



DermWorld

directions in residency

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Pearls for an excellent job search

By Kristen Chen, MD

For some of us, it's time for the job search and if you're like me, you may have lots of questions! Recently, our residency program at University of Wisconsin hosted a panel of some of our recent graduates (about 4-7 years out) who spoke about their experiences in different practice settings, as well as the questions they wish they had asked as they started looking to the future.

The following includes several key takeaways and pearls from the event.

What's a reasonable timeline for my job search?

- Start your search about 9-12 months in advance.
- Aim to sign about six months prior to starting your job as the credentialing process takes several months.

Where do I start with my job search? What resources are available?

- Check out the AAD Career Compass. This is an excellent, easy-to-use platform that posts job opportunities in your desired locations.

- Ask your faculty if they can help make introductions for you — dermatology is a small field and connections can make all the difference.
- Email practices you are interested in! It's okay to email a group with a brief introduction of yourself and your CV. They might not be hiring, but you never know unless you ask!
- Ask your friends who practice in the cities you are interested in. They can have helpful insight into various local practices!

How do I decide which practice setting I'd prefer to work in?

For those of us just about to graduate residency, often the academic setting is the only one we know, but there are a wide range of practice settings.

- Think about your priorities. What energizes you? Do you love research or teaching? Or do you want to focus solely on clinical medicine? Does it excite you to build your own practice or do you prefer to leave business to others?

see **JOB SEARCH** on p. 3



Kristen Chen, MD, is an academic chief resident at the University of Wisconsin and a member of the AAD Residents and Fellows Committee.

Discover the power of GEP

DecisionDx-SCC is the **strongest independent predictor** of cutaneous squamous cell carcinoma metastasis.¹ Because clinicopathological factors alone are often not specific enough to determine true biological risk, DecisionDx-SCC assesses a patient's tumor biology to **more precisely predict risk of metastasis**.² The personalized results help to better inform treatment and management decisions and improve patient care.

- Testing with DecisionDx-SCC informs risk-appropriate patient management such as frequency of follow-up, imaging, ART and referrals²
- DecisionDx-SCC results can inform management decisions within established guidelines³

Tumor biology matters



JOB SEARCH from p. 1

- Sometimes, we think this is dichotomous, but our panelists reminded us there can be a lot of overlap. For instance, some private practices have resident and medical student rotators, run clinical trials, and hold journal clubs giving a private-academic hybrid feel. Academic institutions vary in their expectations regarding research and subspecialty focus.

Once I connect with a practice, what are some important questions to ask during the interview?

We have spent most of our academic careers being told what to do and where to go. Here's our chance to find the best fitting practice for us! Consider these questions as you search:

- How would you describe the culture of the practice? Is it collaborative? Are people happy to discuss complex cases?
- How long do physicians typically stay with the practice?
- How far out are physicians booking new and established patients?
- How much flexibility is there designing the schedule template?
- Do the physicians take call and what are the responsibilities?
- Where is the pathology sent and how long is the turn-around time?
- Who manages prior authorizations for biologics and other medications?
- How many MAs does each physician have? How long do the MAs typically work at the practice?
- How many rooms would you have?
- Does the practice perform Mohs surgery, and if not, where do you refer to?
- How easy is it to communicate with other specialists?
- What EMR system do you use?

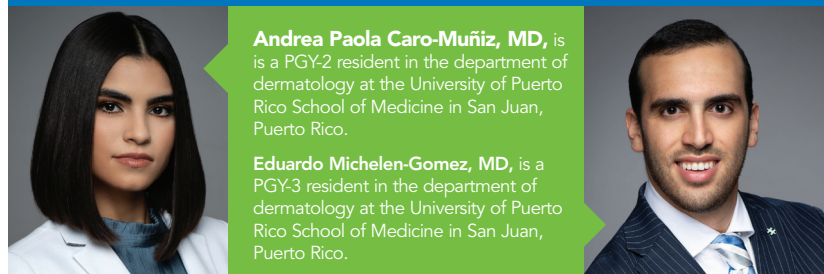
I've found a practice I'm excited to practice at and now it's time for contracts. What are my resources?

DermWorld Directions in Residency has published some excellent reads on this exact topic. I highly recommend these:

- "All things considered –a primer on contracts for residents" by James D. Kelso, JD (Fall 2017)
- "The first employment agreement: common clauses and practical tips for residents" by Daniel F. Shay, Esq. (Spring 2019)
- "A deeper dive into contracts for residents" by Daniel F. Shay, Esq. (Winter 2021)

Several of our panelists recommended considering a contract lawyer to help you navigate this new territory. While not for everyone, it's worth exploring!

Dermatologists and our expertise are in high demand. What an exciting time! Take time to consider your own priorities, explore diverse options, and know that the Academy is here to help! **DR**



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Race for the Case

By Andrea Paola Caro-Muñiz, MD, and Eduardo Michelen-Gomez, MD



A six-year-old female patient is seen at our outpatient clinics for evaluation of multiple scattered eczematous, scaly plaques overlying a hyperpigmented, hypertrichotic area extending from the patient's left scapula down to her right dorsal hand (left image); the latter had been present since the patient was a one-year-old. Punch biopsy of the lesion revealed epidermal acanthosis with papillomatosis and hyperpigmentation of the basal layer, with numerous hairs in anagen stage. The patient was prescribed tacrolimus 0.1% ointment and triamcinolone acetonide 0.1% cream with significant improvement of the eczematous lesions (right image).

1. Which post-zygotic mutation has been associated with the development of this nevus?
2. Name the syndrome most commonly associated with this nevus.
3. What is the phenomenon observed in the image above (top left image)?



Respond with the correct answers at www.aad.org/RaceForTheCase for the opportunity to win a Starbucks gift card!

Race for the Case winner (Fall 2023)

Our congrats and a Starbucks gift card go out to Divya Aickara, MD, a PGY-4 in the department of dermatology at University of Miami/Jackson Memorial Hospital. She correctly identified Kaposi's sarcoma in our fall issue and gave the most comprehensive answers to the questions asked. You can read more about this case online at www.aad.org/race-case-answers. If you can solve the latest case, there may be a Starbucks gift card in your future, and you may be invited to contribute your very own Race for the Case. Better get on it now!

Hair transplantation

By Rahul Nanda, MD, and Thusanth Thuraisingam, MD, PhD, FAAD

Hair transplant – Basic concepts

1. The **theory of donor dominance**: Transplanted hairs will maintain the properties of where they were harvested (therefore, areas that are relatively resistant to androgen-mediated miniaturization, such as the occipital and temporal scalp, are preferred).
2. In hair transplantation, there is no net increase in the number of new hairs. Instead, there is a **redistribution** of the **pre-existing hairs from the patient's donor site to the recipient zone**.
3. The follicular unit is the main structure used for hair transplantation. It is composed of an average 2.5-3 terminal follicles* and associated adnexal/supportive tissue.
4. The **bulge** (located at the insertion of arrector papilla muscle) and the **dermal papillae** (located at the inferior portion of follicle) are the two main units involved in hair regeneration; recognizing their location is imperative to preserve integrity.

*Variable based on race, scalp zone, and patient characteristics



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Alopecia – Suitability for hair transplantation

Suitable conditions	Not suitable conditions
Male and female pattern hair loss (androgenetic alopecia)**	Primary scarring alopecias (lichen planopilaris, frontal fibrosing alopecia, folliculitis decalvans, discoid lupus)
End stage of primary scarring alopecia***	Alopecia areata
Secondary scarring alopecia (burns, radiotherapy, morphea, post-surgery)	Active trichotillomania
Advancement of frontal hairline in congenital hairlines and traction alopecia	Telogen effluvium
Eyebrow hair loss (plucking, trauma, post-surgery)	Unreasonable expectations/body dysmorphic disorder
Eyelash, beard, pubic hair loss	Active infection of the scalp
Temporal triangular alopecia	Young adults (<25 years of age with androgenetic alopecia)****

** Less suitable for cases of diffuse unpatterned androgenetic alopecia or if rapidly progressive.

*** There must be no active inflammation for at least 1-2 years. Patient must be aware of the risk of potential reactivation of the scarring alopecia and loss of the transplanted hairs.

**** Young patients may not fully understand progressive nature of alopecia and the need for future sessions. Hair loss stabilization with medical treatment prior to transplantation is advised in these patients.

Hair transplantation

By Rahul Nanda, MD, and Thusanth Thuraisingam, MD, PhD, FAAD

Techniques for harvesting follicular grafts		
	Follicular unit extraction	Strip excision
Prevalence of technique	Most commonly used technique (considered 'less invasive')	Less commonly used
Method	Punch removal of follicular units using manual, motorized, or robotic tools (micropunch)	Obtained through the microscopic dissection of a strip excised from the donor scalp, then grafts divided from the strip
Time required for harvest	Longer surgical time	Shorter surgical time
Demands on the surgeon	Long learning curve, physical stamina, higher than average hand-eye coordination and manual dexterity	Shorter learning curve in a physician with relatively good surgical skills
Harvest site	Can use both scalp or non-scalp hair (i.e., beard, torso) as donor	Uses posterior scalp hair as donor
Scarring	Less visible scarring	Linear scar at posterior scalp (more visible if hair cut short)
Healing time	Quicker healing time	Longer healing time

Complications

- Inherent to surgery: Edema of the forehead postoperatively (resolves within 1-2 weeks), folliculitis, pruritus, ingrown hairs, cyst formation, numbness/paresthesia (usually resolves within a few weeks), telogen effluvium (2-3 weeks post-surgery, self-limited), hypertrophic scar and keloids (especially in patients of African, Asian, or Latin American descent).
- Common (due to poor technique): Poor growth****, unnatural look of hair (distribution, hairline design, angle of growth), donor depletion.
- Rare: Infection, necrosis, keloids (in donor area), lidocaine toxicity, traumatic AV fistula, permanent paresthesia, or dysesthesia.

****Poor growth can happen for various reasons including excessive hair graft transection, graft dehydration, improper graft handling in the implantation process, and excessive trauma at the recipient site.

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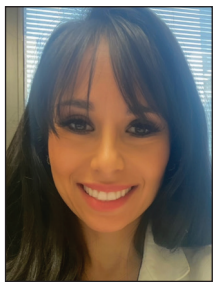
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More study charts online!



There are a lot more Boards Fodder charts online! In addition to the hair transplant chart in this issue, you can view our new [Alopecia areata treatment](#) chart by Andrea Paola Caro-Muñiz, MD, Eduardo Michelen-Gomez, MD, and Karina J. Cancel-Artau, MD.

Check out the full archives at www.aad.org/boardsfodder.



Maryam Safaee, MD, FAAD, is chief of the dermatology section, outpatient medicine, at Tibor Rubin VA Medical Center. She is also assistant clinical professor in the department of dermatology at University of California, Irvine. Dr. Safaee took first place in AAD's Derm Tank competition at the 2023 Innovation Academy for conceptualizing a dry shampoo for seborrheic dermatitis.

More Clinical Pearls online!

Visit the archives at www.aad.org/member/publications/more/dir/clinical-pearls.

Clinical Pearls

Clinical Pearls will help prepare residents for the future by providing them with pearls about what they should know about a specific subject area by the time they complete their residency.

Seborrheic dermatitis

By Maryam Safaee, MD, FAAD

1. Seborrheic dermatitis (SD) is a chronic condition which will wax and wane during a patient's lifetime. Although it has an ambiguous etiology, it is mostly thought to be driven by an abnormal immune response to *Malassezia* yeast, primarily affecting body areas with increased numbers of sebaceous glands and larger sebaceous glands such as the scalp, face, upper trunk, and anogenital region. Thus, when unsure if scalp findings are suggestive of SD versus other eczematous eruptions, looking at body sites such as the upper trunk and anogenital region may help narrow the diagnosis.¹
2. Seborrheic dermatitis has an increased prevalence among individuals with HIV and in some instances can be the first presenting sign. Consider HIV testing if a patient presents with extensive SD and/or therapy-resistant SD. In some cases, it may involve atypical sites such as the extremities.²
3. Severe and recalcitrant SD is more prevalent among patients with neurologic conditions such as stroke and Parkinson's disease. Facial immobility in such patients may result in greater accumula-

tion of sebum which in turn leads to growth of *Malassezia*. Interestingly, some studies have shown seborrheic dermatitis may indeed be a premotor feature and early identifier in persons later diagnosed with Parkinson's disease.³

4. Although the mainstay of therapy for seborrheic dermatitis includes combination of topical azoles and topical corticosteroids, severe SD can be a challenge to treat. However, recent studies have shown promise in the use of low-dose oral isotretinoin as a viable management option with improvement at doses ranging from 10-20 mg a day.⁴

References:

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There's a lot going on for residents in San Diego!

Be sure to attend these **2024 AAD Annual Meeting** sessions designed with resident needs in mind.



Thursday, March 7 • 6:30 – 9:00 p.m.

- Resident Networking Event at Venue 808. Space is limited, look for the opportunity to RSVP soon.

Friday, March 8

- C001 - Conquer the Boards: Core Exam & Review (led by Jennifer Lucas, MD, FAAD)
- C005 - Conquer the Boards: Applied Exam & Review (led by Jennifer Lucas, MD, FAAD)



Saturday, March 9

- S027 - Residents and Fellows Symposium (led by Cory Dunnick, MD, FAAD)
- S044 - Resident Jeopardy – Team submissions are open through January 31!
- F060 - Young Physician Pearls and Pitfalls: A Survival Guide for the First 10 Years (led by Sonal D. Shah, MD, FAAD)

Sunday, March 10

- F084 - Boards and Beyond (led by Morgan Murphrey, MD, MS)
- S053 - Boards Blitz (led by Jennifer Lucas, MD, FAAD)

Plus! Four Gross and Microscopic symposiums (March 8 and March 9)

And there's much more! Go to <https://am2024.aad.org/sessions> to see details for these and other sessions.

Doubling up on learning

By Kala Hurst, DO

It was a hot, sunny day, plentiful with pirates, fairies, and...double vision? No! It was just the droves of twins gathering for the annual Twins Day Festival! Every year, twins from all over the country travel to Twinsburg, Ohio, for the largest congregation of twins in the world.

As a dermatology resident at Case Western Reserve/University Hospitals, we have a unique presence at the festival to collect data for research on skin diseases that may affect twins. We participate each year to gather information in hopes to better understand genetic ties of certain diseases, as well as promote research ideas that have come up since the last festival. The festival usually occurs in the first weekend of August, making it one of the first community events in which first-year residents in the program get to be involved. I was extremely proud to take part in this endeavor in 2023.

The group efforts among the residents, medical students, and attendings were infectious. We all convened the week before the festival, putting together bags of skin care and sun protection product samples in preparation for the big weekend. We organized supplies while going through interesting Kodachromes, making it an even more dynamic and enjoyable day of didactics.

The weekend of the event, I drove my car full of samples to Twinsburg, about 30 minutes outside of Cleveland. We unloaded our cars, set up under the tents, and prepared for the influx of twins to come. Every year, the festival has a theme, and this year was no different. We saw hundreds of twins dressed up for the “Shiver me TWINbers” theme, donned in pirate, parrot, and mermaid costumes. We invited them to our tent and had them scan QR codes to receive the survey on their phones. They answered the questions to their best ability, mingled with other twins, and inquired about the work of our department. It was a wonderful experience to speak with them and discuss our purpose: Advancing knowledge of skin care and gathering data about twins. We broke our record of the number of surveys submitted this year and hope to keep breaking records and increasing the data for years to come.

What has been amazing since starting dermatology residency just a few months ago is I have had the pleasure of being involved in multiple community events. Learning and understanding dermatology is known for its focus on readings and lectures. However, beyond that, it is always good to take advantage of learning opportunities outside of the classroom. I prioritized opportunities for community engagement when looking for my ideal program, and I am happy to have it now. I have been able to perform skin checks, research, mentoring, and more in the community since I started residency. These opportunities have expanded my skills as a resident and future dermatologist. I am only at the beginning of my dermatology career, but I am already self-assured that I will always continue to find ways to engage with my communities outside of clinic. I encourage residents to seek out similar experiences, to help better understand patient populations as well as the current issues in communities. Looking beyond the classroom environment to engage with the community yields a different, additional reward and a more expansive learning experience. **DR**



We all convened the week before the festival, putting together bags of skin care and sun protection product samples in preparation for the big weekend.



The group efforts among the residents, medical students, and attendings were infectious in Twinsburg, Ohio.



Kala Hurst, DO, is a PG-2 dermatology resident at University Hospitals/Case Western Reserve University. Among her many activities, she has volunteered at the AAD booth at the Student National Medical Association Annual Medical Education Conference, and has also recently authored a piece on the value of mentorship for AAD. org at www.aad.org/support-aad/kala-hurst-story.



Is something interesting happening in your residency program? We'd like to feature it in *Directions*.

Send your ideas to dmonti@aad.org.

Inside this Issue



Morgan Murphrey, MD, MS, is a cosmetic laser dermatology fellow at Mass General/Harvard, and is chair of the AAD Residents and Fellows Committee.

This issue's feature article delves into the post-residency job search, which typically commences during the final year of residency. Dr. Chen, drawing from insights shared by a panel of young physicians, provides valuable information on navigating this often-complex process. Additionally, the AAD is publishing two Boards Fodder charts focusing on the theme of hair — covering topics from alopecia medical management to hair transplantation. The juxtaposition of these two charts underscores the medical and procedural dimensions of our specialty. As I explored the content in this quarter's issue, I was struck by the vast scope of the dermatologic landscape and its impact on the post-residency job search.

The extensive array of possible career opportunities and paths means that the job hunt in dermatology is far from one-size-fits-all. Among any graduating residency class, you will find individuals embarking on journeys into private practice or academics, joining large groups in metropolitan areas or choosing solo practice in rural settings, opting for procedural or strictly medical practices, or even pursuing specialized fellowships such as dermatopathology or pediatrics. While the prospect of numerous avenues within dermatology can be overwhelming, it is also profoundly exciting and liberating. As practicing dermatologists, we often have the privilege of deciding whether to maintain a broad patient population or to carve out our unique niche.

It is essential to remember that these career decisions need not be made hastily and can evolve over time. Rather than being disheartened by the sheer breadth of our field, we should view our first attending position as an opportunity to explore and define our role. One of the most valuable pieces of advice that has been shared with me is understanding that your first job post-residency is not necessarily your last. While contractual commitments must be honored, your initial post-residency job represents merely the first step in your career, not a definitive endpoint. Keeping this perspective in mind can help alleviate the pressure that often accompanies the job hunt.

Dermatology is a specialty that harmonizes the art and science of medicine, presenting a unique arena for personal and professional growth. Whether you're embarking on a job hunt or a fellowship journey, embrace the dynamic, ever-evolving world of this field, and recognize the potential for exploration, discovery, and innovation. Your path in dermatology is a journey filled with the promise of possibilities. Never forget that your contributions to the field are valuable, and you have the potential to make a significant impact in our specialty! **DR**



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