

Resident



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American Academy of Dermatology

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Resident's Colloquium: Focus on careers

Dermatologists shared career advice and presented an overview of opportunities in the various sectors of dermatology, at the AAD 2000 Annual Meeting Resident's Colloquium, in March. Among the faculty was Zoe D. Draelos, M.D., a solo practitioner in High Point, N.C.

"Private practice offers tremendous opportunities, diversity and ability to tailor your practice to your specific interest," said Dr. Draelos who also works as a researcher and consultant or liaison between dermatology and industry in areas of her expertise, specifically over-the-counter cosmetic products. "It is very important that you master the skills of general dermatology. It takes top notch clinical skills to be a good researcher and good consultant," she said.

Dr. Draelos offered these suggestions to have a successful practice:

1. During residency learn all the unusual treatments for uncommon and common diseases, such as warts and acne. You will be a referral specialist in many of these cases. Learn to hone your diagnostic skills because that is what will allow you to become a well-respected referral physician in your community.
2. Read every dermatology journal as well as every "throwaway" that come across your desk, because that is where you feel the pulse of dermatology.
3. Attend as many CME meetings as possible. One of the most stimulating



DR. DRAELOS



THE 2000 AAD ANNUAL MEETING OFFERED RESIDENTS AN EXCELLENT EDUCATIONAL EXPERIENCE.

aspects of attending meetings is talking with your colleagues. Maintain your friendships from residency. Keep up with those people you trained with and make a concerted effort to contact the people who are heads of your program. You may want to refer to them when you have a difficult case.

4. Maintain a diverse and challenging practice to stimulate your mind. Don't refer all the tough patients.
5. When you go into practice, separate your practice life from your home life.

Start cultivating that balance during residency.

6. Learn one new piece of clinical information each day. As you see patients or read your journals, try to glean something new from those experiences. You want to maintain your role of expertise. The

joy in dermatology is keeping current and being a consultant. Don't be afraid to look at things in an unusual way, to try new treatments, to expand the envelope, to push beyond.

7. Always look after the best interest of your patients.
8. Treat at least one underserved patient a day for free. That will expand the types of patients you see and remind you of the true professionalism of medicine.
9. While in residency, spend time in a local dermatologist's office and learn from them.
10. Never forget how privileged you are to be in dermatology. The legacy of a dermatologist is that we continue to attract the best and the brightest to our specialty.

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AAD MEETING NEWS

Exciting educational programs and optional activities make ACADEMY 2000, AAD's summer session, an event every resident will want to attend. The meeting is Aug. 2-6, in Nashville, Tenn., at the Opryland Hotel.

Opening Session will feature the Fox Lectureship presented by Donald P. Lookingbill, M.D. Experts on dermatology and molecular medicine, dermatologic surgery, pediatric dermatology and evidence-based medicine will follow with interesting presentations. Opening Session begins at 9 a.m., Thursday, Aug. 3, in the Nashville Ballroom.

The meeting includes a live patient viewing session from Vanderbilt University, Saturday, Aug. 5 from 9 a.m. to noon followed by a discussion of the cases from 2 p.m. to 3:15 p.m. This is a special opportunity to visit patients and discuss diagnoses and treatment with their dermatologists.

A wide range of large and small sessions are devoted to dermatopathology, self-assessment, what's new, phototherapy, infectious disease, computer training, office management, and more. There will be excellent poster exhibits, and numerous technical exhibits of the latest dermatology-related products and services. Be sure to attend the Welcome Reception at Beaugard's on Delta Island, Wed. Aug. 2, and a complimentary Wine and Cheese Reception, Thursday, Aug. 3 in the Adams Ballroom.

The smaller meeting setting affords an added opportunity for residents to meet and share ideas face-to-face with other dermatologists.

Registration is available onsite for those who had not completed advance registration by July 5. For more information, call the AAD at (847) 330-0230 or visit the AAD Web site at www.aad.org.

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NEWSBRIEFS

Opportunities available

Looking for a private practice, open partnership, multispecialty group or salaried position in dermatology? Check out *Opportunities in Dermatology*, the Academy's classified job listing service. *Opportunities* lists numerous clinical and academic positions available nationwide as well as locum tenens openings and practices for sale. This resource is designed for AAD members and completing residents who want new positions. Third-year residents receive the placement guide quarterly. Also find *Opportunities* on the AAD Web site at www.aad.org. For more information, call the AAD's Member Services Department at (847) 240-1297.

Residents eligible for CME Award

Third-year residents who are graduate members of the American Academy of Dermatology (AAD) may qualify for their initial AAD Continuing Medical Education (CME) Award by claiming credit for their dermatology residency. A certificate is awarded for 150 Category I credit hours or 50 hours per year, based on the three years of residency training. Applications were sent to all third-year residents in May. Please complete page 1 and refer to the detailed information on page 2 by indicating your residency program and the cumulative training dates. Applications should be dated **June 2000** and returned to the Academy office. The fee is \$40. Upon receipt of the application to the AAD, applicants will be sent an award certificate valid until **July 2003**. If you did not receive an application, please call the AAD's Department of Member Services at (847) 240-1298.

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Attention: Senior residents and research fellows

Your graduate membership in the American Academy of Dermatology (AAD) will cease at the completion of your residency/fellowship. To receive the special "Applicant for Membership" registration rate at the 2001 Annual Meeting, please apply for full membership in the AAD before **Sept. 1**. Applications are sent before residency completion. For an additional application, or more information, call the AAD Member Services Department at (847) 240-1296.

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News from the AAD-RFC meeting in March

The American Academy of Dermatology (AAD) Resident Fellows Committee (AAD-RFC) met during the 2000 Annual Meeting in San Francisco, in March, to review the committee's major activities and accomplishments.

Sandra Johnson, M.D., AAD-RFC chair and presiding officer, reported that it has been an active year for the RFC with many positive changes. First, all AAD members in dermatology training, including dermatopathology and dermatologic surgery, are now invited to take a more active role in AAD activities. The RFC also is now organized under the Section on Healthy Policy, Practice and Research along with the Young Physicians Committee. "This new structure now allows us to have a more active voice with health policy issues that affect our future," she said.

During the past year, the committee held the Resident Colloquium at the AAD Annual Meeting, which featured respected experts in dermatology who discussed why they chose their career path. In addition, the mentorship directory has continued to expand. The directory is a resource for those interested in finding a mentor in a subspecialty of dermatology or a certain region of the world. The RFC also continued to focus on helping ensure residents' views were represented in other influential organizations.

Dr. Johnson said communication vehicles for residents include the Residents News section of the AAD Web site at www.aad.org, and the *Resident Roundup* newsletter published three times a year and supported by a grant from Procter & Gamble.

Michelle Bennett, M.D., vice chair, said once again the timing of the AAD Resident's Colloquium conflicted with other major educational offerings. A request for a date and time change will go to the Scientific Assembly Council for their consideration.

John Maize, M.D., RFC secretary, suggested the Fellowship Directory, a listing of fellowship programs in dermatology by topic and by state, be updated every other year, rather than annually. He also said the RFC will work closely with the Academy to develop a Mentorship Program, which is aimed at providing all dermatologists with a list of mentors, or experts, in various fields of dermatology who are interested in working



1999 WAS A BUSY YEAR FOR THE AAD-RFC, WITH MANY POSITIVE CHANGES.

primarily with residents and young physicians. The list of mentors would be available on the AAD's Web Site. To recruit mentors an article will be placed in AAD publications asking for dermatologists interested in participating in the program. The program could be offered nationally, as well as internationally, on the AAD's Web site.

Dr. Maize also said that the RFC would compile email addresses to create a list serve so that the committee can more easily and efficiently contact members using email. Also discussed was the possibility of changing Board exam dates. The exam date will be moved up over the next several years, but it will not be moved into July or August.

John Barnes, Washington Office associate executive director, Government Relations and Health Policy, said the proposed reorganization of the Academy to a joint 501(c)(3)/501(c)(6) organization would have a beneficial effect in terms of facilitating the AAD's important governmental advocacy efforts for dermatology.

Delegate Reports

John Doux, M.D., AMA delegate, reported topics of discussion at the AMA Resident and Fellow Section included graduate medical education funding; Medicare GME Demonstration Project; Residents' ability to practice medicine, and J-I Visa Program. Also discussed: state licensing of residents; educational content and working conditions; collective negotiations and housestaff organizations; and institutional policies and procedures for adjudication of resident complaints and grievances.

Robin Carder, M.D., delegate to the Association of American Medical Colleges (AAMC), indicated topics of interest at the recent AAMC Conference covered house staff organizations; "Right Sizing" (down sizing) residency programs; communication and



DR. JOHNSON

Looking Forward

by Ray Kuwahara, M.D., chair, AAD-RFC

Welcome to all dermatologists-in-training. As we begin another year of residency, we can continue to expect major changes in the world of health care, which ultimately affects us as dermatologists as we finish our respective programs.

The goal for the upcoming year is to increase resident communication by making you aware of the resources available. Resident and Fellows Committee (RFC) members are also unofficial members of other committees of the American Academy of Dermatology (AAD), subspecialty societies and associations. Residents can also visit the Resident News section in the Members Only area of the AAD Web site at www.aad.org for the latest news concerning us.

Last year

Sandra M. Johnson, M.D., our immediate past chair, has made substantial changes to the Resident Physicians Committee by including fellows into the structure and changing the name to the committee to the Residents and Fellows Committee. The new committee is now under the auspices of the Section on Health Policy, Practice and Research. The mentorship directory, a resource for finding a mentor in a particular subspecialty, continues to grow. Dr. Johnson did a wonderful job; we will surely miss her leadership and enthusiasm.

AAD Annual Meeting, San Francisco

The AAD meeting in San Francisco was a success with more than 17,000 attendees, the biggest dermatology meeting ever held. Despite a few overcrowded sessions, the meeting was well organized and ran smoothly.

The Resident Colloquium brought respected experts in subspecialties of dermatology for their insights in a particular field of dermatology. Michelle Bennett, M.D., did an excellent job directing the colloquium. The new vice chair, Albert Peng, M.D., will be directing the colloquium at next year's AAD meeting in Washington D.C., so don't miss it.

Procter & Gamble has been supportive of resident and fellow endeavors by a generous grant that funds *Resident Roundup*, which is published three times a year. Graduate membership in the AAD continues to grow. We now comprise nine percent of the total AAD membership. By working together we can have a greater impact in the future of dermatology.

If you have any questions regarding the RFC, issues or ideas that affect us, please contact me at R.Kuwahara@excite.com.

Dr. Kuwahara is a third-year dermatology resident at the University of Tennessee, Memphis, Tenn.

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education; and defining the qualities of the optimal training program.

Future issues will include: regulation on privacy of medical information; setting standards for quality of care in teaching hospitals in an effort to prevent medical errors; and Healthy People 2010 Initiative goals to increase the quality and years of healthy life, and eliminate racial and ethnic disparities in health status.

Dr. Carder, delegate to the Society of Pediatric Dermatology (SPD), said among the groups key issues are limitations on funding for residents who have completed a residency

other than dermatology. In addition, the SPD is currently working towards a Certification Board in Pediatric Dermatology with a formal two-year fellowship to help standardize the specialty training. The SPD is also trying to create more fellowship positions for training in pediatric dermatology.

Dr. Johnson, a delegate to the Association of Professors of Dermatology, said the group discussed the increased need to teach cosmetic dermatology.

Dr. Bennett, and Catherine Quirk, M.D., delegates to the Women's Dermatology Society (WDS), reported an increase in the membership this past year. 

SPEAKING OUT

The First Question

by John Doux, M.D.

Joining an established dermatology practice offers an alternative to starting one from scratch or obtaining a salaried position with a health maintenance organization or academic institution. However, as with any decision, one must objectively evaluate the fundamental operational strengths of the practice so as not to fall victim to a purely subjective assessment of the circumstances. Although incompatibility of personalities typically becomes apparent almost immediately, incompatibility of many basic values, unless tenaciously investigated, may not emerge as an issue until much later, when sunk cost and inertia make withdrawal far more excruciating. However, compatibility of financial expectations can be determined very readily, with one simple first question:

Will joining the practice meet your financial needs?

Many other important questions regarding patient type, staff quality, and functional autonomy should be and will be inevitably asked. However there is no reason to join a practice unless the compensation will prove satisfactory. Unless you possess the requirements necessary for achieving sainthood, ignoring this issue or confronting it with anything less than abject honesty will inevitably result in later discontent which will impact your ability to care for patients. A thorough evaluation of any practice should initially involve a careful inspection of the accounting records. Every physician should know the basics of accounting and be able to read a balance sheet (for purposes of investment research as well). Many related queries inevitably emerge with close scrutiny:

1. Are the promised rewards consistent with the practice's current revenue stream?
2. What percentage of the fees billed are actually collected?
3. Do the accounts receivable reflect a timely and efficient method of collection?
4. Is the quoted overhead realistic or reflective of either poor spending control or ineffective management?
5. What is the mix of payers, and is there an excessive dependence on a single payer that could potentially limit the practice's ability to negotiate fees?

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6. Is the current billing rate based on seeing patients at a frequency that would compromise your delivery of effective care?
7. Is there an over reliance on discretionary income that is tied closely to the current partners in the practice and which may not necessarily translate to a similar transfer of income to yourself?
8. Does the practice have a reputation based on the presence of a single partner which could potentially erode its patient base upon his/her departure (remember that loyalty of many patients today are to their plans, not to their physicians)?
9. Do the partners in the practice truly understand the mechanisms of the practice, or is there an over reliance on the abilities of a prized manager or staff member who would create utter chaos upon his/her departure?
10. Would you trust the partners in the practice to treat you with economic fairness if a contract did not explicitly compel them to do so?

The issue of money must always be considered and resolved early on so that its importance is diminished for more critical decisions with respect to philosophy and principle. Financial concern that emerges following emotional commitment always results in desperate measures. Simply recall those individuals you encountered at every level of educational training — those individuals who maintained an apparent adherence to one credo, but ultimately succumbed to another due to perceived financial exigencies, real and otherwise. **RR**

WEBSITE

AAD Web site offers Residents news

Find an online collection of helpful resources for residents including the resident publication, committee listing and mission statement, fellowship directory, mailing list, and a discussion forum on the American Academy of Dermatology (AAD) Web site at www.aad.org. Click on the Members Only section and go to the Resident News area. **RR**

Questions to ask a new partner prospect

Many new physicians join a practice without first giving it a thorough history and physical. By covering all the bases up front, you will do much to avoid unnecessary conflict down the road, advised practice management consultant Keith Borglum. Borglum, of Professional Management and Marketing, Santa Rosa, Calif., suggests residents ask some important questions about any new partnership or office-sharing prospect. (First in a two-part series)

How many newly trained physicians eagerly join a seemingly thriving practice, only to find soon after that it's not at all what they expected? "Plenty, in my experience," said Borglum, who spoke at the Westwood-Squibb Principles of Practice Management Symposium at the American Academy of Dermatology Annual Meeting in San Francisco, in March. On top of that, what if the new physician tries to leave and learns that he or she is expected to pay a share of a large new piece of office equipment? By asking all the pertinent questions up-front, before you join the practice, you can save yourself a lot of aggravation. A practice management consultant or attorney would be able to help you address many of these questions, he said.

• Compatibility

First and foremost is compatibility between you and the dermatology practice itself — the physicians, the staff, the systems. Does it feel like a comfortable environment for you? If you don't like the partners now, chances are you won't like them a year from now. All new dermatologists should visit a practice for at least a half-day or full day to shadow the doctor and get to know the people. Even the most successful business will not overcome the incompatibility problem.

• Check References

Here's another step that many new physicians skip and later learn to regret. Call the state medical association, third-party payors, dermatopathologists, or local colleagues in the market and say that you're considering joining the practice. If the feedback is positive, you'll know it. If it is lukewarm or guarded, you'll be able to read between the lines. Will the physician be offended that you're "checking him out"? Absolutely not. You asked him for his references, he should expect you to contact them. References should be checked on both sides.

Carefully assess the practice's financial health. Ask the partners for a copy of their

recent income and expense statement. This type of report can be easily generated by a practice. If they won't share the statements, don't join. If they can't produce them ask yourself whether you're entering an antiquated practice with no interest in becoming modern. Or, ask to speak with the practice's accountant and have that person go over the numbers with you. For an unbiased opinion, you can have an independent practice management consultant analyze the income and expense statement.

Is the practice growing, or declining? Is the partnership in need of a new associate because it's overwhelmed, or because it's slowing down and the incumbent physician is looking to retire and have you buy it off his hands?

• Division of income and expenses

Rarely a straightforward issue. Are you going to be an employee for a time, or a true partner? Most practices pay a base salary plus a percentage for productivity: for example, \$90,000 base plus 30 percent of all gross receipts over \$200,000. By offering these incentives the practice is asking you to demonstrate an ability to manage volume and build a practice. Are the incentives reasonable, or set so unrealistically that no newcomer could expect to reach them? Check out the turnover history of other associates in the practice to see if there's a revolving door after one year.

Basic formula-subsidies, deferrals, security: Will the members of the dermatology practice share income equally? This is not always a good idea, because it rewards lack of productivity. How are expenses going to be divided? Will the practice subsidize your expenses, or waive your expenses for the first year? What kind of security is there? If you decide after a few months that the practice is not for you, can you walk away without obligations? Or will you be expected to pay for some major overhead items? Some physicians include in their contracts a right to leave within the first year with a 30-day notice with no obligations.

Shared Purchases: Would the office equipment be better off in an antique shop? If so, what are the plans for major purchases in the future, and to what degree are you expected to foot the finances for these purchases?

Also find out when expenses are paid, if there are reserves in case the building needs new plumbing, if there are deposits

on leased equipment that would go back to a particular partner upon its return. If so, would you get a portion of it if you made half the equipment payments? If you are subletting office space, are you arranging to sublet the full services of the space, including instruments, paper and office supplies, and utilities?

Disability/Death Obligations: An area to involve your attorney — what happens to the practice in the event of one partner's death or disability? Whose property is it, and what does that property consist of?

Buy in/Payout Formula: Are you expected to eventually buy into this practice? Is one partner planning to retire and expects to be bought out by other partners? If so what kind of payout would be expected?

HMO Contracts: A very important consideration often overlooked is the transferability of any HMO or managed care contracts. What if a practice gets the majority of its patients from one or two health plans, but the plans are closed to accepting any new physicians? Don't just accept the word of the partners that you will be accepted into the managed care plan; get it in writing from the plan itself (phone confirmation is not usually safe). Some plans actually have too many doctors and are waiting for some to retire to thin the ranks. If you can't confirm your acceptance, you may have to keep looking for another practice.

Retirement Plans: If two or more doctors groups join to form a partnership or corporation, how can their retirement plans be linked? How will existing equity in other retirement plans be affected? In these situations, most practices would consult a benefits administrator or benefits attorney to link the retirement plans.

Part 2 of this series will cover governance and decision making in the new practice. RR

CALENDAR

2000 Board Review Courses

Disclaimer: The AAD does not endorse these courses. Participation in these courses does not ensure passing the American Board of Dermatology (ABD) certification exam. The completed application for certification must be filed with the ABD before May 1 of the year in which you plan to take the exam.

- **Aug. 25-26** University of Pennsylvania, Dermatopathology Self-Assessment and Board Review Course, Philadelphia, Pa. For more information call: Carol Blumenthal at (215) 662-4497.
- **Sept 3-7** Compass Medical Education Network, Chicago Dermatology Review Course, Oak Brook, Ill. For more information call: (800) 818-9128.
- **Sept. 8-10** Galderma Laboratories, Inc., Pre-Board Slide Seminar, Rosemont, Ill. For more information contact: Brent Peterson, P.O. Box 331329 Ft. Worth, TX 76163
Phone: (817) 263-2600
Fax: (817)263-2609
e-mail: brent.peterson@galderma.com
- **Oct. 15** Dermatopathology Pre-Board Course, Part 2, Ft. Mitchell, Ky. For more Information call: David R. Barron, M.D, director, or Sandra Tierney at (513) 745-8330.

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Insights for Volunteering

Resident Roundup asked Rex A. Amonette, M.D., past president of the American Academy of Dermatology (AAD), about how he became involved in the AAD and what he thought would help spark dermatology residents to participate in the Academy as well as their local organizations.

Q: What made you decide to get involved in the Academy?

A: I was involved in local volunteer organizations and decided to become involved in the AAD and see what I could do to help out. Being involved in different committees was a great experience and it was especially interesting to meet people from across the country.

Q: What made you decide to run for President of the Academy?

A: I didn't! In the 1980's, while I was involved in different aspects of the AAD in various committees, I was actually asked to run for a Board of Director position. I told the nomination committee that no one knew me nationally, to which they replied that it was better that no one knew you! To my surprise, I was elected. Later I was asked to run for President, which I originally declined, but later talked into. Again, I replied that no one knew me. Again the same answer: that's good, no one knows you, then you have no enemies! After being elected President, I was told by other AAD members to be prepared for confrontation, verbal battles and disappointment, but I never had any such problems and everything went nicely. We had a wonderful board that made good decisions and helped guide the Academy during that time.

I have found that serving in different capacities within the Academy have all been great experiences. Never have I had any problems with fellow Academy members or the Academy staff. The staff was enormously helpful during my tenure as President and I couldn't do the duties as President without the support of my partners, in our dermatology practice at home.

Q: What did you enjoy the most during your tenure as President?

A: Meeting and working with different people from all over the world, interacting with different organizations and their members. Experiencing new challenges and solving problems.

Q: What would you recommend to newly graduated dermatology residents?

A: Get involved in the community and the Academy. Volunteer in beneficial organizations in which you have a true interest. I enjoy working together with other community members toward a common goal. If you have an interest in helping in the Academy, contact the office at (847) 330-0230 and make your interest known as they are always looking for eager volunteers. Many exciting projects and plans are in the offing as we embark on the future of dermatology. I know that residents have significant time demands, but the benefits to the community, the field of dermatology, and to those who participate is well worth the effort. RR

Residents would gain from training in business, cosmetic procedures

By Ray Kuwahara, M.D., chair, AAD-RFC

Resident Roundup asked two prominent dermatologists in private practice about what they thought needed to be included in the dermatology resident curriculum. We also asked graduating residents about what areas they would like to receive additional training. Here's what they said:

Tina Alster, M.D., director of a laser surgery clinic in Washington D.C., believes increased training related to business and to cosmetic procedures would be beneficial during resident training. "Business training would be vital for new dermatologists opening a practice," said. Dr. Alster. Dr. Alster said she learned from on-the-job training via trial and error while opening her skin clinic.

Ronald Moy, M.D., a cosmetic surgeon in Los Angeles, believes that good procedural skills need to be taught in addition to the basic clinical knowledge all dermatologists need. "The required curriculum should include cosmetic surgery and business skills," he suggested.

Several recent dermatology graduates stated that fellowship training was needed to hone their techniques in order to feel more comfortable, partly because of the lack of training in cosmetic and surgical procedures. Part of the lack of training can be traced to the reluctance of training program staff to teach these new skills. The difficulty of keeping revenue-generating experts in academics adds to the problem. Also, the private sector can offer teaching staff large financial incentives to leave academics.

As we all know, dermatology has evolved over the past decade into two distinct sub-fields, clinical and surgical dermatology. Under the umbrella of surgical dermatology are sub-specialties such as cosmetic, Mohs, laser surgery, etc., which are financially lucrative.

We shouldn't abandon clinical dermatology but rather we need to give the new subspecialties their due respect since dermatology is not a static field but rather a dynamic field affected by outside forces such as the government, insurance companies, patients, and new technology.

The only thing constant is change. We propose that if you're not receiving training in areas such as cosmetics and business,

that one should actively seek out opportunities. The Academy is compiling a list of mentors who are willing to precept residents in different fields of dermatology. In addition, before the Annual Meeting, industry sponsors a workshop for new graduates in business and financial issues residents may face.

Sign up for all the extracurricular training you can get while in training. It becomes more difficult to get such training as you progress in private practice. **RR**

FORUM

"Duel In Dermatopathology"

The American Society of Dermatopathology (ASDP) is sponsoring a "Duel in Dermatopathology" competition for dermatology residents to take place Oct. 19, 2000, the first evening of the ASDP's 37th Annual Meeting being held in Baltimore, Md. A \$1,000 purse will be awarded for the best clinical pathological presentation. This resident forum will consist of succinct 5-minute presentations in a format similar to the Gross and Microscopic Symposium at the American Academy of Dermatology Annual Meeting.

The presentations will be judged on content, form, and instructive value to dermatopathology. The winner will receive \$1,000, to be divided between the resident and the resident's sponsoring dermatology department. In addition, the first 10 residents, whose abstracts are accepted, will receive a \$300 travel stipend.

All contestants will be required to register at the ASDP Annual Meeting (resident fee is \$140) and are invited to participate in all the other aspects of the meeting. Residents are encouraged to apply early to be considered for the travel stipend!

For official rules and an abstract form, contact the American Society of Dermatopathology, 930 N. Meacham Rd., Schaumburg, IL 60173. Phone: (847) 330-9830; Fax: (847) 330-1135; E-mail: info@asdp.org; Web site: www.asdp.org. **RR**

Online managed care course

A new course available online at the AAD Web site about "Managing Your Managed Care Contracts" is a great primer for residents. The course is aimed at the dermatologist who has never negotiated a managed care contract as well as those currently with a large number of patients enrolled in HMOs and PPOs. The course recommends actual language that contracts should include and discusses the most common mistakes physicians' make when negotiating with managed care plans.

The course also reviews a method for auditing payments and describes a process for appealing insurance company denials. Two hours of CME credit are provided. The charge to take the course is \$35. Register online at www.aad.org. **RR**

DERMATOLOGY

Resident  ROUNDUP

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SANDRA PETERS, AAD STAFF LIAISON

Director of Member Communications

& Graphic Arts: Anne Allodi

Editor: Carol Levin

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Production: Paul Werner

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P.O. BOX 4014

SCHAUMBURG, IL 60173-4965

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