JDPA

Journal *of* Dermatology *for* Physician Assistants

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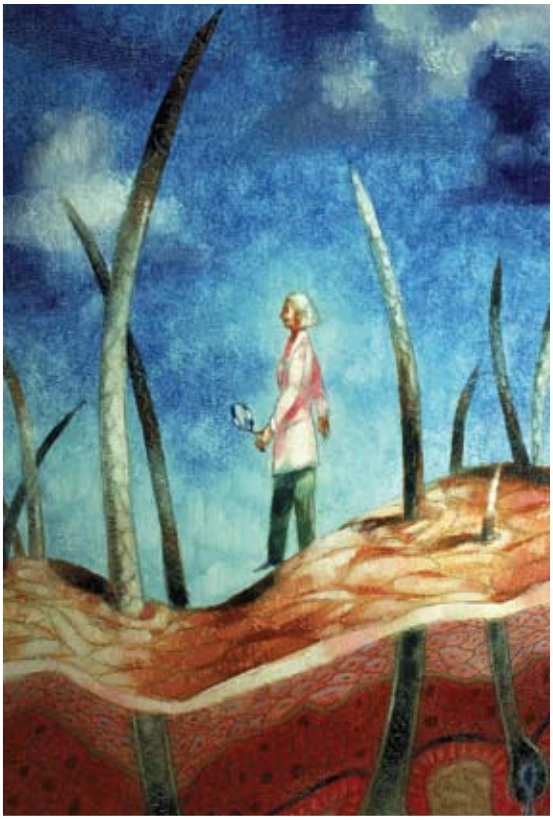
SURGICAL DERMATOLOGY

COSMETIC DERMATOLOGY

PROFESSIONAL DEVELOPMENT



Official Journal of the Society of Dermatology Physician Assistants

JDPA

Journal of Dermatology for Physician Assistants

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EDITORIAL MISSION: The JDPA is the official clinical journal of the Society of Dermatology Physician Assistants. The mission of the JDPA is to improve dermatological patient care by publishing the most innovative, timely, practice-proven educational information available for the physician assistant profession.

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JDPA/Journal of Dermatology for Physician Assistants (ISSN 1938-9574) is published quarterly (4 issues per volume, one volume per year) by Physician Assistant Communications, LLC, P.O. Box 416, Manlius NY 13104-0416. Volume 5, Number 3, Summer 2011. One year subscription rates: $40 in the United States and Possessions. Single copies (prepaid only): $10 in the United States (Include $6.50 per order plus $2 per additional copy for US postage and handling).
Periodicals postage rate paid at New York, NY 10001 and additional mailing offices.

POSTMASTER: Send address changes to Society of Dermatology Physician Assistants, Inc., 4111 W. Alameda Ave. Suite 412, Burbank, CA 91505, 1-800-380-3992.

The Difference We Make

By Steven K. Shama, M.D., MPH

Dear Reader,

I do not remember why I thought of asking my staff this question at the end of a busy week, but I am eternally happy that I did. I truly believe that it made their day, perhaps gave their life more meaning and touched me too.

"I want to wish everyone a wonderful weekend, but before we leave, if we can all relax, take a breath, and answer this question. You may answer it out loud, or if you wish silently. Thinking of just your interactions with people today, is there anything that you wished you had or had not said to someone, something that would have made their day sweeter and left you with a more fulfilled feeling inside of you, a feeling of being more kind?"

I reminded all of them how quickly our day goes by and how busy we can be. We attend to people and perhaps even process them, looking for broken parts, fixing them and sending people off. But in the midst of all the busyness of the day, did we stop someone from telling us their story, whether it related to their reason for their office visit or not? "Everything is a story and everyone has many stories," I said, "and we all love stories." "I know we do not have time for stories," I said, half jokingly, "but it is what brings the smiles to our faces, stops us for a moment and makes us realize what we are here for, not only caring FOR people but caring ABOUT them."

As we all sat in silence, my story of my day came to mind. A patient I saw just an hour before had come in for clearly what was poison ivy, but I knew he had a story to tell. There was something sad about his presence. He began telling me that it was one year ago that he had lost his wife and that each year, about this time, they would both clear the yard of falling leaves readying it for winter. As he began telling me that story, I paused for a moment, said that I was sorry and then went on telling him about the treatment I would give him. I knew at that moment that my pause was not enough. I had not truly felt what he felt, not even close.

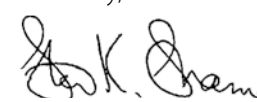
After I shared that experience with my office staff, I asked for others to share. My medical assistant, Ann, said that she had a story. She remembered how an elderly gentleman from a nursing home, was brought in by his two daughters. Their father was in a wheelchair, dressed in his Sunday best. His rash turned out to be quite simple and required just a moment of a diagnosis and treatment. Ann then told us her thoughts about what it had taken for this gentleman's two daughters to bring him to the appointment. Both of the daughters had taken off from work for their father's appointment, hoped that he would be dressed properly for his visit to our office and they got to our office on time despite the fact that it required a special car to transport their father. Ann sensed their love, and how much they cared, but she had never given that feeling a voice and it needed a voice.

A few other members of my staff shared their stories openly, and I know others did silently. It was then that I said, "before we all leave our office, and before the weekend begins, please call those people or send spiritual energy towards those people and tell them how you felt, how much you were touched and how you support their good efforts and their feelings and memories. Send some kindness their way."

A few of us went to the phones and spoke our peace. We felt that we made the world a better place. It made us more sensitive to caring about people and we learned that there is little joy in fixing but great joy in healing. We all became more sensitive and kinder. We gave voice to the stories around us, touching stories, stories that heal.

May I suggest that we reflect on how we can connect even more with our patients' stories, not just the reason for the visit. It is being human to connect with their stories and brings good spirit in our offices and to our patients. It is truly the kind thing to do.

Sincerely,



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The Difference We Make

By Steven K. Shama, M.D., MPH

It was comedian Victor Borge who said, "the shortest distance between two people is a smile." He was right. So simple. A smile. Not a smile for the camera, but a smile that is spontaneous, filled with deep appreciation, honoring a moment in time. I find that the more I smile the better history I take, the quicker I can take it and the richer is the information that I elicit from patients. An incidental byproduct is that I enjoy taking the history and I believe that the patient enjoys giving it.

While laughter is a moment of happiness and a giggle is an expression of innocence, a smile is an expression of the soul. I try to smile throughout my day but especially when I am in my office. I find the most reverent smile I can find. It is my belief that if my smile is "coming from the right place," it elicits an equal and identical smile from someone who is watching. The more I smile, the more others around me smile. It becomes infectious and involves my office staff also. Now I am not the only one who starts the smiles each day. However, I would like to lay claim to being the one who places smiling as one of the most valued expressions of our office staff. At office meetings I might say… "If I catch anyone smiling today I will like them even better!" Once we start the smiles at the beginning of the day they usually continue to the end.

I find that there are at least 3 ways for me to find my smile:

1. To be in the moment.

I start my day by getting ahead of it by… taking a breath, inhaling… pausing… exhaling, focusing on nothing and clearing my head of everything. This is one way to be in the moment. It is also guaranteed to produce a gentle smile.

2. To feel gratefulness and to express it.

I focus on all that I have, not on material riches but on life, on health, and on all that makes me happy. The energy that I generate from this state of mind, from this gratefulness, radiates out and attracts the best in others (especially their smile).

3. To look for the loveliest "part" of another person.

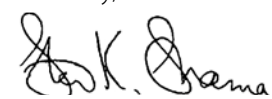
One of my teachers taught me to look for the loveliest "part" of the patient, not only for the broken ones. So before you are starting to talk about the reason for the patient's visit, you might send a smile their way by focusing on their peacefulness, their hair, their earrings, perhaps a colorful necktie, a colorful anything, a colorful everything! I even focus on clothing on the chair while they are seated on the exam table. I trained myself to look for books that they are reading or sketches that they might be doing as they are waiting for me. Therefore, when I ask the patient for the reason for their visit, I truly believe that this focusing sets up positive energy and elicits a smile. I then transition to the chief complaint. Now, there is an interesting expression… "chief complaint". The patient doesn't really complain, or do they? Or are they simply stating "the reason for their visit."

Smiles are our way of embracing others without touching. It is the positive energy of your smile that relaxes and reduces fear and suggests trust. There is an old expression from medical writings, author unknown… "To cure sometimes, to relieve often, to comfort always." I find a smile can often help cure, relieve and comfort. If a patient is relaxed with little fear and is in a trusting state, they are surely ready to give you the best history. One good smile deserves another. No good smile goes unrewarded.

So try the techniques tomorrow. Find your smile and spread it around and see what it gets you. There are no side effects to a smile, no ill effects. The cost is very little and it is easily reproducible.

Be careful of one thing… smiles can be addictive. Smile at your own risk. If you have in fact found your smile easily, your state "of smile" may be incurable. Hopefully medical science will never find a cure for the common smile.

Sincerely,



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The Difference We Make:

A Great Cure For "No-Shows"

By Steven K. Shama, MPH, MD

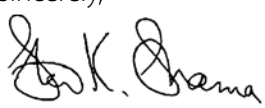
Our office has never overbooked appointments. We believe patients should keep their appointments and we trust that they will. However, sometimes they do not, and that does not make us feel good. Periodically we go back to the question of whether we should overbook our office schedule. The answer after a long discussion is always "no." We do not want to penalize people who show up, especially if they show up during an overbooked day. It does not make sense and it does not seem respectful of our patients.

Over the years we have struggled with finding ways of letting our patients know that it is their responsibility to keep their appointments and that if they do not, there will be consequences. For the past ten years, we have made our patients aware of our "no-show" policy. We believe our policy is not only new and novel but it is extremely successful with very few side effects!

At right is a sample of the letter our patients receive after they have no showed for their appointment.

Patients should not get angry about the intention of our letter, nor should they become upset about the consequences of not keeping an appointment. Before we had this policy, we would charge patients $40 if they missed an appointment and this would go toward our general fund. This often incensed patients and we were not very happy either. With our new "no-show" policy, the patients reward themselves by giving back to the charity of their choice. Therefore, it is hard for them to get angry or upset. Our "no-show" rate is now 1%! Try it yourself. See how it works. We think you will like it and the world will be a better place!

Sincerely,



By Steven K. Shama, MPH, MD

SAMPLE LETTER

Dear Mr./Ms. _____:

We are sorry that you missed your recent appointment with _____ on __/__/__. We realize that most people do not purposefully miss their appointments and we are sure that this was the situation with you. We make reasonable efforts to remind you of your appointment. Nevertheless, the ultimate responsibility is with you. It is our policy to not overbook appointments, therefore your appointment was left unfilled. Unfortunately, we were unable to accommodate patients who were in need of urgent appointments during your scheduled appointment time.

In the future, we ask for at least 24 hours (1 business day) notice if you are unable to keep your appointment. This is our stated policy.

Unfortunately, you will receive a bill for $40 for the missed appointment. It is your responsibility. We offer you the choice of either sending a check to us (which will be given to a national dermatology research foundation) or you can make a donation of $40 to your favorite charity (with a copy of the cancelled check sent to our office). If you have any questions regarding this letter or to reschedule your appointment, please feel free to call us at (___) ___-____. Thank you for your understanding.

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The Difference We Make:
The Worrier

By Steven K. Shama, MD, MPH

One of the most rewarding parts of my day is when I diagnose a mole as normal and quickly tell the patient the good news. I then realize that I have changed the patient's outlook on life dramatically for the positive. After a careful look I use words like,"It's not a cancer." Even when I am looking at a dysplastic nevus and need to biopsy it to be absolutely sure, I might say words like, "While the mole looks different, I can tell you from my experience that you will be fine." These are words of reassurance. I look at the patient directly in the eyes and say words like, **"Please don't worry."**

I realize that *what I say* is not as important as *how I say it*. I need to say it in an embracing way, a caring way, a compassionate way, a way that takes the worry out. Then I look at my patients, waiting for their response. Have they believed me, and if they did, did it really sink in? Can they rest peacefully and are they truly not worried? Have I helped them heal?

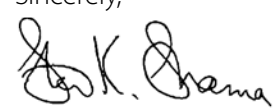
There is the so-called **"Worrier's Rule of 3."** Tell your patients that they do not have cancer three times during the course of your evaluation of their skin (and then let them know a fourth time that it is not cancer). Patients often will not hear your words of comfort until they have heard it a number of times. They are often in a worried mode and they may not realize it. I truly believe that it is an important part of your relationship with patients to put them back in balance, if at all possible, to reverse and move away from the worried state.

Worrying may be a natural response to situations that threaten one's health. Some patients go beyond this normal response, the true worrier. These individuals seem to be overly concerned about skin conditions that to you may seem quite innocent. We label these patients "worriers." I believe that they are conditioned by family members to be worriers. It probably goes back to their childhood. If you could ever ask worriers where they learned this response (and I often do) they will probably mention a close family member who was a worrier. I do not believe that there is a gene for worrying, but to my knowledge there are no studies that have been performed. Environment seems to be a powerful initiator. In my experience, I have not been successful in extinguishing this response or in diminishing it. I simply honor its presence.

If I have a good relationship with the worrier patient I might say, "You must be the worrier in your family. Where did you learn it from?" Inevitably, he or she will tell you. Of course any inquiry about such facts must be done with great warmth, caring, and respect. When it is done in this way your words of comfort, "It's not a cancer" or "Please don't worry" are so much more powerful and healing. After all, is that not what we are here for?

If I have the confidence and trust of my patients, I tell them about my worry box. "Please leave your worries here so you won't worry." I do not believe that worriers, deep down inside, like to worry. Any help from you is appreciated and welcomed. "I'll call you tomorrow and will put a rush on the biopsy so you won't have to wait. You will be fine." What you do for worriers is to give them the embracing assurance of a positive outcome (a gift) and in that way you reduce their uncomfortable state. Worriers also give you a gift. They give you the opportunity to shine as a health care provider, giving comfort to someone when they need it the most.

Sincerely,



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The Difference We Make:

What do you do with those Thank You cards from patients?

By Steven K. Shama, MD, MPH

Whether you've been seeing patients for three months or thirty years, I'll bet that you have received many Thank You cards from patients. My question is: How do you feel when you see one in a stack of mail? How do you feel once you've read that card? What do you do with that card after you've read it?

Thank You cards usually come in a 4 x 5 inch envelope and are brightly colored with various shades of pink or blue. They don't look like the typical business envelopes that we get every day. For me, these colored envelopes are much more exciting to open, since I am anticipating someone telling me of a good experience that they had in my office. The standard letter is often just that, standard off-white color, likely from someone who is either trying to sell you something or from another health care provider keeping you up-to-date about a patient. That latter letter is typically a boring one, you know, the kind you are used to sending to referring offices!

Occasionally, of course, a patient is writing about a negative experience in your office and sends it in the same type of colorful envelope. This "negative" letter happens rarely since, of course, not everyone can be overjoyed with their experience in your office. I have only one regret… I only wish they would send their letter in one of those standard envelopes!

So let's assume that you already have gotten some of those positive colorful envelopes, which you get every once in awhile and you start reading one of them. You might read words like…"I was touched by your kindness… you were the first dermatology provider who seemed to care and took time to explain… you actually called me and asked me how I was doing" and you read on…" I was so warmed by your ability to care for my daughter. You are the first provider whom she has liked and she still keeps talking about you all the time".

After reading words like this you might perhaps wonder whether they are talking about you and think, what did you do that was really so different? Nevertheless, may I suggest that you enjoy the words. Praise feels so good unless it connects too closely with ego.

Occasionally the letter praises a staff member. I like those letters too because in some way they are indirectly praising everything that you have built in your practice. I call that indirect praise "compliment by association."

So you have seen the colorful envelope and you've read it, now what do you do with that lovely card? It usually amazes me that someone would have taken the time to write about a lovely experience. People are so busy nowadays; this wasn't a simple quick e-mail that they sent, but rather it was a thoughtful, hand written note sent by snail mail. I have asked some of my colleagues what they do with these "Thank You" notes that they receive. One said that he reads them and files them. Another offered this vulnerable thought… he makes copies of the card for the patient chart and puts the original in his desk drawer to read when he is having a bad day.

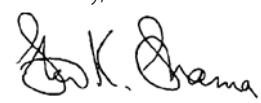
It has become my habit to file the original card in the patient's chart, after I have sent my own Thank You card in response to their card. My cards are also colorful ones that happen to be made by Russian orphans (we also sell these cards at cost in our office for patients to send to others, and maybe even to send to us one day). My notes to the patients often include thoughts on how I was so touched by their words, that I strive to do my best, and that it is a pleasure to be here for them. When they visit, I might bring up the same thoughts that I mentioned in my Thank You card as I glance at their original card filed in the chart.

I have always wondered if there is a way of encouraging more Thank You cards. I remember a sign many years ago in a candy store that read, "If you don't like the service, tell us… If you do like the service, tell others."

Seems like that kind of sign sets up the candy store workers for only hearing negative comments. I only wish I could put up a sign in our office that would read something like, "If you don't like the service, tell us… If you do like the service, tell us and a friend!"

Why can't we encourage, without seeming egotistical, the recognition of when we are doing our best so that one day our mail will be as colorful, as it is during holiday times? Why can't we encourage notes to be written from the heart reminding us when we shine, when we sparkle, and when we are doing our best in service to our patients? Wouldn't it be wonderful if we would actually send out Thank You cards to some of our patients who always make our day warm and rewarding? What a colorful idea… Thank You cards from our office thanking certain patients for being extra special.

Sincerely,



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The Difference We Make:

My Camp Discovery Experience That Changed My Life

By Steven K. Shama, MD, MPH

I had no idea that attending the American Academy of Dermatology's (AAD) annual business meeting in 1994 was going to change my life as a dermatologist and as a person… but it did!

Dr. Mark Dahl, 1993 President of the AAD was talking about a camp that he established the year before in northern Minnesota for some of his young patients who had severe skin diseases. He invited to the camp some of these young patients who had significant skin diseases that affected them both physically and psychologically. He wanted to give them the gift of simply going to a camp where they could play and act like regular children so that they would know they were not alone and not so different from any other child their age.

Dr. Dahl talked about the summer camp *(Camp Knutson)* and showed a short film that was made during the camp's first year. I remember how emotional he became when he was asked how he felt to be part of this wonderful experience, how teary-eyed he became when he said that it was simply wonderful. I teared up too. It was the only time that I felt like I needed tissues at the AAD's annual business meeting. Thank goodness that the lights were out!

I was so touched by what Dr. Dahl had done that I wanted to be part of the camp experience. As fate would have it, I saw Dr. Dahl the next evening at an AAD event and introduced myself. "Dr. Dahl, with all due respect to all that you are doing politically for the AAD, we may forget all of those issues one day, but we will never forget Camp Knutson." I was touched, inspired, and moved by the idea of the camp. That next summer I spent a weekend there and the following summer an entire week. I was with fifty children who were simply enjoying a camp experience, many for the first time in their lives, with their physical and psychological burdens being second only to simply having fun.

My responsibilities were to take care of the dressing changes for a ten year-old boy who had a severe form of epidermolysis bullosa. In order to remove his dressings, I would spend time each day soaking the young child in a big tub. I would do this every morning and evening and then apply a soothing cream and wrap most of his skin again in gauze; the soaking sessions were two hours, twice a day, just as his mother had done ever since his birth. He mentioned that during the dressing changes he and his mother talked and told stories to each other. She touched his skin as no other had ever done before.

I remember asking him if we could shorten the soaking sessions to perhaps one hour, since I had other responsibilities at the camp. I brought up the subject as gently and as kindly as I could. "Of course" he said but with this warm thought, "Dr. Steve, it's okay to soak my dressings for a shorter period of time but sometimes the dressings may stick and it hurts a lot. So if I say a naughty word, please forgive me." I was not his mother. I did not sing to him, read to him, or tell him many stories as his mother did and yet he was still willing to bear pain because of my schedule. How sweet, brave, and innocent. After that moment I was no longer the same person I was before. I could never be Dr. Shama again to any patient. It was always going to be Steven or Dr. Steve, if I had anything to say about it.

I realized that I never really knew what it was like to have a severe or significant skin disease, even though I had cared for many patients over the years. I realized that I had never gone home with a patient and had never applied any of the greasy ointments that I prescribed. I had never wrapped their skin and felt what they felt. I wondered how much I had missed and whether I was ever truly "there"… ever.

Camp Knutson soon became so well recognized and embraced by so many people that the AAD established two additional sites *(Camp Horizon in Millville, Pennsylvania and Camp Dermadillo in Burton, Texas)*. Soon there will be a fourth summer camp in the New England area. The new name used to encompass all of the camps was Camp Discovery. The AAD supports each camp with philanthropic donations. While I have not been back to Camp Knutson for many years, I continue to play my part in raising money to support Camp Discovery. Each September I, along with a few of my colleagues, ride a bike for 100 miles and ask hundreds of my patients to support me. There have been ten bike rides in ten years and we have generated over $150,000. My generous patients feel good, I feel good, and the children simply enjoy the camp experience in all of their innocence. I only wish more dermatology practices were to embrace a ride, a walk, a run, a golf tournament, or any other kind of activity and allow patients to support them. If more practices were to do this, Camp Discovery would have an endowment in a very few years.

I truly believe that the children of Camp Discovery are angels from the universe trying to teach us many lessons *(including caring, kindness, and compassion)*. I have been touched by one of these angels and I will never be the

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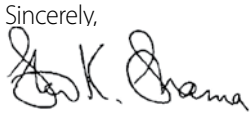
same. Many dermatology caregivers who have been to the camps have been transformed and have written about their experiences.

Unfortunately, my camper, whose dressings I so diligently changed and with whom I spent many hours, died two months ago at the precious young age of twenty. I thank him for being in my life and for changing my life for the better.

Perhaps you would like to be part of Camp Discovery this summer? But beware, you may be touched by an angel and never be the same! Thank goodness for the sweet, gentle, and loving children. Thank goodness for Camp Discovery.

Sincerely,



Steven K. Shama, MD, MPH

THIS YEAR THE ACADEMY WILL OFFER FOUR DIFFERENT WEEKS OF SUMMER CAMP.

- **JULY 5–10, TEEN CAMP, CROSSLAKE, MN (AGES 15 – 16)**
- **JULY 11–17, JUNIOR CAMP, CROSSLAKE, MN (AGES 10 – 14)**
- **AUGUST 15–22, CAMP HORIZON, MILLVILLE, PA (AGES 8 – 13)**
- **AUGUST 9–14, CAMP DERMADILLO, BURTON, TX (AGES 9 – 16)**

REFER YOUR PATIENTS TO CAMP DISCOVERY OR VOLUNTEER YOUR TIME

If you are interested in volunteering your time or have a pediatric patient you wish to refer to Camp Discovery, contact Janine Mueller in the AAD's Communications Department by phone at (847) 240-1737 or e-mail at jmueller@aad.org or at www.campdiscovery.org to complete an application online.

SUPPORT THE CAMP DISCOVERY ENDOWMENT

For information on making a contribution to this valuable Academy program, contact Valerie Thompson in the AAD's Development Department by phone at (847) 240-1427 or e-mail at vthompson@aad.org.

For additional information on the program, visit the Camp Discovery Web site at www.campdiscovery.org.

The Difference We Make:

The Greatest Gift We Can Give To Our Patients

By Steven K. Shama, MD, MPH

Not too long ago I celebrated my birthday, or should I say my friends, family, and some of my patients celebrated my birthday. I was showered with small gifts, many well wishes, and expressions of appreciation. Some other people said that if they had known about my birthday, they would have done something special for me. It was a beautiful day and I wasn't going to forget it.

I woke up the next morning and it was the day AFTER my birthday. It was an ordinary day, one like all the rest. A thought quietly came into my mind… I wish EVERY day were my birthday! I felt very special receiving gifts and words of appreciation and being told by some people that they had the intention to give, had they known. I felt so good!

"…I wondered how many gifts I had actually given to my patients. Yes, gifts to my patients, rather than how many I had received from my patients."

I realized how many gifts I had been given in my life. One of the biggest ones was my training in medicine, and specifically in dermatology. It was from a heart filled with gratitude that I wondered how many gifts I had actually given to my patients. Yes, gifts to my patients, rather than how many I had received from my patients. I realized that without my patients visiting me, needing my training and trusting me, most of the gifts from my entire life would not have been possible. How would I express this gratitude?

It seemed to me that there were three ways of gift giving: tangible gifts, intangible gifts, and the intention to give gifts. I thought of how I have already given patients tangible gifts. If I am running late in my schedule I sometimes will give patients some money for the parking lot, to help reduce their cost. I have copies of poetry and special sayings on the exam room walls, which I sometimes give patients at their request. Some examples of these sayings include: "If good isn't working, try being outrageous" and "The best things in life… aren't things"; poems include various works from Emerson and Thoreau. Free samples of corticosteroids, sunscreens, and skin care items complete the short list of tangible gifts.

The intangible gifts include: The smiles on my office staffs' faces when they greet patients and the smile on my face when I greet patients; my office staff complimenting our patients on how they are dressed; words of appreciation given to patients when they are on time; thanking patients for keeping their appointments (even in the midst of a terrible snow storm), thanking them for following instructions, for simply getting better, for having a lovely smile, and for bringing nice energy into the office.

It was Mark Twain who said, "I can live for two months on a good compliment."

I wonder why people don't compliment others more often. I suppose they are too busy to give this simple gift or perhaps they are uncomfortable giving compliments. Then I remembered the 19th century psychologist/philosopher, William James, who is quoted as saying, "Possibly the greatest human need is to be appreciated." My patients need words of appreciation just as much as I needed them on my birthday.

Then I thought of the last way of giving a gift, the intention to give. "Had I known it was your birthday, I would have gotten you a lovely gift, one that I have been thinking of giving you for months. Please know that I did think of you." I quickly remind our reader that it is not WHAT someone says but HOW they say it. Was it truly their honest intention to give a gift or just an excuse for forgetting? Assuming that it was their honest intention, I truly believe that the intention is the truest gift of all. For example, someone might give you a tangible gift, but it is not exactly what you wanted. They may express appreciation as their way of giving you an intangible gift,

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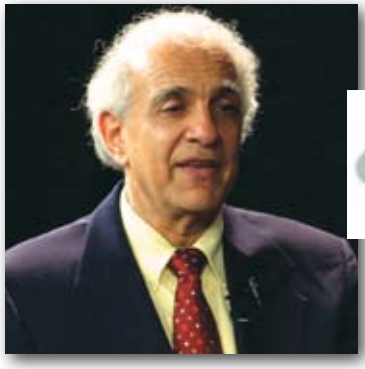
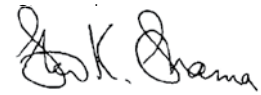
but it is not said in a way that you can easily accept. All of these gifts might be assumed to be gifts, but I would suggest that the simple intention is what we should all embrace as the truest gift. For honest intentions are always pure and never come in shapes or colors that we don't like, nor expressed with words that may bother us.

When patients come through your office doors, make the whole experience a gift. Make sure that there are opportunities to give them tangible and intangible gifts, and especially make sure that your office is full of gifts of "intentions." While patients may not totally appreciate the color of your walls, your paintings, or the music that you play, your office should have the purest intention, that being..."We care about you." That should be the greatest gift, simply the intention that you care about the patient. Hopefully every patient should see that, feel it, and embrace it. You will have given them the greatest gift.



Be sure to view Dr.Shama's interview on dermcast.tv

While you may not consider every word that I have written as a gift, I hope that you will take some of them as my gifts to you. Certainly, I have written them to you with the purest of intentions.



Steven K. Shama, M.D., MPH

The Difference We Make:
The Julie Principle

By Steven K. Shama, MD, MPH

Each time I have a conversation with my twenty-eight year old daughter Julie I learn something new about myself as a person and also as a father. Recently Julie called me from her new home in Los Angeles and during that conversation she unknowingly taught me about myself as a dermatologist and how I practice dermatology. I will never forget that conversation.

Julie had just moved to Los Angeles about one year ago and found a nice solid job with a large music management company. She earns $25,000 a year, enough to survive but not enough to save, and she works a full forty-hour week. Health insurance was included but for the first two years of her new job she was given only one week of time off, which included vacation and sick days. As a young person she thought this was perhaps enough time but as it worked out it was not.

When Julie called me she told me that she hadn't been feeling well a few weeks before and had gone to see her doctor. She said he called the day before and wanted to see her again for a follow-up. While she was feeling better she wasn't totally recovered and realized that she needed to keep that follow-up appointment. I wondered why she was calling me about this. She said that she had used up all of her five days of time off and she had no more time left for her doctor's appointment. "They look down upon people who take more than the time allowed and I'm afraid of losing my job if I ask them for more time off. I need half a day to drive to his office, wait to see him and then to drive back. Sometimes he is late and so an appointment can take as much as two hours."

I told her that she simply had to go back to the doctor if that is what he wanted and she understood. "Just explain to your boss that it is important to go to the doctor and I am sure he will let you go." Julie kept the appointment and also kept her job. However, she was fearful of taking time off again no matter how poorly she was feeling.

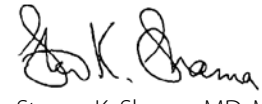
Soon after that I started to think about my conversation with Julie. I wondered how many "Julies" there were in *my* practice and how many patients went the extra mile to see me. How many twenty-eight year-old young women (and men) who were starting a new job had I asked to take time off for a follow-up? How critical to me was that follow-up visit? What would they have to do to come to see me? Was it simply time off or lost pay? Could the day off possibly jeopardize their job? Was the appointment really, really, really necessary?

I realized that I should apply the *Julie Principle* to as many situations with patients as I could. I then generalized this principle to all patients. When I arrange for a follow-up visit I must consider what effort is involved for patients to come to see me and whether the visit is truly necessary. Is there another way of getting the information I need? What effort does it take patients to see me for a follow-up? What does parking and gas cost and is it perhaps necessary for them to hire an assistant if they are elderly? Do they have to ask a family member to come with them who would normally go to work? Can I have extended office hours earlier in the day or later to help patients avoid having to take time off from work?

Most patients respect us so much as clinicians that they believe that a follow-up visit is truly important. How often do we simply expect a follow-up visit without considering what effort it takes? Can a phone call be just as efficient in telling you that a child's acne is clearing? Perhaps the parents have a good camera and they can send you an e-mail showing the child's face.

I now realize that I should at least consider the *Julie Principle* when planning any follow-up visit. I also apply the *Julie Principle* when I get a phone call about a new problem from an established patient. Can phone call advice be sufficient or do they truly need to be seen? It is not clear to me that I have ever considered what a follow-up visit costs in time and effort for patients. I am sure that if I did some office visits could be avoided, and as an added benefit I would have more time for urgent visits.

May I suggest that in the next week or so that you consider how many times you have patients come back for a follow-up visit. Then apply the *Julie Principle*. What effort does it take for patients to come and see you and is it really necessary for you to see them face-to-face? Can you do that follow-up in some other way? I believe there are many "Julies" out there, hard working and conscientious patients who respect you as a clinician and will do what you would like them to do. Perhaps all of us could think even more about what it takes for them to come to a visit and then exercise the *Julie Principle*. I thank my sweet daughter Julie for teaching me this very important lesson.



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The Difference We Make:
Celebrating Our 11th Year Riding For Camp Discovery!

By Steven K. Shama, MD, MPH

We have completed our 11th annual 100 mile bike ride to raise funds for Camp Discovery. One of our training sessions consisted of a 5-hour workout completing 75 miles, and I am not getting any younger. Our motto is, *"Pedal until you feel it… then pedal even more!"*

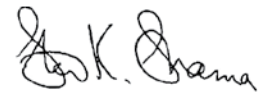
As you already may know, Camp Discovery is organized by the American Academy of Dermatology, and is a wonderful cause. Contributions help to defray the cost so that more children will have the opportunity to attend the camp. The camp is a place where children with severe skin diseases can have fun, be with other children who have similar conditions, and at the same time receive medical supervision. Some children are in wheelchairs and some will have considerably shortened life spans. All of the children need our love.

From left to right: Debbie Jones and her husband George Jones, Richard Waldman MD, David Jones MD, and Steve Shama MD (all 3 are dermatologists)

Last year's event was our greatest fundraising success. However, the weather wasn't cooperative at all. It rained the entire weekend so we had to postpone the ride until the following weekend, which turned out to be beautiful. As usual, we were all in great shape for our 8 hour, 100 mile bike ride, finishing about 4 o'clock in the afternoon. We were all a bit tired, but our mission was accomplished! We successfully finished 100 miles and raised over $42,000. Since we began the bike ride 10 years ago, our office (with the loving support of family, friends, and patients) has raised more funds for Camp Discovery than any private dermatology office or any dermatology society in the United States!

Once again, this year's ride took place on the Cape Cod Rail Trail on Saturday, September 26, 2009. Three of us including Dr. David Jones, Dr. Richard Waldman, and myself completed the 100 mile ride. Linda Karppinen, Dr. Waldman's office manager did her traditional 55 miles and Dr. Jones' parents finished their planned ride of over 20 miles. It was a cool day and we didn't have any opportunities to shed our many layers of clothing, but we finished the ride nonetheless. We all felt really good about finishing. The path was great and the scenery was absolutely beautiful. The sun was out and the only breeze was what our bikes produced as we averaged close to 14.5 miles per hour. We stopped a few times to refresh with a large selection of food and drink. Finishing felt great but knowing that we actually did it felt even greater. We have raised close to $35,000 so far and we expect more donations to come in over the next few months. For all of you who wanted to ride but didn't make it and to those who did ride, I thank you from the bottom of my heart. We all have opportunities to do something very wonderful for the children of Camp Discovery. To see the smiles on the children's faces as they are able to play with other children without the self-conscious feelings of being "different," is evidence enough as to why we should provide our support and caring. This bike ride continues to touch my heart and I will continue to do it for these children and for those who support the camp. I hope that there will be even more bike rides in the future to raise additional funds so that more children can experience the camp and know that they are not alone.

My wish is that more dermatology practices around the country would offer to their patients this opportunity of giving to the Camp. Offices could organize a bike ride, a run, a walk, a golf tournament, a tennis tournament, or some creative event to which people could contribute. I truly believe that if many of our offices were to do this, we could quickly have a generous endowment that would keep the Camp going for years to come. Now that would be a wonderful accomplishment - a wonderful dream come true, a true gift for these amazing children.



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The Difference We Make
Hope

By Steven K. Shama, MD, MPH

When I was thinking of writing an article for dermatology practitioners about hope, I shared that idea with one of my dermatology colleagues who challenged me with these comments; "Why do we need to read an article about hope? Oncologists should be the ones to write an article about hope and not to a dermatology audience. We rarely deal with life and death situations." He certainly took the wind from my sails. I then thought of my typical day and how often I try to give hope to all of my patients, not just those who have a significant risk of dying.

I first looked up the definition of hope - a belief in a positive outcome related to events or circumstances in one's life. With this definition I realized that I give hope all the time. I truly believe that everyone needs hope and everyone needs to have a hopeful, hope-filled life. It feels good to give hope. This hope can be expressed even in the most innocent situations and certainly not only to the dying patient.

As an example, I had just seen a fair skinned patient for a regular skin exam with no previous history of skin cancer. I told her that I saw no unusual spots on her skin and gave her advice regarding sun protection. I invited her back in one year and then said, "I am sure you will do well. Enjoy your day." Hope! "I am sure you will do well." It was simple enough to say and was more likely than not a true statement. So why not express it?

Occasionally we may have to deal with the extreme opposite of a normal exam. I recently diagnosed a patient with a thin (0.3mm) melanoma. The likelihood of this melanoma hurting this patient is quite small, probably less than 5% in five years. Some may consider this to be a negative way of looking at statistics. Looking at it another way, the patient has a 95% chance of surviving five years, a positive, more hopeful way of looking at statistics. Even a patient with a stage IV melanoma with a 94% chance of dying before five years can focus on his/her 6% chance of survival. What we as clinicians have to accept is that each patient determines how he/she wishes to look at the information we provide and what is significant to him/her.

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As a dermatologist, I will always try to give hope since I believe that all people need and want hope. The person with the thin melanoma could be focusing on a 5% chance of not surviving five years and the person with a stage IV melanoma could be focusing on a 94% chance of not surviving five years. Each patient can choose to look at it the other way. The patient with a thin melanoma can adopt a hopeful attitude because of a 95% probability of living beyond five years, and the patient with the stage IV melanoma can find hope in the 6% probability of living beyond five years. In each percentage there lies hope for the individual. To us there may appear to be a world of difference between the two percentage probabilities, but it is not for us to judge.

"Even a patient with a stage IV melanoma with a 94% chance of dying before five years can focus on his/her 6% chance of survival."

I believe in looking at the glass as half full rather than looking at the glass as half empty, not only in life in general, but especially with regard to patients' conditions. It is not for me to judge the way someone looks at his/her life or how he/she interprets statistics. What they may consider as despair, I might consider hope.

To the person with a stage IV melanoma with a seemingly dismal outlook I might say in warm and kind tones, "I know that you will be among the 6%." The patient may challenge me and ask how do I know this. My response would be something like, "It is my good feeling, my wish, my hope." My words are honest and caring. Hopefully my words will be embraced.

What about dermatologic situations that lie between the normal skin exam and the malignant melanoma diagnosis? How often do you tell patients that they may have a basal cell carcinoma that is not life threatening? This first cancer diagnosis may make them feel vulnerable to disease for the first time in their lives. Do they not need words of hope even for a basal cell carcinoma diagnosis? What about the teenager or young adult who contracts HPV or herpes simplex virus? This typically is a lifelong infection. Do you not mention that there are approaches to lessen the expression of this disease and the likelihood of transmission? Not only are these educational opportunities expected of our profession but they also can be chances for us to express compassion, understanding, and give hope.

And what about non-dermatologic conditions that your patients mention while you obtain a medical history? They may have been diagnosed with a disabling disease, cancer, or a chronic infection. I am sure that even though you are not caring for their malady you will express hope. "I wish you well. I am sure you will be fine."

In 1981 a dermatologist in San Francisco, Dr. Marcus Conant, identified the first cases of Kaposi's sarcoma, lending to the eventual diagnosis of HIV/AIDS. Specific blood tests for HIV were not yet available at the time. Few patients survived but many clinicians gave patients hope that they would be the one to survive. I remember when I told one patient that he had AIDS, and that I truly believed he was going to be one of the ones that did well, he said, "From your mouth to God's ears." Patients know that you cannot predict how they will do. And when it was "obvious" that the end was near, as it was for many of these brave patients, I let them know that I was there for them and that they would not be abandoned. I left them with hope.

There is a wonderful expression in medicine that goes back many years, "To cure sometimes, to relieve often, to comfort always." I believe comfort is one wonderful way of giving hope. So when should we give hope? Always. We dispense it through soft, gentle, and embracing words, a gentle touch, a warm smile, being a good listener, and simply being with the patient.

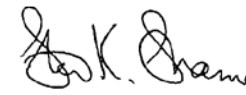
It doesn't take very much to give hope. We can always give hope and we should also keep ourselves open to receiving it. Hope is one of the most power forms of medicine that we can dispense every day with many beneficial effects and at no cost. May I suggest a standard prescription to leave with each patient:

Dispense: HOPE

Sig: Take liberal amounts p.r.n.

Disp: Quantity sufficient for a lifetime

No Substitution



Steven K. Shama, MD, MPH

The Difference We Make

If It Weren't For the Need To Stay On Time…

By Steven K. Shama, MD, MPH

If it weren't for the need to stay on time, I'd really enjoy seeing patients. If I could only see patients, listen to their stories, their concerns, examine their skin, make a diagnosis, give treatment, and then… see the next patient, no matter how far behind in the schedule I am, I think my life and my practice would be just wonderful. Somehow I would see some reasonable number of patients in a session and, even if one were complicated or if a few had lots of questions or needed a number of biopsies, somehow I would be able to go from one patient to another. Patients wouldn't mind waiting because they would know that during their visit I would be thorough and take care of all their needs. Rescheduling another visit for additional thoughts or procedures would not be needed. Wouldn't that be wonderful?

But, that is not what typically happens, is it? In fact, it probably rarely happens in most practices. What probably happens is that you do your best to respond to patient requests, needs, and sometimes demands and then you go on to the next patient. Eventually, you start running behind in the schedule, because not all patients come in for a spot, not all diagnoses are straight forward, and not all patients have only one question. Patients may feel that it is their time to unload their many questions such as: why do I have these hives, why is my hair falling out, and why does my backside itch? All of these concerns take time, a lot of time, time you didn't plan for.

So you do your best, but eventually you run behind; sometimes hopelessly and miserably behind and there is no way you can make up this time. You have passed the point of no return. You will drift into your lunch hour and leave yourself little time for lunch before your afternoon session begins. The afternoon offers little hope of being better. You repeat this kind of day for weeks, months, and sometime years. Finally one day out of desperation you wonder, isn't there another way? You then look at the realities of your practice. If you only didn't need to worry about paying rent, your employees, or yourself or worry about insurance companies paying you less, you could see fewer patients and have more time to deal with all of the seemingly unforeseen challenges of everyday practice. So how can you solve the problem? Is there a solution?

I believe the primary reason why we run behind schedule is that both our patients and we have unrealistic expectations. Somehow we assume (I believe it is really we hope) that on average throughout a full session some patients will be easier to sort out while some will be more challenging. Unfortunately, sometimes and perhaps most of the time the average doesn't fit into the time frame of a session and we run over or stress to keep on time. We let our office schedule patients according to their chief concern; assuming that on average we will keep up.

But what about the patient who has unrealistic expectations of what we can evaluate during an office visit? What about the patient who comes for a full skin exam and has a list of ten unanticipated questions including hair loss, hives, pruritus ani, and mal odors? Are they simply unreasonable to expect you to cover all of this in a regular office visit? While most of us don't have the ability to efficiently field that many questions during one visit, these situations suggest that patients don't know how long a visit should take or what is involved in answering their questions. Have we ever told them? How can they ever learn what we need and expect from them if we have never told them in verbal or written form? Here are my suggestions:

1. Tell the AMA and the AAD not to advertise patients to bring a list of questions when they visit their providers. Patients are only doing what our national organizations are suggesting!
2. Have a sign in your waiting / reception area warning that you are running behind. Indicate that as of this hour only one difficult skin issue can be discussed per patient. Other questions will have to be saved for another visit .
3. Patients should be aware that generally you will only deal with their chief concern, the one that they scheduled their appointment for. Other issues will require additional appointments.

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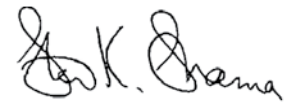
4. Patients should know that there is no adding on a spouse or a child to their vist even if they have something on their skin that will "just take a moment to diagnose."
5. With regard to the patient lists, providers reserve the right to put in order the most significant concerns that exist and to address only those that our schedule permits.

Have a front desk sign that can be displayed saying,"Our office may overbook appointments. This is one of those days that we are really far and hopelessly behind schedule. We would like a few of you to reschedule. As compensations we offer you a free parking voucher and no copays for your next 3 visits."

Somewhere in between having all the time and money in the world to see fewer patients and catering to every question they have and having signs and attitudes we have discussed above, is a place we need to be.

I invite the readers to ponder what has been written above and to let me know your approach to these common problems. Please know I don't have the answer. I'm still working on mine.



Steven K. Shama, MD, MPH

The Difference We Make

Delivering Bad News - Sacred Conversations

By Steven K. Shama, MD, MPH

In the Spring 2010 issue of the JPDA I discussed the issue of hope in relationship to delivering bad news. Hope is defined as a belief in a positive outcome as related to events or circumstances in one's life. Bad news can be defined as information, which changes in a negative way a person's perception of the future. Therefore, bad news is defined by the recipient, the patient. It cannot be defined or anticipated absolutely by the deliverer.

Delivering bad news, depending upon how it is phrased, can be a "gift" to a patient. It is an opportunity to truly shine as a healthcare practitioner and as a person with true compassion. Is there a best place, a best time, and are there special words that we can use for these sacred conversations?

"I truly believe that delivering bad news is a caregivers' greatest opportunity to show how much they can express compassion, kindness, and caring to those they take care of."

Patients may never forget how they were told such news and the memory of this "delivery" of bad news may live with them for their entire lives. I remember a geneticist telling a group of us a story about how she first told the mother of a two week old that her child had an incurable genetic syndrome, which would take her baby's life within five years. She told us that she asked the mother and father to come to her office one week after she had performed some genetic testing on their baby. "Mr. and Mrs. Harris," she said, "you have a beautiful, sweet, and innocent child, who I can see has you and your husband's wonderful joy and peacefulness." She paused and then continued, "After performing and completing all the tests on your son I have something to tell you that is difficult for me to express. Your son was born with the inability to digest fats in his diet. We do not have any cure for this condition at the present time. Perhaps as he gets older we will understand more about this condition and will have a way of curing it. Unfortunately, despite what I know will be your loving and caring for him, at the present time and with the medical understanding that we have, his life expectancy is no more than five years. I am so sorry."

As she told her story to us, we were all hushed. Then she told us the 'end' of the story. She met the mother during a well baby hospital visit about ten years after the birth of the mother's son who had died at the age of four and a half. The mother had delivered a healthy daughter a year after her son had passed away. The mother recalled the geneticist's exact words about how her son was a "beautiful, sweet, and innocent child" and those words were with her during the difficult times when her son became more and more ill. The mother told the geneticist that she had given her an image of a beautiful child and the hope for a possible cure. Her words had truly lasted the lifetime of her child and many years after; they were truly words of peace and hope. These are what sacred conversations are all about.

What general lessons can be learned from the geneticist's story? Whether we are talking about the HPV or HSV virus, the diagnosis of psoriasis, or any other news that we believe might be considered bad news, we should deliver this information in person if it is at all possible. We should also perhaps consider inviting a family member or an advocate for the patient to be present. Sometimes if we believe that the results of a biopsy or culture may be positive, we might suggest this to the patient during the initial visit letting them know that more likely than not, all will be well. This initial conversation is also an opportunity to discuss any worries the patient may have before the actual diagnosis is made.

When you anticipate delivering bad news, find a quiet place that is respectful of what is happening. Check with your staff to make sure that you are not interrupted. Ensure that you, as the deliverer of this news, have adequate time to discuss the issue and for

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The Difference We Make

the patient to ask questions. Invite the patient back at the end of your morning or afternoon, so that if you should need more time the conversation can always extend into your lunch hour or at the end of the day if necessary. Another option, when more time is needed, is to invite the patient back for a continuation of the discussion, or to offer them the option of continuing the discussion with a phone conversation. Remember, these options should be discussed with the patient to make sure that the patient is in agreement.

At the end of any discussion check with the patient to make sure he/she has the information needed and is okay with the way you have presented the facts. Asking the simple question, "Is there anything else I can say or do to make this better or to help in any way?" is a wonderful way of summarizing. Always make yourself available for further questions after the patient has left your office and let the patient know that you are there for him/her.

If the bad news is something that you feel can be delivered by someone else in your office, such as the diagnosis of a basal cell carcinoma, make sure that the patient knows that you have delegated this person to speak with him/her and that, if the patient has any further questions, you personally are available. Your delegate should preferably be someone who is known to the patient, is knowledgeable, and has a kind voice. The words that are used to explain the diagnosis, treatment, and the significance of the diagnosis should be simple words, not technical ones, and should leave the patient with hope.

We can never totally and completely understand how our words affect another, either in a positive or a negative way. Let us always try to find words that embrace, support, and give hope. I truly believe that delivering bad news is a caregivers' greatest opportunity to show how much they can express compassion, kindness, and caring to those they take care of. Let our words to our patients be like the words of the geneticist that were never forgotten by the mother and gave that mother beautiful, sweet, and innocent moments with her child. May our kind words be able to last a lifetime and make a positive difference in the lives of those we care for.

The Difference We Make

My One Regret

By Steven K. Shama, MD, MPH

Recently, one of my colleagues, knowing that I was passing my thirty-year milestone in dermatology, asked me if I had thought about anything that I would have done differently in my practice.

It didn't take me more than a moment to start telling him what I have been thinking for a long time. "Time" was my answer, "more time with patients." He then listened as I explained.

I wish I had spent more time with patients...

- To **BE** with them...to simply **BE** with them. To honor their time and their lives. To have taken a deep breath and said, "So, what can I do for you today?", and then wait for their responses...simply wait.
- To be in the moment, thinking only of them. To give them 100% of my attention. To make them feel special.
- To wonder with them, to find out the real reason "why" they came in for a visit, to hear their story. I remember one young woman in her early 30's who came in concerned about a changing mole. Before she could say a word, I had already looked at the spot, confirmed that it was a benign growth, and told her so. I realized later that I had never really reassured her nor tried to soften or dissolve away slowly her worry. I just told her point blank that she was ok. I never listened to her story. Was she worried about the spot being a melanoma causing her sickness and death or about leaving her young children and husband alone in the world? I never allowed for her to tell me any of her story. Perhaps she would have told me how appreciative she was of our office making a very timely appointment after her "worried" call. What else might she have said or been thinking? Should I have waited perhaps for her to shed tears of relief? You see, I thought that my quick and accurate diagnosis was all that was necessary. I never thought of hearing the rest of her story. I just assumed I knew. How many stories have I missed?
- To focus on them, to leave my "baggage" at the consultation door, to not be thinking of the last patient I saw, or the next one I would see, and to not wonder if I were on time. Time was all I had and should value, and I would have as much as I needed if I believed it so.
- To be more empathetic and to try to see from the patients' perspectives; could I really stand in the patient shoes? Did I really give myself the time to imagine what it was like to live with generalized eczema, or a small patch of psoriasis in a visible area, or severe acne as a young person? Did I ever try to understand or was I too busy feeling good about making diagnoses and prescribing treatments, assuming that was enough? Did I ever ask patients what was it like to have a skin disorder or how it felt to live with a skin disorder that could not be cured?
- To make eye contact when I said something important for the patients to hear and to show the patients, by that eye contact, that I cared.
- To touch, not only physically, but with carefully chosen gestures, words, and the tonality that goes along with those words.
- To enter an exam room with the intention of first finding all of those things that were "working" for patients and then, and only then, looking for the "broken" parts. To first look for the loveliest parts of patients.
- To say "I'm sorry" for the fact that they have a serious skin disorder that they have to live with and to have those words come from a deep place within me.
- To always give hope, no matter what the circumstances. Even when all seems lost and there is no real hope, to be able to say, "I am here for you."
- To set boundaries with patients about what I can and cannot do and while setting these boundaries to be caring, gentle, and not dismissive. If patients wanted drugs that had serious side effects

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for seemingly innocent conditions, had I explained my reasons for a more benign approach, had I listened to their reasons, and had I "met" them somewhere in between? Was I true to myself, did I do the best for others, following my ethical compass, no matter what?

- To do the best I can to understand the angry patient. To embrace their anger, whatever the reason, and to find the deep source of it, and to do whatever I can to make things better.
- To use both my heart and a scientific perspective to help patients.
- To do the best I can to express kindness, compassion, and my truth.

On my wall in my office is calligraphy, expressing the condensed words of a poem by Nadine Stair:

"If I had my life to live over again... I would relax, I would limber up, I would be sillier than I have been this go-around. I would take more trips, watch more sunsets, climb more mountains, swim more rivers. I would eat more ice cream and fewer beans. I would start barefoot earlier in the spring and stay that way later in the fall. I wouldn't work so hard. And I'd pick more daisies." I would now add my own words:

"And I would spend more time with patients."