

## Editorial

# Improving professionalism in the practice of dermatology

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Much of what is done in the routine practice of the dermatologist is in the out-patient service where one has to receive the patients, listen to their complaints and suggest suitable treatment after diagnosing the condition. The entire process revolves round the dermatologist, the tools required for arriving at the diagnosis and the clinic or office where one sees them. In an effort to open this area which has been less discussed we are writing this brief communication.

### **The appearance**

First appearance makes a lasting impression in the mind of the viewer. This also to a large extent implies trust in the treating dermatologist. Though this applies to any branch of medicine or public contact, a mention has been made to reemphasize the observation. First of all the doctor should appear clean, of a nice odor, well-groomed and in pleasant mood with a wish to listen to the patient. The form of attire worn by the doctor can add to this and has been the subject of study by various workers.<sup>1-3</sup> In

general, patients are appreciative of those in shirt and tie, shoes, name tag and white coat.<sup>1</sup> These give the impression that one is meeting the right person. The study also showed that physicians, too, desired this more than patients. Jeans, athletic shoes, sport socks and ornamental items in females that were very prominent were negatively rated. The trust of the patient was significantly enhanced in the professional attire and this was more significant when evaluating female physicians.<sup>2</sup> Given the extreme variation in women's attire according to the culture and geographic location, the desired dress for females was more confusing<sup>3</sup> and could not be standardized as for males. These studies draw an important distinction between doctors working only in laboratories and those also involved in treating the patients. The former have often been seen at work in jeans, T-shirts and sports shoes but this would not interfere in their work whereas in the latter it may be compromised.

There are occasions when the dermatologist attempts to hide dermatoses that are visible, if one is suffering from conditions like psoriasis and vitiligo. Most dermatologists feel that the patient may think "if the doctor cannot cure one's own malady, how can the person cure mine". These are chronic

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dermatoses that take a long time to respond and are also known to relapse quite frequently, particularly psoriasis, despite therapy. So dermatologists tend to wear full sleeve coats or shirts if the lesions are on the upper limbs but if the lesions are in a place like the face it may be difficult to do so. It is better to be frank with the patient and say that one is taking therapy or is not bothered about its presence, like in the case of localized vitiligo or androgenetic alopecia. Problems of this sort are more likely to be faced by a dermatologist doing mainly cosmetic procedures.

### **The tools**

Just like a student goes fully prepared to the school a dermatologist must have the tools required for diagnosis ready at hand. The importance is to minimize the waiting time of the patient as much as possible in the clinic. The longer the time the patient waits in the doctor's room the greater is the apprehension. Things like magnifying lens, forceps, scissors and Wood's lamp must be present. Apart from this, the dermatologist has to remember a number of facts relating to a disease to make the most appropriate diagnosis. Sometimes this may not be known when the disease is uncommon and recent editions of textbooks or journals may come handy if there is access. Given the space constraints and cost of subscribing to journals this may not be possible in many places and it is here that personal digital assistants (PDA) or hand-held devices have made their mark, the use of which are expected to rise rapidly.<sup>4</sup> These provide information on commercial medical references, drug-related queries, calendars and address books. Understandably their use is much more with residents<sup>5</sup> than all the

physicians. Unfortunately a number of significant issues have to be addressed before these devices can be boldly promoted.<sup>6</sup> They relate to the security of patients' data being given to a resident, data loss from the PDA, procedures to recover information from PDA back-up files, and the risk of transmitting infections in a critical care setting.<sup>5,7</sup> Even if all conditions are satisfied, it is possible that such devices may be of optimal use in hospitals or physicians practicing in groups of 50 or more.<sup>8</sup>

### **The clinic**

The standards that relate to a clinic depend on the place and are driven by the needs of the doctor and the nurse. It is difficult to define an 'ideal clinic' but a dermatologist must have a minimum of things in the clinic that help not only in establishing the diagnosis but also in educating the public about the dermatoses prevalent in an area, particularly when they are waiting. These include appropriate posters outlining the common diseases like leprosy in India or leishmaniasis in West Asian countries. Some simple information about the myths that are propagated about skin disease can also be exhibited particularly in diseases that affect the psyche like vitiligo, acne and psoriasis. How the disease presents and what the person should do about this can be explained pictorially. These depend on the type of disease that the dermatologist is best skilled in treating. Such posters can also help the dermatologist and the paramedical staff, e.g. a chart showing the dermatomes or the resting skin tension lines. A card showing the classification of topical corticosteroids according to their potency and the names in

which they are available can quickly help in making out a prescription.

Of vital importance in running a clinic is how to manage the overhead expenses. If these are not kept within limits the patients may have to be charged for ensuring proper running of the clinic. Most of the skill is acquired by trial and error, and many friends too can help from their own experience. In clinics where many surgical procedures are conducted this becomes important. Purchasing items for use like costly peels, botulinum injections and lasers are such that they cannot be done for any one patient. One container of botulinum when opened can be used in a dozen patients. There are companies that conduct their business in such a manner that they serve different dermatologists and charge them on the number of patients on whom they had used it. This way the cost can be brought down but to do this a good co-ordination must exist. Cost can be contained by ordering items using the principle of just-in-time inventory introduced by large manufacturers.<sup>9</sup>

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