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Career case study

The pediatric dermatology career path

Kelly M. Cordoro, MD, interviewed by *Directions*.

Why did you choose to pursue a specialty in pediatric dermatology?

I never intended to pursue pediatric dermatology as a career focus. I did an internal medicine internship and then dermatology at the University of Virginia (UVA). Because we did not have a pediatric dermatologist at UVA, I did a pediatric dermatology elective during residency at the University of California, San Francisco (UCSF). It exposed me to the depth and breadth of pediatric dermatology. After residency, I joined the faculty at UVA as a general medical dermatologist. Two years later, for personal reasons, I faced a move across the country to the Bay Area. I pursued a pediatric dermatology fellowship at UCSF which resulted in a total career change. That was 10 years ago, and I've been on faculty as a pediatric dermatologist at UCSF since then.

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?

Patience, kindness, intuition, flexibility, and judgment. Pediatric dermatologists manage several subpopulations — neonates, infants, toddlers, early and late adolescents — and each require a different clinical, cognitive, and emotional approach. Pediatric dermatology is definitely a "social" subspecialty. Navigating direct patient care while also managing the needs of caregivers is important.

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

As a pediatric academic dermatologist, my days and weeks vary, which is a fabulous perk of academics. It is never the same and is never boring. There is always something different to do, see, think about, learn, and get involved with. A "typical" week may include four or five clinics and inpatient rounds. My clinics vary from general pediatric dermatology clinics to multidisciplinary clinics, such as genetics/dermatology, chronic GVHD, and laser/procedures. I have one day per week dedicated to academia (writing, preparing or giving talks, reading, reviewing for journals, consulting work, meeting with colleagues, leadership work, etc.). Non-academic days involve a half day of clinic and a half day of clinical after-care (charts, patient phone calls, reading up on a patient's disease, etc.).

Does the work vary at different times of the year?

We see some fluctuations in volume based on the school year, but in general the clinical activity remains consistent. The volume and pace of the academic part of my job varies based on the time of year. I love teaching/giving lectures, so my schedule gets busy around the time leading up to major academic meetings and other educational commitments.

Is travel a factor in this profession?

For me, yes, but this is not the case for everyone. There are many academic and community pediatric dermatologists who prefer not to travel and focus their career differently.

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

All of it. We rely on knowledge and skill from each of the major domains — medical knowledge, procedures, pathology, pharmacology, basic science, etc. I built a solid foundation of knowledge by consistently reading during residency and I continue to build on that with self-study and clinical experience.

How does a career path in pediatrics differ from other subspecialties?

Primarily just by the age of the patients. All of the domains of dermatology come in to play in our subspecialty.

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

There is a significant workforce shortage of board-certified pediatric dermatologists! There are far more pediatric fellowship positions than applicants, so there is plenty of opportunity. We need providers in rural areas in particular.

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

Interested residents (or even if you think you might be interested) should do a pediatric dermatology elective fairly early in the second year if you do not have a pediatric dermatologist on faculty. Seek advice and mentorship early in your residency.

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

Working with kids is a constant adventure — you never know how a child (of any age) is going to act and react. Kids say the most hilarious, intelligent, and insightful things. I never fail to be surprised, humbled, or educated by my patients. Working with kids offers a fresh perspective, keeps you young at heart, and brings joy. It can also bring deep sadness, as children with visible differences deal with social stigma, humiliation, and bullying. This heightens my sense of responsibility to these patients and underscores the privilege of providing health care to this vulnerable population. It is a fantastic profession that constantly offers new challenges and opportunities for discovery, growth, and gratification. **DR**

Job Searching



Check out the Academy's online job board for help with job searching: www.aadcareercompass.org

Career Case Study

Career Case Study is a new quarterly feature to help residents with choosing a subspecialty.

Next issue: Medical