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Career case study

Pursuing a career in a hospital environment

Daniela Kroshinsky, MD, MPH, interviewed by *DW Directions*

Why did you choose to pursue a hospital environment for your practice?

I pursued a career in dermatology with the intention to practice in the hospital. As a medical student, I was drawn to dermatology after rotating with and being inspired by Joaquin Brieva, MD, at Northwestern — one of the pioneers of inpatient dermatology. His mastery of clinical dermatology and impact in the care of hospitalized patients were apparent on a daily basis. He was a valued member of the broader medical team and his input was regularly sought out, particularly for some of the most complicated patients in the hospital. His love of teaching students, residents, colleagues, and patients was palpable and he was incredibly skilled at all that he did.

What personality traits are most desirable and helpful in this type of setting? Is it more social or solitary, do you need good "people" skills?

Inpatient dermatology is definitely a team sport. The ability to work well with others and communicate effectively is critical, both with other clinicians as well as patients and their family members. It is important to be able to embrace unpredictability as the volume and breadth of patients can vary quite a bit on a day-to-day basis. There is also a component of stamina involved as we are on the move throughout rounds and frequently involved in dressing changes or bedside procedures. Patients tend to be far more ill than those managed in the outpatient setting, and you have to be prepared for the fact that despite our best efforts, outcomes do not always go as we hope.

Describe a typical day. What are the various tasks? How much time are you spending with patients, office work, other?

A typical day involves morning clinic where I see a mix of established outpatients and inpatient follow-ups. Afternoons are spent rounding on emergency department and admitted patients at our institution, which is comprised of adult and pediatric patients and also covers a burn hospital and eye and ear infirmary. Almost all of my time is spent in direct patient care and in teaching residents and medical students. There is always some degree of administrative work, such as writing notes, returning phone calls, and filling prescriptions on the outpatient side. On the inpatient side, I am often called upon to participate in team or family meetings or to give lectures. Much of my clinical research is embedded in the hospital so I also spend time on these projects and meet with research collaborators.

Is travel a factor in this profession?

Not for me but there are institutions that cover multiple sites so some inpatient dermatologists do commute between locations.

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

I was very fortunate to train in an internship and residency program with a strong focus on resident education, broad clinical exposure, and management of critically ill patients. As a dermatology resident at SUNY Downstate, I had significant inpatient experience at multiple hospitals caring for a diverse patient population with dedicated teaching faculty. There was a focus on physical examination skills as well as diagnostic, procedural, and management competency supported by a strong understanding of dermatopathology. I am grateful for these skills on a daily basis.

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

There is still ample opportunity to join or create an inpatient practice across the country. Many academic institutions have adopted a hospitalist model and many more are looking to do so. At smaller institutions, there are ways to incorporate a modified hospitalist model to create a strong inpatient focus and expertise despite having lower patient volumes.

If residents are considering practicing in a hospital, what else should they keep in mind? Any special training or ways to increase their proficiency beyond their residency?

As with any subspecialty career, it is important to gain exposure to life in that field, either through rotations in residency or through electives with inpatient dermatologists, as are offered through mentorship programs like that of the Medical Dermatology Society. There are also post-residency training opportunities. Very often, time spent in outpatient clinical practice generates more revenue than similar time in the inpatient setting and funding for positions may vary by institution. The Society of Dermatology Hospitalists has collected data on existing inpatient services and the various means of funding positions in the hospital and can serve as a valuable resource for residents looking to create or negotiate a new position.

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

I really appreciate the opportunity to think through complex cases and the ability to participate in the care of patients with serious medical issues. Dermatology is frequently able to change the trajectory of a patient's care and impact prognosis for the better. Being able to work closely and longitudinally with our bright, interesting, hard-working, and dedicated residents is especially rewarding. Every day in the hospital is different and exciting. Working together with other specialties and all members of the medical team to benefit patients provides a tremendous amount of professional and personal satisfaction. **DR**