

Clinical Case-Viewing Sessions in Dermatology: The Patient Perspective

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PRACTICE POINTS

- Patient willingness to attend dermatology clinical case-viewing (CCV) sessions is relatively unchanged before and after the session.
- Participants generally consider CCV sessions to be a positive experience.

To the Editor:

Dermatology clinical case-viewing (CCV) sessions, commonly referred to as Grand Rounds, are of core educational importance in teaching residents, fellows, and medical students. The traditional format includes the viewing of patient cases followed by resident- and faculty-led group discussions. Clinical case-viewing sessions often involve several health professionals simultaneously observing and interacting with a patient. Although these sessions are highly academically enriching, they may be ill-perceived by patients. The objective of this study was to evaluate patients' perception of CCV sessions.

This study was approved by the Wake Forest School of Medicine (Winston-Salem, North Carolina) institutional review board and was conducted from February 2017 to August 2017. Following informed consent, 18 patients older than 18 years who were present at the Wake Forest Department of Dermatology CCV sessions were recruited. Patients were each assigned to a private clinical examination room, and CCV attendees briefly visited each room to assess the pathologic findings of interest. Patients received written quantitative surveys before and after the CCV sessions assessing their perspectives on the session (Table 1). Quantitative surveys were assessed using a 10-point Likert scale (1=least willing; 10=most willing).

TABLE 1. Quantitative Patients' Perspectives on Clinical Case-Viewing Sessions in Dermatology

Session Questions	Score Before Session ^a	Score After Session ^a	P Value
How willing would you be to attend another clinical case-viewing session?	9.7	9.0	.09
How much do/did you feel like a "science experiment" or "guinea pig" during the session?	2.9	4.2	.046
How nervous or anxious are you?	4.1	3.4	.932
How comfortable were you during the session?	N/A	8.2	N/A

Abbreviation: N/A, not available.

^aScored on a scale of 1 to 10 (1=least willing; 10=most willing).

Patients also received qualitative surveys following the session (Table 2). Scores on a 10-item Likert scale were evaluated using a 2-tailed *t* test.

The mean age of patients was 57.6 years, and women comprised 66.7% (12/18). Patient willingness to attend CCV sessions was relatively unchanged before and after the session, with a mean willingness of 9.7 before the session and 9.0 after the session ($P=.09$). There was a significant

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TABLE 2. Qualitative Patients' Perspectives on Clinical Case-Viewing Sessions in Dermatology (N=18)

Session Questions	Response, n (%)
Did the session meet your expectations?	
Yes	17 (94.4)
No	1 (5.6)
How could we have improved the session?	
No improvements necessary	16 (88.9)
Bigger rooms where a patient can be seen once and not have multiple people entering in and out	1 (5.6)
At the end of the session to share the findings with the participant	1 (5.6)
What would have made you more likely to come and participate in this session?	
Nothing in particular	5 (27.8)
Declined to answer	5 (27.8)
An incentive to participating	4 (22.2)
Better explanation to what the session entails	3 (16.7)
Afternoon session	1 (5.6)
Do you feel that you benefitted from participation in today's session?	
Yes	13 (72.2)
No	1 (5.6)
Unsure	4 (22.2)

difference in the extent to which patients perceived themselves as experimental subjects prior to the session compared to after the session (2.9 vs 4.2) ($P=.046$). Following the session, 94.4% (17/18) of patients had the impression that the session met their expectations, and 72.2% (13/18) of patients felt they directly benefitted from the session.

Clinical case-viewing sessions are the foundation of any dermatology residency program¹⁻³; however, characterizing the sessions' psychosocial implications on patients is important too. Although some patients did feel part of a "science experiment," this finding may be of less importance, as patients generally considered the sessions to be a positive experience and were willing to take part again.

Limitations of the study were typical of survey-based research. All participants were patients at a single center,

which may limit the generalization of the results, in addition to the small sample size. Clinical case-viewing sessions also are conducted slightly differently between dermatology programs, which may further limit the generalization of the results. Future studies may aim to assess varying CCV formats to optimize both medical education as well as patient satisfaction.

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