



Kashika Bharol

UMass Chan Medical School,
USA

Biography

Kashika Bharol, is a third-year medical student at University of Massachusetts T.H. Chan School of Medicine. She graduated from UC Berkeley in 2024 with Honors in Public Health and Molecular & Cell Biology. Kashika is an advocate for medically-underserved communities, and aims to integrate these efforts with clinical care.

Patient Engagement During the Full-Body Skin Exam with Evidence for Mirrors, Teach-Back, and Shared Decision-Making

Abstract:

The full-body skin examination (FBSE) is vital for melanoma detection and surveillance of high-risk patients, but is a traditionally clinician-directed encounter, leaving patients to assume a passive role. Having patients participate in the observational process may enhance diagnostic transparency and reinforce preventive behaviors, empowering patients to utilize visual pattern recognition, which forms the basis of diagnosis in dermatology. Evidence supporting techniques such as mirrors, teach-back methods, and shared decision-making provides a rationale for formal incorporation into the FBSE. A structured narrative review was conducted using PubMed to identify studies evaluating patient engagement interventions in dermatologic and general medical examinations. Eligible literature included randomized and observational studies assessing comprehension, recall, satisfaction, adherence, decisional conflict, and preventive behavior outcomes. Communication science and oncology screening models provided additional context for engagement methods for visual diagnostic encounters. Evidence indicates that visual participation through mirror use increases understanding of lesion location, morphology, and biopsy rationale, improving recall of anatomic sites for monitoring. Teach-back methodology, where patients restate findings and management plans in their own words, is associated with improved comprehension and medication adherence across chronic disease settings, feasible within dermatologic counseling. Shared decision-making models, particularly in biopsy selection and surveillance intervals, reduce decisional conflict and increase satisfaction without compromising diagnostic efficiency. Studies in melanoma screening contexts further show patients who actively observe and discuss lesion characteristics have higher rates of subsequent self-skin exams and earlier reporting of changes. These strategies strengthen the clinician-patient therapeutic alliance as well, reducing anxiety during evaluation of atypical lesions.