

## Where are you in the resident life cycle?

By Danielle Piquette

The residency experience is an exciting, eventful — and often overwhelming — time in your career as a physician. It's the foundation for what kind of dermatologist you will become. In a world with so many resources, it can be difficult to find the time to discover ones that will help actually you. With input from dermatology residents and graduates, the Academy created this unique infographic to show the top resources it has available for every stage of the residency experience.

### INTERNSHIP (PGY-1)

Learn as much as possible; get experience writing case reports to add to your CV; start volunteering for dermatology-related events to add to your CV (i.e. skin cancer screenings); most importantly...start your CV! It's better to start early and add to it throughout residency.

#### ACADEMY RESOURCES

- **AAD's Basic Dermatology Curriculum:** Each module has been peer-reviewed and is based on the best available evidence. Clinical vignettes and questions within each module provide a practical framework for learning. After completion of each module, students can test their knowledge with quiz questions.
- Learn about AAD SpotMe® resources.
- Review latest literature in *JAAD*.

#### ACADEMY RESOURCES

- Boards Fodder archive
- AAD Case Challenges / Question of the Week
- *JAAD* CME Quizzes and Practice Quizzes
- Race for the Case
- DSAP for Residents
- Resident volunteer programs through AAD.
- DRB student loan refinancing

### RESIDENCY: YEAR 1 (PGY-2)

Get ready for the in-service exam (dates vary for MDs and DOs); start getting involved in community service, AAD committees, and med school committees; start thinking about derm fellowship (if you want to do a pathology fellowship, you need to be doing path research; same for Mohs, etc.).

### RESIDENCY: YEAR 2 (PGY-3)

Get ready for the in-service exam (dates vary for MDs and DOs); begin job search (look at types of practices); learn how to negotiate contracts; start getting as much CV help as possible; start building a professional network.

#### ACADEMY RESOURCES

- Boards Fodder archive
- AAD Case Challenges / Question of the Week
- *JAAD* CME Quizzes
- Race for the Case
- DSAP for Residents
- Practice Management Center (*coding and reimbursement section — especially prior authorization forms*)
- Choosing A Dermatology Practice Model Toolkit
- DRB student loan refinancing
- AAD Annual Meeting and Summer Meeting

#### ACADEMY RESOURCES

- AAD Career Compass
- Boards Fodder archive
- *JAAD* CME Quizzes (*especially for PGY-4 since boards test heavily on CME questions*)
- Practice Management Center (*coding and reimbursement — especially prior authorization forms*)
- AAD Case Challenges / Question of The Week
- Race for The Case
- DSAP for Residents
- Choosing A Dermatology Practice Model Toolkit
- DRB student loan refinancing
- AAD Annual Meeting and Summer Meeting

### RESIDENCY: YEAR 3 (PGY-4)

Begin board prep; take the board exam; acquire contract help; continue job search; study as much as you can about your finances; learn about the components of practice management.



## Academy Resources: Info/Links



See descriptions and links for all of these Academy resources on **page 3**

see **RESIDENT LIFE CYCLE** on p. 3



**2018 AAD Annual Meeting**  
**San Diego, California**  
**February 16-20, 2018**  
 SAN DIEGO CONVENTION CENTER



# SAVE THE DATE!

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**February 16 – 20 • San Diego, CA**

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 A DAY EARLY FOR A  
**RESIDENT-ONLY COURSE!**

**Life After Residency:  
 A Toolkit for Success**  
**THURSDAY, FEBRUARY 15, 2018**

Leaving residency has its own unique set of challenges, make sure you have the tools to be successful by attending this **FREE** course for residents.

*Registration for this course is separate from the Annual Meeting.*



## ACADEMY RESOURCES:

### BOARDS FODDER ARCHIVE

Over 80 study charts available for download, created by residents themselves on the most important topics covered on the Boards exam. ([www.aad.org/boardsfodder](http://www.aad.org/boardsfodder))

### JAAD QUIZZES & PRACTICE QUIZZES

88 online quizzes with CME questions based on various JAAD articles; also take practice quizzes for no CME credit. ([www.aad.org/jaad/QuizList.aspx](http://www.aad.org/jaad/QuizList.aspx))

### AAD CASE CHALLENGES

Determine the right diagnosis and treatment plan for various patient scenarios and challenges. ([olc.aad.org/diweb/home](http://olc.aad.org/diweb/home))

### QUESTION OF THE WEEK

Sign up for this highly popular weekly email to diagnose a new patient case every Thursday for self-assessment and CME credit! ([www.aad.org/education/question-of-the-week](http://www.aad.org/education/question-of-the-week))

### AAD'S BASIC DERMATOLOGY CURRICULUM

Modules with clinical vignettes and quiz questions that provide a practical framework for learning. ([www.aad.org/education/basic-derm-curriculum](http://www.aad.org/education/basic-derm-curriculum))

### RACE FOR THE CASE

Review images of case studies and be the first to correctly answer the related questions in the shortest amount of time. ([www.aad.org/raceforthecase](http://www.aad.org/raceforthecase))

### AAD CAREER COMPASS

Job board for U.S. dermatology positions ([www.healthcareers.com/aad](http://www.healthcareers.com/aad))

### FUNDAMENTALS IN TELEDERMATOLOGY – WEBINAR

Four-part online webinar on the basics of teledermatology, utilization, and teledermatoethics (<http://olc.aad.org/diweb/catalog?q=fundamentals>)

### PRACTICE MANAGEMENT CENTER

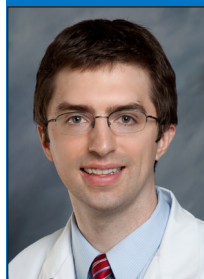
Resources on MACRA / coding & reimbursement / prior authorization assistance / AAD's DataDerm / compliance / teledermatology / webinars ([www.aad.org/practicecenter](http://www.aad.org/practicecenter))

### CHOOSING A DERMATOLOGY PRACTICE MODEL TOOLKIT

Alignment model case studies / employment arrangements / resource & video library ([www.aad.org/choosingapractice](http://www.aad.org/choosingapractice))

### DSAP FOR RESIDENTS

Dermatopathology self-assessment quizzes designed specifically for dermatology residents ([www.aad.org/DSAP-DPRes/](http://www.aad.org/DSAP-DPRes/)) **DR**



**Michael Zumwalt, MD** is a PGY-3 at Loma Linda University in Loma Lina, California..

## Race for the Case

Michael Zumwalt, MD



A 43-year-old female presented for a chief complaint of a severe scalp pruritus and inflammation that had been present for the past year. Prior treatments included topical steroids and ketoconazole shampoo, with minimal improvement. Note that the patient had recently experienced unexplained weight loss and had been found to have a pulmonary nodule, which was pending a needle core biopsy. The physical exam revealed confluent erythematous plaques with thick, overlying greasy, yellow scales within the patient's scalp. No other lesions were present elsewhere on her body and lymph node exam was normal. It was later found that the scalp and pulmonary nodule biopsies had the same histopathology.

1. What three histopathologic stains would be helpful in making the diagnosis?
2. What are the three most commonly involved organs in adult patients?
3. Which clinical subtype of this disease has the worst prognosis?



Respond online with the correct answers at [www.aad.org/RaceForTheCase](http://www.aad.org/RaceForTheCase) for the opportunity to win a Starbucks gift card!

## Race for the Case: Winner (Spring 2017)

Congratulations to Navid Malakouti, MD, PGY-2, for correctly answering the Race for the Case questions in the fastest amount of time! Dr. Malakouti is a dermatology resident at Howard University Hospital.

To view the answers for the last Race for the Case, go to [www.aad.org/RaceForTheCase](http://www.aad.org/RaceForTheCase).

## Time Saving Tip

By Cherise M. Levi, DO



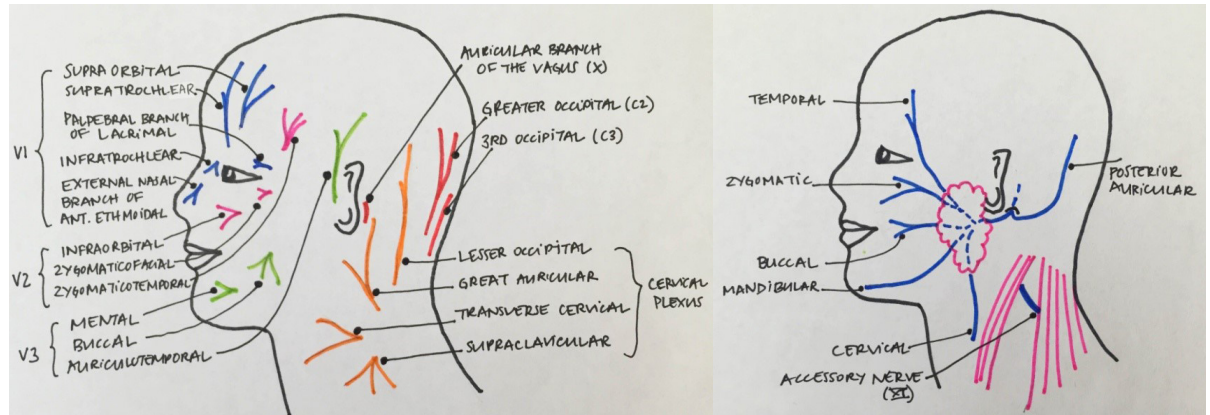
There are a few ways to maximize efficiency and save time in residency. One way is to read assigned chapters ahead of time, prior to their corresponding lectures. That way, when you hear the material presented in didactics, it is already a review, which will become stored into your long-term memory. By the

next time you study that material again, you will have already mastered it without spending the extra time required for completely new and unseen information. In order to save time during resident clinic, it is important to become acquainted with your hospital staff and develop a good relationship with the nurses and medical assistants. They can be extremely helpful in keeping the flow of clinic going and making sure all patients are roomed and triaged in a timely fashion.

*Cherise M. Levi, DO, is a board certified dermatologist at the Tribeca Skin Center at New York Presbyterian - Columbia University Medical Center, New York. [www.tribecaskincenter.com](http://www.tribecaskincenter.com).*

## Derm Surgery: Danger Zones and Relevant Anatomy

By Lance Chapman, MD, MBA; Dorota Korta, MD, PhD; and Patrick Lee, MD



**FIGURE 1: SENSORY INNERVATION**  
Sensory innervation of the face is primarily from the 3 branches of the trigeminal nerve (CN V) — the ophthalmic nerve (V1), the maxillary nerve (V2), and the mandibular nerve (V3). Four branches of the cervical plexus innervate the head/neck. Innervation from the dorsal rami of the cervical nerves is also shown. The auricular branch of the vagus nerve (Arnold's nerve) supplies innervation to the skin of the ear canal, tragus, and auricle.

**FIGURE 2: MOTOR INNERVATION**  
Innervation of the facial muscles is from the 5 branches of the facial nerve (CN VII). The nerve emerges from the stylomastoid foramen and passes through the parotid gland. The spinal accessory nerve (CN XI) is also shown in this diagram; it innervates the SCM and trapezius muscles.



**Lance Chapman, MD, MBA, PGY-3,** dermatology resident at UC Irvine



**Dorota Korta, MD, PhD, PGY-3,** dermatology resident at UC Irvine



**Patrick Lee, MD,** is the director of dermatologic surgery at UC Irvine

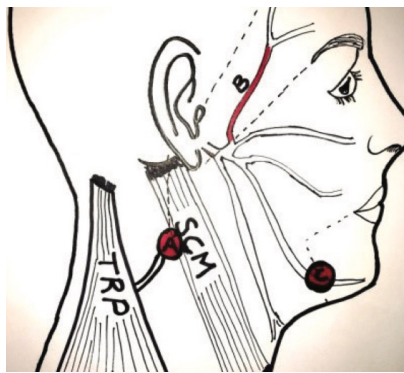
### PLANES OF DISSECTION/UNDERMINING

Location	Plane	Structures to avoid
Scalp	Subgaleal	Scalp arteries (subgaleal plane is relatively avascular); Hair follicles
Forehead	Deep subcutaneous fat above frontalis fascia; subgaleal on large defects	Supraorbital and supratrochlear arteries and nerves; Subgaleal plane is relatively avascular
Eyebrow	Subcutaneous fat deep to hair bulbs (for larger defects, above frontalis)	Hair follicles
Eyelid	Above the muscle (orbicularis oculi)	Lacrimal gland and drainage system on lower lid; orbicularis oculi
Ear	Above perichondrium	
Nose	Upper 2/3 above the muscle; lower 1/3 above perichondrium	Nasociliary nerve, angular artery; deeper plane is relatively avascular
Temple	Superficial subcutaneous fat	Temporal branch of the facial nerve; superficial temporal artery
Cheeks	Mid-deep subcutaneous fat below hair follicles; above SMAS for larger defects	Parotid duct, buccal/zygomatic branches of the facial nerve; facial artery at melolabial fold
Mandible/chin	Mid-deep subcutaneous fat below hair follicles; above SMAS for larger defects	Marginal mandibular branch of the facial nerve; facial artery at cheek-chin junction
Lip	Above the muscle (orbicularis oris)	Branches of the labial artery; vascular orbicularis muscle
Neck	Superficial subcutaneous fat	Cervical branch of facial nerve and major blood vessels in anterior cervical triangle; spinal accessory nerve in posterior cervical triangle
Trunk/extremities	Deep subcutaneous fat/above the fascia	Larger veins in forearms, dorsal hands, and feet; peroneal nerve in lateral lower leg

## Derm Surgery: Danger Zones and Relevant Anatomy *(continued)*

By Lance Chapman, MD, MBA; Dorota Korta, MD, PhD; and Patrick Lee, MD

Sensory defect syndromes	Anatomy	Defect
<b>Frey's syndrome</b>	Injury to auriculo-temporal branch of CN V in parotid region	Carries both sympathetic nerve fibers (to scalp sweat glands) and parasympathetic nerve fibers (to parotid gland), so injury results in redness and ipsilateral cheek hyperhidrosis while eating
<b>Trigeminal trophic syndrome</b>	Injury or infection of CN V (gasserian ganglion)	Injury/infection can result in paresthesia, dysesthesia, anesthesia of nasal ala, leading to sickle-shaped erosions and ulcerations
<b>Herpes zoster on tip of nose</b>	CN V1 (ophthalmic nerve)	Both ciliary branch and external nasal branch come from nasociliary nerve, so herpes zoster on tip of nose can signify ocular involvement



**FIGURE 3: DANGER ZONES FOR MOTOR NERVE INJURY**

Nerve	Location	Function	Defect
<b>A: Spinal accessory nerve (CN XI)</b>	Identify the posterior triangle (boundaries are posterior border of sternocleidomastoid [SCM], anterior border of trapezius [TRP], and superior border of clavicle). Then draw a vertical line down from the mastoid process 6 cm to posterior border of SCM. Emerges within 2 cm of this point, called Erb's point (A).	Innervates trapezius muscle	Shoulder droop, winged scapula, inability to abduct arm
<b>B: Temporal branch of facial nerve (CN VII)</b>	Draw a line from the earlobe to the lateral brow. Then draw a line from the tragus to the HIGHEST forehead crease. Nerve courses through this zone before diving under frontalis muscle.	Innervates frontalis muscle	Ipsilateral eyebrow droop, inability to raise eyebrow, inability to close eye completely
<b>C: Marginal mandibular branch of the facial nerve (CN VII)</b>	Draw a circle centered on the mandible, approximately 2 cm lateral and 2 cm inferior to the oral commissure.	Innervates lip depressors	Ipsilateral lip elevation, drooling, crooked smile

### REFERENCES:

1. June K. Robinson, C. William Hanke, Daniel Mark Siegel, Alina Fratila, Ashish C Bhatia, Thomas E. Rohrer. *Surgery of the Skin: Procedural Dermatology*, 3rd edition. Elsevier Health Sciences, 2014
2. Kavita Mariwalla and David J. Leffell. *Primer in Dermatologic Surgery*, 2nd edition. American Society for Dermatologic Surgery, 2011.

**Double the Boards Fodders online!**



In addition to this issue's Boards Fodder, you can download the new online Boards Fodder at [www.aad.org/Directions](http://www.aad.org/Directions).



The latest online Boards Fodder is **Contact Dermatitis Allergens** by Alina Goldenberg, MD, MAS; Elise M. Herro, MD; and Sharon E. Jacob, MD.

To view, download, or print every Boards Fodder ever published, check out the archives at [www.aad.org/boardsfodder](http://www.aad.org/boardsfodder).



**Susan Weinkle, MD**, has been involved with cosmetic dermatology for more than 20 years and was one of the first to use collagen and Restylane. She has a busy practice, concentrating on both Mohs and aesthetic dermatology, in Bradenton, Florida.

## Career case study

# The growth of the cosmetic career path

Susan Weinkle, MD, interviewed by *Directions*.

### Why did you choose to pursue a cosmetic/aesthetic specialty?

From the very beginning of my career, I was a surgically oriented dermatologist. I have been doing Mohs surgery since 1979 and started injectables very early in my career. As a resident, I did the protocol studies for collagen at Stanford, so I had an early exposure to what was really the birth of aesthetic dermatology. At the time, collagen was new and was the only injectable, and for the most part, it stayed that way for a long time. In 2004, Restylane was approved and hyaluronic acid injections began to come on the market. I found those new advances in aesthetics could be very rewarding and a complement to my practice.

### What personality traits are most desirable and helpful in this type of work? Is it more social or solitary? Do you need good people skills?

I have always appreciated art. I think you have to have an aesthetic eye. You have to have an eye for beauty and balance. You have to be able to see and visualize — and then your hands can do the work. You also have to enjoy being with your patients. Particularly in aesthetic dermatology, the expectations from patients are very high. Many patients I encounter have body dysmorphic disorder, so you need to be sensitive to that, as well.

### Describe a typical day.

I start each day with two surgery patients on the table ready to go. I see five to six Mohs patients in the morning (along with some patients in between). In the afternoon, it is primarily botulinum toxin injections and fillers. I do administration and paperwork within the day. I have a totally electronic office. The patient's pathology and the picture of the lesion are pulled up for me on my iPad. I do all my own Mohs surgery, including repairs. I also have a scribe who follows me and writes in the charts. The key to my success is that I genuinely care about my patients and I am incredibly efficient. Efficiency is the key to success in this day and age, and that extends to my office staff. Outside the office, I go to a lot of international meetings to teach and expand my knowledge.

### What areas of your residency training and education are being put to use the most?

Mohs, in particular. I did so much surgery back when I was a resident, more than 500 Mohs surgeries. A lot of cutting and sewing and refining hand-eye coordination and dexterity. My Mohs experience developed my dexterity, and I found I had good ability with my hands. I used to sew with my grandmother when I was a young girl. Sewing skin is not that much different than being

good with needlework! I think that skill set and comfort level with my hands led to an easy transition to doing aesthetics. Because of the growth of cosmetic surgery, there are now cosmetic dermatology fellowships being offered; so there is now opportunity to do an extra year of fellowship strictly in cosmetics after residency. That opportunity was not available when I was a resident.

### In terms of need, workforce, and opportunities, how does it compare? Is it more difficult to land a cosmetic subspecialty position than another subspecialty?

Cosmetics has advanced — so there are more opportunities in cosmetic dermatology. Along with that, residents should be aware that the market has become more saturated. Also, the marketplace is changing. Some people are going to spas instead of dermatologists, but it can still be a very good path if you are flexible enough to find the right position in a desirable market. The Academy has some resources that can be very helpful in job searching.

### If residents are considering a cosmetics subspecialty, what else should they be considering? Any special training or ways to increase their proficiency beyond their residency?

Many opportunities exist that did not exist 20 years ago. For instance, I have been chairing a resident cosmetic symposium every year in April. I am also involved with a preceptorship program with various volunteer surgeons. I have been directing a course at the AAD meetings every year since 1980 and have spent 12 years doing live patient presentations. I would encourage residents to seek these out and any other educational opportunities that can provide them with first-hand experience. Beyond residency, continue with education and volunteer work. You should never stop learning.

### Is there something specific to cosmetic dermatology that is personally rewarding? Why will residents feel satisfied with this choice?

You can really help patients feel better about themselves and it can affect all aspects of their life. I had one patient, a woman, who I treated over a six-month period. She was applying for a position and kept getting rejected. We were able to make her look more attractive, and, equally important, increase her self-confidence. When she got the job, she was incredibly grateful and appreciative. Also, because I have a balance — being able to do both skin cancer surgery and cosmetics — it is very gratifying. And I love what I do. I have been working since I graduated my residency in 1982, and I still love my job. I cannot even imagine retiring! **DR**

## Job Searching



Check out the Academy's online job board for help with job searching: [www.healthcareers.com](http://www.healthcareers.com)

## Career Case Study

Career Case Study is a new quarterly feature to help residents with choosing a sub-specialty.

**Next issue: Pediatrics**

# Do you have that fellow feeling? Five key questions to ask

By Dirk Elston, MD

Adding a year of fellowship is a critical choice for many residents. Many variables are involved when making the decision, and you have to accept that changes will occur along the way. Here are five key questions to ask yourself now to help make an informed decision.

## 1 Is it worth it financially?

- Factors to consider:
  - One more year of PGY salary
  - Moving expenses
  - Cost of setting up a lab/Mohs practice
  - Know that you currently don't need to be fellowship-trained to do dermpath, pediatric dermatology, cosmetic dermatology, or Mohs
  - There is no shortage of academic jobs

## 2 Do I love the subspecialty?

- Factors to consider:
  - If you don't love it, medicine is way too hard a way to make a living
  - There are much easier ways to make money
  - Most of us are doctors because we want to practice medicine

## 3 Does fellowship training make me a better doctor?

- According to the literature:
  - Dermatopathology fellowship training has been associated with a substantial decrease in major misdiagnosis (*J Am Acad Dermatol.* 2013 Jan;68(1):119-28)
  - 1,491 Mohs cases before error rate declined below 1/100 (*Dermatol Surg.* 2008 Dec;34(12):1637-41)
  - Case complexity is similar whether in academic or private practice — regardless of years of experience (*J Dermatology Treat.* 2012 Dec;23(6):421-7)
  - The fellowship-trained [pediatrics] group was more likely to report learning opportunities in their work environment. (*Pediatrics.* 2015 Oct;136(4):672-9.)

- Female physicians seem to garner a much larger gain in satisfaction than male fellowship graduates. (*Postgrad Med J.* 2014 Jul;90(1065):377-82.)

## 4 Does fellowship training make me a happier doctor?

- Fellowship training has been shown to increase confidence, sense of self-efficacy, improve others' perceptions of their credibility, and provide support from a community of peers and mentors (*Acad Med.* 2009 Aug;84(8):1089-97)
- The fellowship-trained group was more likely to report learning opportunities in their work environment (*Pediatrics.* 2015 Oct;136(4):672-9)

## 5 Why did I go into medicine?

- Never forget why you are on this path; most of the rewards are not monetary in nature. Rather, you will find your true satisfaction in:
  - Altruism: the number one driver of happiness
  - Intellectual stimulation
  - Ability to make a difference
  - Respect
  - Opportunities to teach

### Other factors to keep in mind:

- Most decisions aren't a matter of right or wrong; they're just different.
- Most dermatologists leave the first practice they join.
- The best financial offer is often not the best choice. Look for a quality work environment, one that best fits your work/life/family balance, and look for an employer whose values fit well with yours.
- For clinical professionals, clinical autonomy is often more important than managerial autonomy
- Contentment comes from a daily opportunity to do what you do best.
- Never lose heart if this is your calling. The rewards will be great. The sky has been falling since I left medical school, but practicing medicine is still a blast. **DR**



**Dirk Elston, MD**, former AAD president, is a professor and chair of the department of dermatology at the Medical University of South Carolina. He did his fellowship with Wilma Bergfeld, MD, at the Cleveland Clinic. His presentation on fellowships was part of *Life After Residency, a Toolkit for Success*, presented earlier this year at the 2017 AAD Annual Meeting in Orlando.

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## AAD to offer quality improvement grant for residents

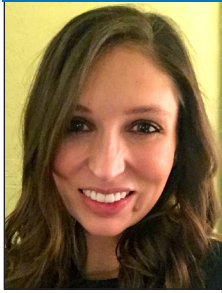
The AAD will be offering financial support to resident and fellow physicians engaged in quality improvement projects that help meet requirements for ACGME accreditation. Get up to \$2,500 and recognition for the valuable work that is required as part of today's training. Funds can help cover the

expenses of data collection, materials and supplies, and even travel to the AAD Annual Meeting for a presentation. See more at: [www.aad.org/qualityimprovementaward](http://www.aad.org/qualityimprovementaward).

The award will open in July and close on August 31, 2017. **DR**

**Join JAAD's new Virtual Journal Club!**  
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## Inside this Issue



**Mallory Shiver Abate, MD,** is a PGY-4 at the University of Arkansas for Medical Sciences in Little Rock,

No matter what stage of the “resident life cycle” you may be in, you know that each year of residency is tough and has its own unique challenges. After reading through this issue, you can see that the AAD provides a lot of great resources to us throughout residency — so take advantage!

Looking back on my life cycle, I came up with these six things I wish that I had done, or was really glad that I did, in order to make my life easier:

**#1 Start a CV on day one of intern year.** It will be so much more painful backtracking everything you have done later on. Don't worry about the template — this can be modified later when it's time for job applications. Make it a habit to add to it as you go.

**#2 Find one review book that you like and stick with it and add to it throughout residency.**

In addition to boards fodder, write in clinical pearls, pathology pearls, challenging dosing regimens, new info from journal articles, etc. My Sima Jain is so valuable to me that I have a cash reward offer written on the inside cover for anyone that finds it!

**#3 Complete your ACGME case logs as you go — don't let these build up!** The easiest way to do these is to log as you do your bill-

ing by getting the CPT billing codes and entering them into the ACGME “search by code” box. Then you don't have to spend all that time searching for the names/specifics of the procedure!

**#4 Keep all of your JAAD CME articles and quiz questions.**

Highlight the important stuff you want to remember/review — these are highly tested on the boards and you will want them all in one place.

**#5 Get a financial advisor.**

Find someone who has specific experience working with physicians.

**#6 Learn as much as you can.**

You only have a short amount of time in residency before you are out on your own. Ask your attendings and your upper levels a lot of questions. It won't annoy them — promise! Take advantage of your friends in other fields of medicine as well. Contact them anytime you have a question about a funny lab result, culture sensitivity, how to manage an issue outside your areas of expertise, etc. Lastly, my favorite motto, if you don't know something, take the time to look it up.

Have an idea for one of my columns that residents would like? Email me at [mbshiver@uams.edu](mailto:mbshiver@uams.edu).

**DR**



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