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Career Case Study

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

**Next issue:
Academics**

Career case study

Medical dermatology

Amit Garg, MD, interviewed by *Directions*.

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

It was the subspecialty area where I felt I could apply my unique skills most meaningfully as a dermatologist. I work with sick patients who need the specific expertise of a dermatologist to get the right diagnosis and the optimal therapeutic strategy.

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, empathy, and persistence. Patients with inflammatory and autoimmune diseases are terrified by their diagnoses and prognoses. Their conditions and their treatments take a toll on physical and mental well-being with a downstream impact on the lives of their loved ones. These patients require care from doctors who will give them time, who will appreciate the broader contextual issues related to their disease, and who can provide unrelenting advocacy in a complex health care environment.

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

My daytime hours are spread across clinical care, research, teaching, and administration. Most of my clinic time is dedicated to the evaluation and management of patients with complex medical issues and training dermatology residents who care for these patients. Outside of clinics, I follow up on results, return patient queries, write prior authorization letters, and update my notes. There tends to be more clinical administrative work for my medical dermatology patients than there is for my general dermatology patients.

Does the work vary at different times of the year?

We may see certain types of patients more frequently in particular seasons (i.e. psoriasis patients more frequently in the winter and cutaneous lupus patients more frequently in summer.) The work, however, is constant.

Is travel a factor in this profession?

Yes, there is travel for lectures as part of visiting professorships, talks at national and international clinical or research meetings, presentations at professional societies and advocacy groups, and steering executive leadership with research organizations all provide opportunities to further develop careers, share experiences, and develop friendships with peers. Not everyone will look for these, but for me, personally, these activities have provided numerous enrichment opportunities and account for a substantial portion of my career satisfaction.

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

I draw from my exposures to patients during residency and have adopted attributes in my teachers which were most inspiring. In reality, the learning curve in the three years immediately after residency is as steep as the years during training — and that's certainly the case in caring for patients with complex dermatologic diseases. My advice would be to seek out continued mentorship after training, stay engaged in continued learning, and stay modest and ask for help whenever it's needed.

How does a career path in medical dermatology differ from other subspecialties?

The foundational principle is the same as other areas in dermatology: put your patients first and go the extra mile for them.

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

There is most certainly a need for dermatologists with an interest in medical dermatology in the community, at academic medical centers, and within clinical and translational research programs.

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

Rheumatology and medical oncology exposures can help in adding depth to one's understanding of evaluation, diagnostic, and management strategies for patients with overlap conditions. I'm not certain that a year-long fellowship in medical dermatology is required, but these programs offer the benefit of longitudinal experiences, which are sometimes limited in dermatology training, with patients having complex conditions.

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

I end each of my days knowing I've made a meaningful contribution to the overall physical and mental well-being of patients. This is a critically important aspect of my career satisfaction, in the context of a lot of "nonsense" that my patients and I endure in today's health care landscape. There is nothing better than hearing your patients, with all of their vulnerabilities, share their sincere gratitude for your expertise. The hugs are nice, too. **DR**