Performing office procedures is an essential part of comprehensive family practice, and competency in this area is a core component of family medicine training. Trainee level of exposure to dermatologic procedures can vary tremendously, depending on the patients they encounter during their clinical rotations and their preceptors’ practices. Formally teaching family medicine trainees the skills necessary to perform common dermatologic procedures is important, both before and during their clinical exposures to these procedures.

Purchasing models for dermatologic procedures is expensive and impractical, as they are costly, they are only good for 1 use, and a different model is often used for each dermatologic procedure. For instance, a 1-time use cyst excision pad costs approximately $60. Currently, a model that allows family medicine residents to learn and practice all dermatologic procedures necessary for certification and practice does not exist.

We teach a 90-minute, hands-on workshop on dermatologic procedures, during which time we review the indications for the procedures and the procedural techniques, and discuss pearls for practice. For this workshop, we invented the comprehensive dermatology procedures pad (CDPP). Each resident is given his or her own CDPP to use for the entire dermatology workshop.

We prepare the CDPP using prefabricated skin pads ($50 for 6 pads), a scalpel, store-bought artificial nails, vitamin E capsules, tape, and a pen (Figure 1). The CDPP allows for the practice of 4 types of suturing, shave biopsy, punch biopsy, elliptical excision, cyst removal, and toenail resection. The time required to

Figure 1. Supplies needed to create the comprehensive dermatology procedures pad: Pen, scalpel, artificial nails, vitamin E capsules, and tape.

Figure 2. Model of comprehensive dermatology procedures pad showing all practice areas: 3 parallel 2.5-cm vertical lines are drawn for trainees to cut with a scalpel and then suture; 2, 3-mm circles are made in pen for trainees to practise punch biopsy and elliptical excision; cyst excision is described in Figure 3; an artificial nail is glued with nail glue to the pad for trainees to practise partial toenail resection; a large drop of artificial nail glue is put on the pad for trainees to practise shave biopsy.
make 30 of these models is 1 hour (Figures 2 to 4). We have used this model to teach dermatologic procedural skills to family medicine residents at our teaching unit for the past 4 years. In our workshop, residents are also provided with gloves, scalpels, needle drivers, punch biopsies, nontoothed forceps, iris scissors, and sutures so that they can practise each procedure on the CDPP.

Formal evaluation and informal feedback from residents using this model to learn and practise these skills have been excellent. Residents appreciate having their own CDPP for use during the workshop and have found that it adds much value to the effectiveness of the teaching. Hands-on practice with the CDPP has helped equip them with the skills they need to incorporate these procedures into their future family practice.

The CDPP is an original, effective, and cost-saving innovation that could easily be integrated into the procedural training of residents in any teaching site. We hope that dissemination of this novel teaching tool will benefit other educators involved in procedural skills training.

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Competing interests
None declared

We encourage readers to share some of their practice experience: the neat little tricks that solve difficult clinical situations. Praxis articles can be submitted online at http://mc.manuscriptcentral.com/cfp or through the CFP website (www.cfp.ca) under “Authors and Reviewers.”