

Clinical Cases in Dermatology
Series Editor: Robert A. Norman

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Clinical Cases in Psychocutaneous Disease

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Preface

The Dilemma

Competency in communication and interpersonal skills is a core requirement of the Accreditation Counsel for Graduate Medical Education. One can make the argument that our formal medical education system leaves something to be desired regarding this aspect of patient care. Studies have shown that effective interpersonal communication on the part of the practitioner can have a powerful effect on the patient's satisfaction with his/her dermatologic care, can possibly improve treatment compliance and health outcomes for the patient, and can decrease the likelihood of malpractice claims against the practitioner [1–6]. Unlike basic clinical skills, such as obtaining a history of illness or performing a physical exam, communication and interpersonal skills can be more difficult to teach and to assess. As such, even experienced clinical instructors may be at a loss regarding how to impart these skills, in spite of their best intentions to help the trainees communicate more effectively with patients.

Two common challenges in dermatology can hinder effective practitioner-patient communication and patient education. One, we are constantly under the time pressure created by short visits, and as a result, our patients sometimes leave the visit with the impression that they were rushed by their dermatology practitioners. Two, the heavy focus on youthful, flawless skin in modern society has influenced many of our patients to develop unrealistic expectations in terms of the extent to which therapy can completely clear their skin

diseases. These challenges contribute to the mounting stress of demonstrating effective interpersonal communication on the part of the practitioner, especially in situations involving difficult patients (e.g., those with a long problem list, unrealistic expectations, unusual demands, etc.).

A Patient-Centered Approach to Resolve the Practitioner-Patient Interpersonal Issues

In addition to basic training at the undergraduate and graduate medical education levels, communication and interpersonal skills necessary for establishing therapeutic rapport (i.e., a trusting relationship) with difficult patients can be acquired and polished with experience in practicing medicine. We recommend supplementing your knowledge of this topic by continually seeking outside educational resources, including didactic seminars taught by healthcare communication experts as well as books and other publications. It might also be helpful to reach out to any colleagues, including but not limited to psychologists, psychiatrists, and medical anthropologists – they are well-versed on topics pertaining to interpersonal relationships in the medical setting.

The following seven scenarios represent what appear to be the most common cases in dealing with difficult patients, ranging from the “long list” patient and the patient with a chronic disease to the distrustful/poorly compliant patient. We also grouped the cases according to specific elements of the visit (i.e., agenda setting, expectation management, apology and trust building), to help you identify areas needing development. With this section of the book, the authors hope to achieve two objectives: (1) to advance understanding of the psychological and social nuances of a dermatologic visit with a difficult patient, and (2) to help the readership develop useful techniques to resolve any communication-related issues. Even though the cases that we have created for this book are hypothetical, we hope that the teaching points will provide you with some helpful insights and practical knowledge, as

they were derived not only from the authors' experiences in dealing with difficult patients but also from those of our respected colleagues.

Of note, the concept of patient-centered care (i.e., where the patient is at the center of any healthcare professional-patient relationship) is at the center of our philosophy about how to approach difficult patient cases. We hope that you will take the care to listen and consider all of the possible factors causing certain patients to appear “difficult” – from obvious to subtle to even hidden factors. The authors believe that great lessons can be learned from this humble approach to human interactions. Our reflections on the emotional reactions that the difficult patient may evoke in each of us can lead to an expanded understanding of ourselves. How can we learn better ways of giving advice? Are we fully aware of the emotional impact on the patient's psychological state of heart-felt expressions, such as “I wish I could make this better for you” and “I wish this weren't happening to you”? Do we know when to say nothing except “I'm Sorry”?

As the first part of this book is a learning experience for all of us, your input is welcome at the lead author's email address, letien62nguyen@gmail.com. Thank you in advance for your help.

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Series Preface for Springer Clinical Case Reports Books

It is my great honor to be the series editor for the Springer Collection of Dermatology Case Reports Books. The case report format is a wonderful tradition and is particularly important in today's rapid-fire times.

Proposed Series Books will include Geriatric Dermatology, Inflammatory Disorders, Sexually Transmitted Diseases, Integrative Dermatology, Atopic Dermatitis, Dermatological Surgery, Wound Care, Malignant and Benign Neoplasms, Bullous Diseases, Hair and Nail Disorders, and other important subjects. Each book of didactic cases is of great practical help to both experienced and novice dermatologists. Although each book's primary audience is dermatologists, it can also provide guidance to internists, family physicians and emergency room doctors.

I believe that each book in this series will greatly contribute to the education of those that carefully study and read the cases. My great hope is that the patients of every practitioner that has absorbed and applied the lessons in each of these books will benefit from these case studies.

I have worked with Grant Weston and the staff of Springer for many years and I know they produce consistently excellent books and have a wide distribution and international readership. Thanks to Grant and all the Springer people for their hard work and energy.

Thank you to all the wonderful authors for their insight, time, and determination to bring each book to fruition. Each

of these books reflects the contribution that these talented authors and editors have made to add more light to the art of medicine and the care of our patients.

Dr. Rob Norman

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