

Lessons From the Clinic
by William D. James M.D.

Presented by Dr. Yoon Cohen.

As an osteopathic resident, I attend our annual American Osteopathic College of Dermatology Conference every Fall. One of the highlights of the conference each year is a series of lectures from the Department of Dermatology at University of Pennsylvania. This year, Dr. William James has shared diagnostic and treatment lessons that he has learned over the years. He emphasized the importance of teamwork -- sharing of our gifts freely with each other. Dr. James closed his talk with some final thoughts that resonate with Dr. Walter Shelley's pearls of wisdom. On the behalf of AOCD, I would like to convey our sincere gratitude for Dr. James' generosity of sharing these lessons with us from his many years of experience. You can find the summary of the lessons that were provided by Dr. James.

I will relate stories about my experiences with patients to illustrate practical lessons I have learned over the years. An overarching concept, however is that ideas, information and concepts are relatively unimportant relative to the people in your life. I agree with Tosteson who said that "When I ask an educated man "What is the most significant experience in your education?" I almost never get back an idea but a person. As you will see I, like you, have experienced generosity from all parts of our specialty and believe strongly that we serve our patients best through teamwork, by the sharing of our gifts freely with each other. While we all have our favorite part of dermatology and may know that aspect a little better than others, it is through patient centered cooperation we all benefit the most.

Here are some lessons I have learned over the years.

Diagnostic lessons:

1. Power of the Patch
2. Don't give up on your patients
3. Listen to and believe the patient
4. Read- and have a prepared mind
5. Diagnose first, then treat
6. Physical findings trump the biopsy
7. The old may return, know it too

8. Use all your senses---sight, touch, hearing and smell
9. Expert diagnosis can be made by paying attention to enabling conditions
10. If one critical element is atypical then the diagnosis is acceptable, if two are atypical, consider strongly another diagnosis, if three, probably a different disease is present
11. Patients have a powerful need to know
12. A difficult patient personality may be part of the disease

Treatment Lessons:

1. Avoidance of allergen = Cure of an otherwise chronic, treatment resistant dermatosis
2. Employ aggressive local therapy for eczemas
3. Soak and Smear – cheap, available, efficacious, less side effects as the patient is off systemic medications
4. Steroids before calcineurin inhibitors
5. Back off genital/perianal therapy – sitz plus petrolatum
6. Petrolatum is a wonderful medicine with many uses
7. Promote compliance through prospective education
8. Quick follow-up after intervention, even in chronic dermatoses
9. Slow taper of both oral and topical therapies
10. Consider the utility of alternatives to isotretinoin

I offer the following final thoughts:

1. Challenge accepted practice – seek answers through evidence
2. A dedicated team with a common goal can accomplish much
3. Reclassify diseases, describe new ones
4. Observe and teach
5. Write it down – permanence, availability
6. A single case may have broad implications
7. Be generous
8. Learn from others
9. Strong need for continued research
10. One individual can't see and know everything
11. We are best as a team – everyone works together by sharing and remaining patient centered
12. Strength of specialty from unity

This handout was prepared by William James in February of 2013