

## EFFECTUAL COMMUNICATION AND EXPLANATION IN DERMATOLOGY

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### Abstract

This article aims to present a doctor-patient relationship using a reflective Gibb's model (learning by concept). Reflective practice can help us progress in our career and if done properly in a structured manner, it can help improve our skills. Being a dermatology doctor for many years with profound experience gave me the insights and the privileges, to spot dermatology patients' main issues and concerns to address them attentively. Using the reflective process enabled me to explore my feelings and the experience, in discussing personal issues with this young lady I am presenting. I used the Gibb's six-stage reflective model to understand how this young lady was feeling for a quite long time with a hole in her chin. This can be used to answer specific, patient-orientated questions that arise recurrently in real-life practice

I will use a nickname; Erynas, to anonymise and comply with confidentiality, without stating the location, timing and date, to identify my patient and present her case.

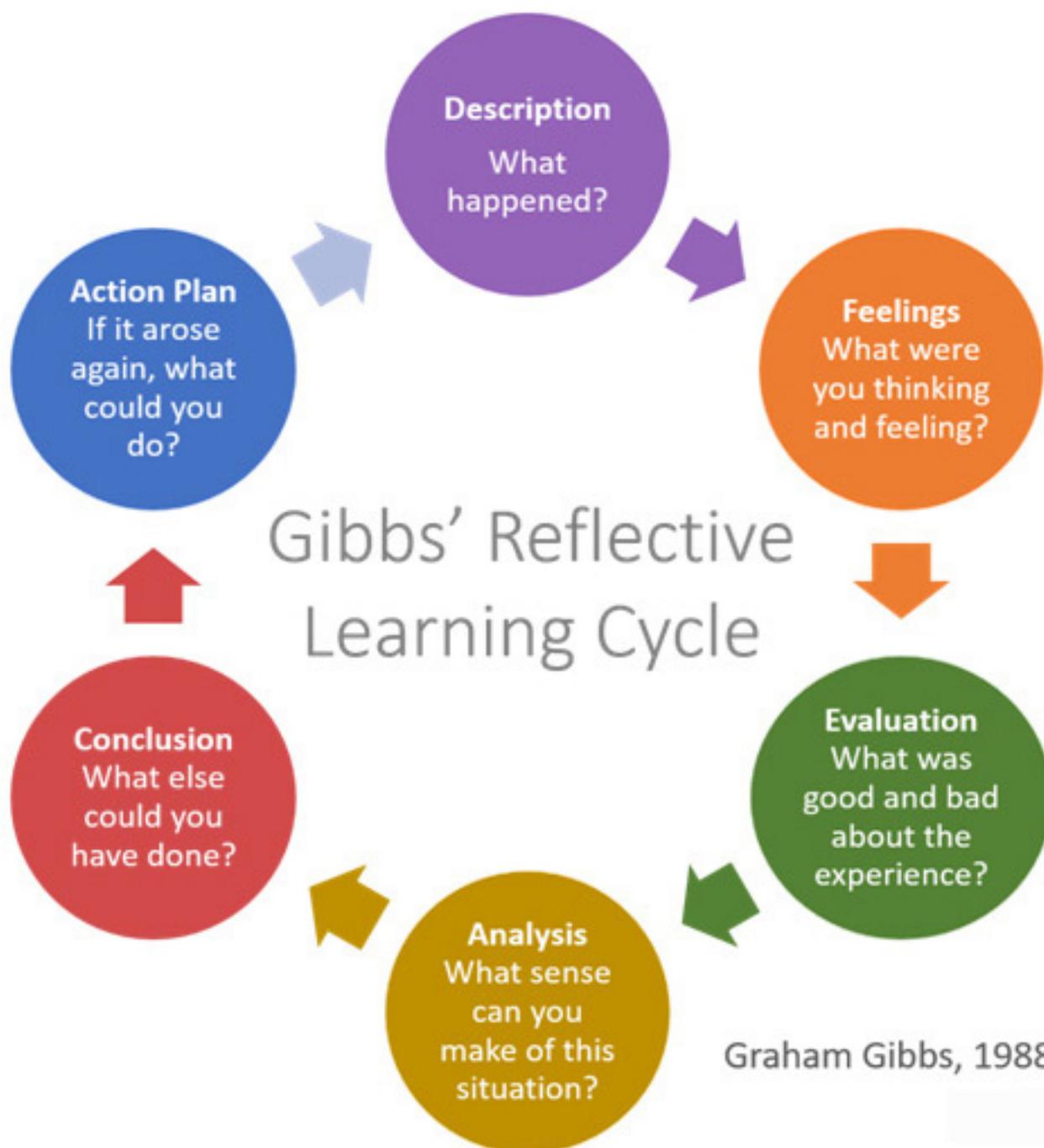
**Keywords:** Reflection, reflective process, career, skills.

Reflection is a solo cyclical process and it can take time. It is meant to grow and adapt. Thus, better to apply it momentarily at the spot(1-2). It is a subconscious process of reflection basically about your whole life. In other words, what didn't work once, we will try to avoid next time due to the experience lived and encountered(3). It is about applying theoretical knowledge into a practice and unleashing our strengths and weaknesses(3).

By reflecting, I am challenging my own beliefs and values to fulfil myself and develop professionally and benefit my patients. Also, it's about why I am doing this and how it works by seeing its validity and being open to myself and learning by asking for feedback and seeing how this practice will align with the research and the sources done

in this area; then adopting and adjusting according to a particular context, as there is no right or wrong answer. In short, it is learning, reflecting, action and implementation. It is not a simple process as it can takes ages to get it right eventually.

Reflective model, has always been used in order, to learn and improve clinical skills, practice, and to gain new insights. It is meant to be used in the back time retrospectively, to explore understanding and the whole experience. The Gibb's six stages reflect a set of emotional feelings and how they are to be used, to tackle the issue underpinning the clinical setting(4). It's basically about breaking down the whole issue, to help make sense, to shape future practice with effective approach.



**Description of the events:**

Erynas consulted me about a long-standing hole in her chin, and she wasn't aware of the reason for these ongoing issues on her face, for many years, despite seeking different medical advice. She was embarrassed to be seen with that hole, and avoided social interactions due to this. She also, explained her worry for future marriage with this. I asked her what was her main concerns and her thoughts about the whole thing. She wasn't sure but emphasised the real need to get rid of it. I reassured her and listened to her attentively and probing gently her main concerns, but was wondering what might be the real causation. I asked if she did any self-medication and she expressed that she tried many OTC topicals to alleviate this matter, but none seemed to work. I felt for her and was keen to help her. I consented to examine her thoroughly and she agreed. I planned to give her a local antiseptic just to keep it sterile and to dry the oozing fluid.

**Reflection on feelings:**

Erynas was one of the females I encountered and she was deeply impacted by this hole in her chin. I was confident I could explain what might be the reason for this deep hole. I felt sympathy for her long-term issue and felt emotional and motivated to help her by discussing what might be the cause for this and what solutions can be taken forward. There were many things going in the back of my head. So, I decided to dig deep and explore different reasonings I have at the top of my mind and see how it goes. I asked about any local trauma, infection and dental abscess which she denied firmly. I asked about her medical conditions and explored any chronic or pre-existing issues.

With this in mind, I took the opportunity to ask her to be seen by a dentist and recommended and justified an OBJ x-ray which will explore her dental situation in one go. She agreed and stated that she will come back to me once all was done, with answers and explanations.

**Evaluation:**

*I asked myself what went well and what went bad?*

As I have had a lot of experience in dermatology and I have had many exposures to different cases I was able to use my past rich experience to come up with an approach for Erynas to solve and sort out her long-term chin problem. In fact, I felt very confident in guiding through this young lady's chin issue. Luckily her mood was elevated and not impacted at all by this. I decided to explain her possible underlying causes and put a management plan for her. Despite the fact that I had never seen this in reality, I did study a similar thing in textbooks years back in medical school. So, I was self-assured enough to know what it might be, but needed some more evidence and back-up to my claim. Luckily Erynas' mood was fine and not low. She was totally cooperative and deciding to take this further step. Actually, I gave her the necessary knowledge, skills, and confidence to manage this hole in her chin. In fact, I feel privileged that I empowered the young lady to solve it herself. I was pleased to see that and was keen to see positive outcomes.

**Critical analysis:**

Facial skin lesions can have a profound impact in any one's quality of life and wellbeing. I considered the choices carefully and wisely, and told her to seek a dentist's help from my perspective of her problem after asking the relevant questions and after probing her main concerns. Was that easy or difficult to state? Was it bad or good? It could be the lack of knowledge in her condition where she kept living with this hole for many years without finding the right answer and help. She might have given up already. I also, realised that improved communication, gaining trust and delivering the needed knowledge could shape the desired outcome. I also learnt deficient knowledge can be the leading cause for such a thing to be left without solving the problem. Also, good concordance is a necessity for an effective remedy. I also, learnt that discussing things openly would help alleviate any anxiety and worries. Also, I learnt that she had worries and fears about this and didn't know how to address them properly previously. I also learned, that psychosocial matters are very vital in anyone for a speedy recovery and improvement. I had enjoyed much this case and hoped she will come back for updates as she promised and I emphasised. I know that in dermatology, there aren't many treatments as a quick fix, but a gentle approach can invest in the future and can be rewarding. Self-assessment is valued when used seriously for listing self-strengths and self-weakness features, and can be a normal part of our development and learning process. Additionally, silent reflection can be a powerful tool to improve. It is no wonder we develop competence in specific situations that mandate effective communication skills(5-7).

**Synthesis and conclusion:**

What could I do if faced with the same situation again; what would I do differently? What is working well and what is not working well, how and why? What was the struggle I am facing and why? And how can I overcome it. How can I gain a new skill and strengthen it?

This case reflects an interaction between myself and Erynas regarding a long-term hole in her chin. I had assessed her holistically.

This is the first time I used the Gibbs reflective model. This gave me a positive experience to learn how I can tackle issues with young people and take them gently forward. Young people have different needs and expectations. Sometimes, we need a one fit and for all, approach to deliver the needed care with agreeing on an acceptable management plan even if it is going to take time.

**Action plan:**

By reflection, I explore, and challenge myself and my potential, and identify questions and find answers. Self-examination develops my strengths and weakness and acknowledges my fears and ideas, and makes me develop and improve professionally and practically. It is basically

about how to improve my practice going forward and what I learnt from the clinical case scenario I encountered.

I want to add that I never received any curriculum about reflection in my medical studies and neither did most of my peers. But I guess on reading some papers I found that reflection shapes our further actions and make us a better doctor, by knowing, exploring and learning about our self deeply and challenging our strengths and weakness, to create meaningful learning(9,10). It is basically about the act of bending back in time from an incident and looking into the mirror, with mental cognition to conceptualise the event and the performance that happened at that moment and to refine it and recognise the deficiency in knowledge, skills and attitudes to mitigate and improve(10). In simple terms, its self-conversation(11).

In this case scenario, I realised that I have a good comfortable communication skill, with Erynas as she opened up with me and was cooperative. My strengths always lie in talking to patients, and this specialty makes the most of those skills, as i will have the opportunity to listen and reflect back to understand patients' main worries and concerns. That being said, I enjoy this specialty and find it rewarding on many levels, as a career and from putting myself in my patient's shoes. In addition, I value having my say in the direction and content of the issue being raised. I will hone those skills more by observing the work in the NHS to develop more professionally. Additionally, I love how the skin manifestations are clearly seen and visualised in specific ways leading to identification.

In short, I meant spending time exploring in-depth the areas underlying, which I find interesting and asking colleagues their perceptions and learning from their experience as well. Also, it would make sense to follow the principle of 5Rs checklists, if anyone is new to the reflection concept, namely – reacting, recording, reviewing, revising, reworking and reassessing(6). By doing this, I was demonstrating professional conduct to maintain a good medical practice by showing the ability to learn from and develop my own system of self-learning and practice to improve my skills and where care could have been better delivered.

I also learnt, that a good trusting relationship is paramount to achieve any effective remedy. I also have a passion for research work which will make me a better doctor and being a doctor makes a better researcher. This will give protected time to think and learn momentarily.

I also found a paper about reflection in medicine and I think I liked the term professional competence for the following expression, “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individuals and communities being served” (8). After all, reflection can feed a foundation for building learning activities that might help improve our reflective abilities(8).

I will disseminate this to peers, as the sharing of knowledge is a fundamental part of any dermatology case in a holistic approach. Also, I will continue to read and reflect my clinical practice, any encounter in life, such as reading, on a daily basis. Also, creating new action plans that identify my learning requirements will address my limitations and by acknowledging them I will generate achievable goals to become a proficient practitioner. Finally, change will happen with reflection to improve.

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