Academic Health Science Centre

Salford Royal NHS Foundation Trust

Manchester M6 8HD

(f.r.ali.01@cantab.net)

Meggitt SJ, Anstey AV, Mohd Mustapa MF et al (2011) British Association of Dermatologists' guidelines for the safe and effective prescribing of azathioprine 2011. *Br J Dermatol* **165**: 711–34

Mowat C, Cole A, Windsor A et al (2011) Guidelines for the management of inflammatory bowel disease in adults. *Gut* **60**: 571–607

National Institute for Health and Clinical Excellence (2006) Improving outcomes for patients with skin tumours including melanoma: the manual. www.nice.org.uk/nicemedia/live/10901/28906/28906.pdf (accessed 13 November 2013)

back on teaching often seems to be non-existent. On occasion feedback forms might be completed after a Powerpoint session but this is inconsistent at best. So the end result is a head in the sand approach to effective teaching delivery, which can only be of detriment to our recipients.

The Measures of Effective Teaching Project, funded by the Bill and Melinda Gates Foundation, focused on helping to design and implement high quality feedback and evaluation systems in school. The project highlighted that effective teaching can in fact be measured, showed the advantages of using both student survey data as well as classroom observation in measuring this, and outlined the importance of averaging observations from more than one observer (Cantrell and Kane, 2013).

Being willing to recognize the lack of feedback systems in the medical environment will allow improvements in this deficiency. Instructors may feel hesitant about doing this but by obtaining guidance in this, teachers will improve themselves and the next generation.

Neel Sharma

Honorary Clinical Lecturer

Centre for Medical Education

Barts and the London School of Medicine and Dentistry

London E1 2AD

(n.sharma@qmul.ac.uk)

Cantrell S, Kane TJ (2013) Ensuring Fair and Reliable Measures of Effective Teaching. Culminating Findings from the MET Project's Three-Year Study. http://metproject.org/downloads/MET_Ensuring_Fair_and_Reliable_Measures_Practitioner_Brief.pdf (accessed 11 December 2013)

Feedback – non-existent for medical teachers?

Sir,

Clinicians have a duty to teach. From medical students to junior doctors, such an expectation is barely contested. Teaching delivery does vary and can rely

on 'by the bed side', small group tutorials or lecture hall-based instruction. It is common place to observe a 'learning through humiliation' form of pedagogy and this seems to be a training initiation for everyone in the field.

Instructors rarely receive feedback on their ability to teach. Without speculating about other institutions, in the UK, feed-

CORRESPONDENCE

If you would like to comment on any of the articles in *British Journal of Hospital Medicine*, please write in no more than 250 words to:

Professor Rob Miller, Editor-in-Chief, BJHM
c/o Rebecca Linssen, MA Healthcare
St Jude's Church, Dulwich Road, London SE24 0PB

email: rebecca.linssen@markallengroup.com

fax: 020 7978 8316