



Figure 2 Histological section of skin biopsy showing characteristic neutrophilic infiltrate in the upper dermis.

from less than a centimetre to several centimetres in diameter. Plaques can vary in appearance from pseudopustules to blisters. They tend to be red with a paler yellow/white centre in common with the target lesions of erythema multiforme.

Sweet's syndrome has been described in association with a large number of conditions including malignancy (haematological and solid tumour),² infection (bacterial, fungal and protozoal), inflammatory and rheumatological conditions and pregnancy.³ It has also been described affecting eyes, joints, oral mucosa and internal organs.

The characteristic skin histology is of a dense dermal infiltrate of neutrophils and classically there is vasodilatation and erythrocyte extravasation. Inflammatory cells demonstrate a band-like infiltration in the papillary dermis.

The typical clinical response to corticosteroid therapy is dramatic. Other therapeutic approaches have been with dapsone, cyclosporin and colchicine.

The incidence of Sweet's syndrome ranges from an annual incidence of 2.7 in 1 000 000 in Scotland⁴ to 1 in 250 in a Sri Lankan outpatient setting.⁵ Incidence figures may rise as awareness of Sweet's syndrome increases.

The Mirena IUS has as its active ingredient levonorgestrel 52 mg with a release rate of 20 µg per 24 hours. Its therapeutic indications are contraception and idiopathic menorrhagia and it is effective for 5 years. Contraindications include genital infections and active or previous ischaemic or cerebrovascular disease. No previous associations with Sweet's syndrome have been described.

Predilection to Sweet's syndrome and associated disorders such as oestrogen and progesterone dermatosis, erythema nodosum and pyoderma gangrenosum for female patients may suggest a hormonal influence on pathogenesis. Sweet's syndrome has also been linked to the oral contraceptive pill.⁶ The association that we found with the Mirena IUS adds weight to this hypothesis. It also serves to highlight the importance of detailed clinical history taking in patients with dermatological signs, particularly with regard to hormonal contraception and implants/prostheses.

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Statements on funding and competing interests

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TRAINING & EDUCATION

The development of an intrauterine device/intrauterine system computer-assisted learning package

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Introduction

Attached to this edition of the Journal is a CD-ROM computer-assisted learning (CAL) package to support doctors and nurses who are training to fit intrauterine devices/intrauterine system (IUD/IUS) and provide an update for doctors and nurses in line with Faculty of Family Planning and Reproductive Health Care

(FFPRHC) and Royal College of Nursing (RCN) requirements.

This package has been produced to coincide with the release of the Clinical Effectiveness Unit (CEU) IUD and IUS Guidance published in the January and April 2004 issues of the Journal, respectively.^{1,2} The content has been developed to align with this Guidance. The package is

provided free by the FFPRHC as part of its commitment to training and education.

Background

E-learning defined by Snook³ as 'the delivery of learning via any form of electronic media including online learning' is increasingly becoming adopted as an essential part of training and education for health care professionals. The introduction of personal computers and the development of the Internet have had a dramatic effect on all aspects of our lives. E-learning presents opportunities for adopting new approaches in training and education⁴ and is increasingly becoming mainstream in both undergraduate and postgraduate medical education.

The National Health Service (NHS) plan⁵ has recognised the need for a co-ordinated approach to lifelong learning, and central to the strategy is a commitment to investing in the use of information technology and improving access for health care professionals to the NHS net.

E-learning can take many forms including CD-ROM, the Internet, intranets, interactive computer/TV, and so on. Currently, there are limitations in Internet- and intranet-delivered packages due to network delays and browser/platform capabilities. The use of a CD-ROM overcomes the majority of these issues and also offers increased flexibility to the user.

Methodology/development process

Building on the experience of a CAL pilot project and an existing training package for the Diploma of the Faculty of Family Planning (DFFP) course and Letter of Competence in Intrauterine Techniques (LoC IUT), a proposal was developed that was approved and then supervised by the Educational Committee of the FFPRHC.

A first draft was peer reviewed by 10 key doctors and nurses from different services including representatives from the Faculty Educational Committee, the CEU, General Training Committee, community contraception and sexual health services and primary care. The reviewers assessed factual content, usability and technical aspects.

The content was aligned with the CEU Guidance documents and the quizzes and exercises based on those used by the Contraception and Health Service in Nottingham for IUD/IUS updating packages.

Why a CAL?

There are many examples of e-learning in industry, including the use of CD-ROMs, that have shown successful implementation and outcomes.⁶ E-learning is increasingly adopted as a method of supporting the delivery of the undergraduate medical curriculum. However, the use of a CD-ROM within community settings in postgraduate medical education is not yet well established or evaluated.

The concept of a CAL CD-ROM developed from an earlier pilot project that examined the feasibility and acceptability of a CAL CD-ROM within a community contraception and sexual health service. The CD-ROM

'Chlamydia Screening in the Community' was developed to assist in the introduction of chlamydia screening within the Nottingham Contraception and Sexual Health Service. It was distributed and evaluated throughout the service. The feedback revealed that despite large variations in computer literacy amongst users, the CD-ROM was an acceptable, enjoyable and flexible way of providing a training package within a community setting that led to perceived improvements in practice.

Becoming competent in counselling and fitting IUDs and the IUS is essentially a practical skill that brings together theory and practical elements. CAL has been shown to provide both students and educators with an important additional flexible resource that can complement existing training courses.⁷ The use of a CAL CD-ROM allows delivery of theory, video clips, quizzes and exercises and can be flexible to meet individual learning needs and styles in line with current approaches to learner-centred education. It can be used by an individual, a trainer and trainee and by a small peer group.

Evaluation

This is the first CAL CD-ROM approved and supported by the Faculty. Feedback and formal evaluation (via the Faculty website) will be a key element in establishing the usefulness, acceptability and impact on practice and whether future projects would be feasible and worthwhile.

Statements on funding and computing interests

Funding. Schering Health Care purchased the right to print copies of the CD-ROM for distribution to Primary Care in exchange for a contribution to IT development costs. The company had no input into the content of the CD-ROM nor did the author receive any payment for the development of the package. The Nottingham Contraception and Sexual Health Service training fund received consultancy fees from Schering, Organon and Janssen-Cilag for providing training to doctors and nurses in Nottingham. The author receives no personal fees for training but has been sponsored to attend the European Society of Contraception meeting in June 2004 by Schering and Janssen-Cilag.

Competing interests. None identified.

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NOTES FOR CONTRIBUTORS

The latest version of the Journal's Notes for Contributors can be found on the Faculty website at www.ffprhc.org.uk. The electronic notes are reviewed quarterly and updated as required.