

British Association of Dermatologists Elective Prize/Project Grant Report - Summer 2019



Sculpture at the McGill
University Health Centre



Notre-Dame Basilica, Montreal



McGill University



Montreal City Hall

Badria Alkazemi, Third Year Medical Student, University of Leeds
McGill University, Canada
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I recently completed an 8-week dermatology research elective at McGill University in Montreal, Quebec. Canada's first medical school, McGill University is world-renowned for its research in the field of medicine. The Research Institute of the McGill University Health Centre (MUHC) is a world-class research centre and is located in one of the largest and most modern hospitals in North America. I was particularly drawn to MUHC's reputation as a research powerhouse and I am very happy to have been able to work on a research project there. This elective offered me the opportunity to develop my skills as a future researcher and clinician, as well as the opportunity for personal development. I am immensely grateful to the British Association of Dermatologists for the Undergraduate Elective Prize/Project Grant. Without which, I would not have been able to have this wonderful experience.

As a visiting researcher at the Cancer Research Program, my research involved mapping soft tissue tumours across Canada and analysing the data to find potential environmental risk factors. During that time, I gained many new skills in epidemiological statistics and using computer mapping software. As I was working with very large datasets, it was very important for me to be meticulous, thorough, and quick in my data analysis. Overall, I gained many transferrable skills that I will certainly be applying during the next few years in medical school and thereafter.

The dermatology service at MUHC serves to provide care for a large number of patients from across the country. I was invited to observe weekly dermatology clinics to develop my diagnostic acumen and familiarize myself with the Canadian healthcare system. I particularly enjoyed observing medical dermatology clinics where I was able to see some of the most complex cases. There were many patients with diseases that I had not encountered during my dermatology clinical teaching, such as mastocytosis, cutaneous T-cell lymphoma, and Sézary syndrome to name a few. I also observed clinics for solid organ transplant recipients. These patients were immunosuppressed, which made them more susceptible to various skin diseases such as non-melanoma skin cancer, viral warts, and dermatophyte infections. They were also

more susceptible to skin conditions as a direct result of the medications they were taking, such as sebaceous hyperplasia from cyclosporine. Therefore, they had to have regular skin checks to diagnose and treat skin conditions related to their immunosuppression or medications. In every clinic, I saw the immense positive impact that the dermatologists had on their patients. The improvement in quality of life that the patients experienced after they received the correct diagnosis and treatment was very rewarding to witness and one of the many reasons I am drawn to a career in dermatology.

It was interesting to learn about the Canadian healthcare system and compare it to that in the United Kingdom. Canadians enjoy healthcare that is free at the point of care, similar to the NHS. However, the way clinics were run was slightly different from what I observed during my placement. For example, dermatologists, rather than nurses, were expected to perform all the procedures that their patients needed. During my third-year dermatology placement, some procedures, such as biopsies and curettage and cautery, were usually performed by trained nurses. In Canada, however, dermatologists performed these procedures during the initial consultation with the patient. Another difference that I noted was that certain treatments were offered to patients if they had private health insurance. Even though patients were seeing their doctor under the free healthcare system, they still had the option to use their insurance to pay for more expensive treatments that their healthcare system did not pay for. Surprisingly, there was less use of electronic medical records in Canada compared to the United Kingdom.

There were many formal teaching sessions in both general research skills and dermatology. As part of the Cancer Research Program, I attended weekly workshops on topics such as research integrity, research ethics, and effective research presentation techniques. I also attended rounds – or dermatology teaching seminars for residents. During these rounds, I was able to learn about a wide array of dermatology topics such as dermoscopy, palmoplantar skin conditions, and phytodermatitis. Over the course of this elective, I would say that my dermatology knowledge grew exponentially and I left with a hunger to want to learn more.



The modern Glen site hospital where the Cancer Research Program is based



A statue of James McGill, the founder of McGill University

One thing that I did not anticipate was how much French was spoken in Quebec. French is more commonly spoken than English and many of the patient consultations I observed were in French. As I spent the majority of my summer in Montreal, I was able to pick up some passive understanding of the language and eventually was able to understand some consultations in French. I also had plenty of time to explore the city and appreciate all that Montreal has to offer. Montreal is a vibrant city with a lot happening every day. This is especially the case in the summer when everyone wants to enjoy the sun after months of a gruelling winter that can reach -40°C . I certainly enjoyed spending my summer there and look forward to visiting again soon.

Overall, my time at McGill as a visiting researcher was fantastic and exceeded my best expectations. I am very grateful to have had the opportunity to work with an academic dermatologist at McGill. I thoroughly enjoyed the research process and the teaching I received. This experience allowed me to explore dermatology in more depth and will hopefully be a step towards a future career in dermatology.