

# Resident



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## AAD-RFC reports survey results: Residents prefer August board exam date

For many years, dermatology residents have been seeking a change in the date of the board exam. Graduating residents complain frequently that the October test date is disruptive to their careers. A summer test date would allow graduates to take the exam while the experiences of residency and the third in-service exam are still fresh in their minds. Furthermore, this would obviate the need to take time off for studying three months after starting a new job.

*Because the testing space is already reserved for the next three years, it is unlikely that any change would affect current residents.*

Stephen Webster, M.D., the new president of the American Board of Dermatology (ABD), has expressed a willingness to consider a change of date, reported Jack Resneck, M.D., AAD-RFC member and resident delegate to

the American Medical Association.

Because the testing space is already reserved for the next three years, it is unlikely that any change would affect current residents. Some of the board review courses might also have to change their dates, noted Dr. Resneck.

Over the summer, current second and third-year residents were surveyed by e-mail to determine whether a broad consensus exists to move ahead with efforts to change the date.

Surveys were sent to 188 second and third-year residents for whom the American Academy of Dermatology had e-mail addresses on file. A total of 89 dermatology residents have responded to date. Of those, 81 respondents (91 percent) favor moving the Board exam to an earlier date, while eight respondents (9 percent) prefer the current October exam date. Fifteen surveys were

### SURVEY SAYS...

Dermatology residents support an earlier date for the American Board of Dermatology exam. Of 188 residents surveyed, 89 responded with the following months as preferences:

- July 29 (33 percent)
- August 44 (49 percent)
- September 8 (9 percent)
- October 8 (9 percent)

returned for undeliverable e-mail addresses.

A section for general comments revealed that the most frequent complaint was the cost of the exam, which was considered excessive for recent graduates. The second most frequent comment was a desire for an increase in clinically relevant material on the exam.

Dr. Resneck said these survey results have been forwarded to Dr. Webster and the ABD for consideration. Watch future issues of *Resident Roundup* and the Residents News section of the AAD Web site, [www.aad.org](http://www.aad.org), for updates on this issue. 

## Mark your calendars!

The American Academy of Dermatology's (AAD's) 59<sup>th</sup> Annual Meeting will be held March 2-7, 2001, in Washington, D.C. Educational sessions will be scheduled in the Washington Convention Center, Grand Hyatt Hotel, and the Renaissance Washington Hotel. The program offers several sessions that are geared to residents including:

- *Gross & Microscopic Dermatology* symposium, scheduled Friday, March 2 and Saturday, March 3, from 9 a.m. to 5 p.m. More than 240 papers of four-minute duration will be presented.
- *Young Physician Issues & Solutions* forum with Robert Skidmore, Jr., M.D., as session director is scheduled for Friday, March 2, noon to 2 p.m.
- *Resident's Colloquium* with Albert Peng, M.D., as session director is scheduled for Sunday, March 4, 12:15 p.m. to 1:45 p.m.

- *Resident/Fellow Symposium* with Anthony Gaspari, M.D., as session director is scheduled for Monday, March 5, 9:55 a.m. to 2 p.m.



The meeting also includes interesting poster exhibits, technical exhibits, and numerous social events and networking opportunities for residents.

Watch your mail for advance registration information, program books and hotel reservation information. To help ensure your place in the limited enrollment sessions, plan to register as soon as you receive these materials.

**Advance registration closes Friday, Feb. 2, 2001.** Registration is also available at the meeting beginning at 2 p.m., Thursday, March 1, 2001. For more information, visit the AAD Web site, [www.aad.org](http://www.aad.org), or contact the AAD Meetings and Conventions Department at (847) 330-0230. 

### Reminder

Please take a few moments to fill out the enclosed questionnaire, and fax it by Dec. 15, 2000, to (847) 330-8907.

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MORE THAN 80 RESIDENTS, FELLOWS, AND STUDENTS ATTENDED ACADEMY 2000, THE AMERICAN ACADEMY OF DERMATOLOGY'S SUMMER MEETING HELD AUG. 2-7 IN NASHVILLE, TENN. ACADEMY 2000 PROVIDED NUMEROUS INTERACTIVE LEARNING AND NETWORKING OPPORTUNITIES FOR RESIDENTS, INCLUDING SESSIONS PRESENTED BY LEADING DERMATOLOGISTS, HANDS-ON WORKSHOPS, PATIENT CASES, AND SOCIAL ACTIVITIES.

## NEWSBRIEFS

### Locate practice opportunities

Where can completing residents and new dermatologists find a private practice, open partnership, multi-specialty group or salaried position? Check out *Opportunities in Dermatology*, the Academy's classified job listing service. *Opportunities* lists numerous clinical and academic positions available nationwide plus locum tenens openings and practices for sale. Third-year residents receive this placement guide quarterly. *Opportunities* also can be found on the AAD Web site at [www.aad.org](http://www.aad.org). For more information, call the AAD at (847) 330-0230 or e-mail [pturczyn@aad.org](mailto:pturczyn@aad.org). Other sources to find opportunities in dermatology may be through universities, medical societies, journals/publications, search firms, national organizations or other physicians. RR

## WEB SITE

### AAD Web site offers Resident 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](http://www.aad.org). Click on the Members Only section and go to the Resident News area. RR

## Message from the Chair

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

Greetings! Hope all is well. First year residents learning the basic terminology and disease presentations, second year residents – fine tuning your clinical skills, third year residents – interviewing for jobs, preparing for the Boards and recent graduates – having just taken the Boards. Congratulations!

### • Fast Update

Drs. John Maize and Catherine Maari have been working on the development of the Mentorship Program. The AAD Section on Health Policy, Practice and Research (SHPPR) recently approved the development of the program. Watch *Dermatology World* for more on this exciting new program. Jack Resneck, M.D., has been instrumental in the success of the Board exam date survey and making strides in changing the date to better fit the needs of residents. Albert Peng, M.D., has recruited an eclectic group of speakers for the Residents Colloquium, so be sure to attend it. The Residents Colloquium is a great chance for you to hear career advice from the experts. It is scheduled for Sunday, March 4, 2001, from 12:15 p.m. to 1:45 p.m., so mark your calendars!

Watch for the summer issue of *Resident Roundup*, which will include articles on what is expected from first year residents and what opportunities exist for our new residents. Look for future *Roundup* issues to be filled with interesting articles affecting residents and fellows.

We thank Procter & Gamble for providing an educational grant to support the *Dermatology Resident Roundup* newsletter, published three times in 2000.

### • Important Upcoming Issue

An upcoming issue that may sound uninteresting at first, but is important to future practicing dermatologists, is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The primary intent of HIPAA is to protect health insurance coverage for workers who change or lose their jobs. Now we must be aware of HIPAA compliance, which refers to all electronic claims transactions. Health care providers who elect to conduct the administrative and financial transactions electronically must comply with the standards. Bill Braithwaite, M.D., senior advisor on health information and policy with the U.S. Department of Health and Human Services, will be discussing HIPAA

at the upcoming March 2001 AAD-RFC meeting in Washington, D.C. If you are curious about how this legislation may affect you, feel free to grab a chair and join us for the presentation in March.

### • RFC Nominations

It's that time of year again for AAD-RFC nominations. Nominations are needed for 2001-3 RFC representatives from regions 2, 3, 4, 5, 6 and 10. Each position is for two years and the AAD President-elect appoints half the representatives each year. This is a great way to participate in the Academy.

The regions are as follows: 2 - New York; 3 - Connecticut, Rhode Island, New Jersey and Pennsylvania; 4 - Maryland, West Virginia, North Carolina, and District of Columbia; 5 - South Carolina, Georgia, Florida, Puerto Rico; 6 - Michigan and Wisconsin; 10 - Texas.

Nominations are by your Program Director, so if you are interested please contact your Program Director or Sandra Peters at the AAD at (847) 330-0230, fax (847) 330-1120, or e-mail [speters@aad.org](mailto:speters@aad.org).

### • Resident Travel

Again this year, Neutrogena Corp. and Schering Labs have graciously donated funds toward senior residents travel and lodging at the 2001 AAD Annual Meeting. Please find time to thank the organizers of this generous contribution:

- Diane Foster, Neutrogena Corp., 5760 W. 96<sup>th</sup> Street, Los Angeles, CA 90045
- Jennifer Miller, Schering Labs, 2000 Galloping Hill Road, Kenilworth, NJ 07033

### • AAD Web site

Remember to visit the Residents News section in the Members Only area of the AAD web site at [www.aad.org](http://www.aad.org) for important news and information, a fellowship directory, bulletin board for discussion of resident issues, e-mail service, and more.

Keep up the good work, the year is almost half over! Look forward to seeing you at the Annual Meeting in Washington D.C.

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



RAY KUWAHARA, M.D.

# Questions to ask a new partner prospect

## Key components for evaluating a partnership

This is the second article in a two-part series.

With the ever-increasing number of practice options for new physicians, deciding which position best meets your individual needs may warrant close scrutiny of the available opportunities.

Many new physicians join an established practice only to find out later that it differs from what they first expected. Chances are they did not do their homework, according to practice management consultant Keith Borglum, of Professional Management and Marketing, Santa Rosa, Calif.

*"It is recommended that applicants selectively apply to programs based on research and eligibility."*

In our first article in the series "Questions to ask a new partner prospect," (*Resident Roundup*, Aug./Sept. 2000) Borglum covered considerations of compatibility, reference checks, and the division of income and expenses. In Part 2, he addresses other key components and questions for physicians to consider to better evaluate a partnership, corporation or office-sharing prospect:

### • Governance and decision-making

**Structure, Length/Duration, and Minority Rights:** Find out who is in charge of the practice, if there is a senior doctor, or a president. Are there elections to determine this individual and how long do they retain this role? What are the decision-making rights of the physicians who do not have seniority?

**Disagreements/Arbitration:** If there are disagreements in the way the practice is run, how are they handled? Is there a protocol for arbitration?

**Reporting/Meetings:** What is the frequency of staff meetings? If key medical staff in a practice don't hold weekly or bi-monthly status meetings, communication gets lax. Furthermore, all staff should try to meet together at least once a month.

**Relatives:** It is not uncommon to encounter a physician whose spouse serves as office manager. Sometimes these arrangements work very well — usually if the physician is solo — or very poorly. If you're considering joining a practice that employs relatives, when necessary, the new

physician should have the right to terminate the family member on a no-fault basis — no hard feelings, no repercussions.

**Management Responsibilities:** What are your management responsibilities? Hiring and firing of employees? Reading all contracts?

**Restrictive Covenants:** Some physicians leave a practice to stake their own territory in the community, only to find that their contract had a "restrictive covenant" prohibiting them from practicing within a 10-mile radius. Actually, these laws vary from state to state and may not be enforceable.

### • Systems

**Office and Hours:** You want to work late, but you find that the building lights go off at 7 p.m. Will you still have free access to the office space?

**Personal Space:** Is your personal space an office, a cubbyhole, a bare spot on a desk? Make sure you know what your personal space will be.

**Personnel Issues:** Is there a handbook for personnel? Is the office understaffed and the addition of a new doctor expected to make up for some administrative deficiency? Do employees have clear job descriptions? Importantly, do the supervisors handle the employees professionally? If you observe a situation appearing to be sexual harassment, for example, remember that you could be cited legally even if you've just joined the staff.

**Patient Distribution:** How are patients divided in the practice, and who gets new patients who call for an appointment? Do you alternate? Will all the new patients be referred to the newest physician on staff?

**Phone Numbers:** If the practice splits, who gets to keep the phone number? This may sound petty, but many practices have gotten into bitter misunderstandings about this very subject.

**Fee Schedules:** How will the fee schedules of the practice be determined? Do you have a say in what the fees are and how they are set? Is the practice's schedule in keeping with the area, with the facilities?

**Malpractice Insurance:** Your attorney should help you evaluate the group's malpractice insurance coverage and whether it is adequate before you join the practice.

**Training:** Who's going to show the new dermatologist the ropes? Or are you just expected to absorb things through osmosis?

**Practice Promotion:** Last but not least, how does the practice plan to promote itself? Is there a marketing plan for attracting new patients?

Many or all of these questions will be applicable to you when you seek out a new professional arrangement. But, do not expect the practice to be able to address all these questions at one time. This list serves as a starting point and may inspire the partners to sit down and work out some necessary details. If the practice has a document that spells everything out on paper, wonderful! Most likely they only have the bare bones of an employment or partnership contract, mostly legal-ese and often outdated.

If the partners in the practice balk at such detail or say, "We'll work out all of that later," you could respond, "To be comfortable going ahead, I really need to know these answers." If you're a detail-oriented person and they're not, the practice may not be a good fit for you.

Consult your attorney or a practice management consultant to help you address these important issues. Remember also that it is never too early to learn about practice management. Join your local and state dermatology societies and medical society and attend lectures they might offer about practice management. You will get to know the other dermatologists in the community who can be a great source about medical practice options and practice management issues. RR

### 4 important partnership considerations

When evaluating a position, take your time and ask a lot of questions. Also consider these four important considerations:

1. Compatibility
2. Practice management sophistication
3. Business/political environment
4. Clinical reputation/sophistication

## Apply by Dec. 8 for travel grants to attend international meetings

Dermatology residents, fellows or young dermatologists (within five years of completing dermatology residency training) can now apply for travel grants to attend selected European dermatological societies' 2001. Annual meetings in England, France, Ireland, Italy or Scotland, as well as the European Academy of Dermatology and Venereology annual meeting, are included in the grant program.

The American Academy of Dermatology (AAD) offers the travel grants in collaboration with the European dermatologic societies. Grants to attend the following meetings are available:

- British Association of Dermatology (4 scholarships)
- European Academy of Dermatology and Venereology (3 scholarships)

- French Society of Dermatology and Venereology; Italian Society of Dermatology and Venereology (2 scholarships)
- Scottish Dermatological Society; Irish Association of Dermatologists (1 scholarship)

Candidates must be U.S. or Canadian citizens, must be fluent in the language for French and Italian Society meetings, and cannot have previously received a travel grant.

The deadline for receipt of grant applications is **Dec. 8**. Candidates may apply for only one grant. For more information, contact Debra Kroncke at the AAD via e-mail at [dkroncke@aad.org](mailto:dkroncke@aad.org), phone (847) 240-1008, or fax (847) 330-0050. **RR**

## Practical advice for career planning

Resident Roundup asked Richard Bennett, M.D., who practices Mohs surgery in the Los Angeles area, about the advantages of an academic versus private practice, since he has experience in both areas. Dr. Bennett is a clinical professor of dermatology at the University of California at Los Angeles (UCLA), University of Southern California (USC) and Martin Luther King (MLK) programs. He has been an active volunteer with the American Academy of Dermatology, serving as a board member in the early 1990s.

Dr. Bennett offers the following career advice:

### Q: How did you attain an academic position?

A: After finishing a fellowship in Mohs surgery with Perry Robbins, M.D., at New York University, I accepted a position at Emory University where I set up the Mohs unit and stayed for about five years. After Emory, I started a private practice in Atlanta for a couple of years before setting up the Mohs surgery section at UCLA. I stayed at UCLA for about four years before opening my current practice in Santa Monica (Los Angeles area).

### Q: What differences exist between academic and private practices?

A: One difference between the two is that in academics you are able to get to know the residents better and there are more opportunities to teach. In private practice, you have more control over financial matters concerning the practice. Dermatology departments like to have a Mohs surgeon on staff. Many surgeons open a private practice after a few years of experience in a university setting.

### Q: Do you feel that you have the best of both worlds in private and academic practice?

A: Yes, having control of the practice and still being able to work with residents and students is gratifying. My fellow and I staff the cutaneous surgery clinics at all three dermatology residency programs in the Los Angeles area: UCLA, USC and MLK.

*Dr. Bennett recommends that residents interested in dermatologic sub-specialties take advantage of local volunteer clinical instructors. Many have a wealth of experience to share with interested residents. Consider taking vacation time to visit your local expert, as he or she may well be a world expert too.* **RR**

## AMA to select residents for leadership conference

The American Medical Association (AMA) is awarding 25 medical students and 25 resident and fellow physicians "who have exhibited outstanding leadership abilities in community affairs or non-clinical medical school or hospital activities" with a special chance to enhance their leadership skills. Award winners will participate in the AMA National Leadership Conference, March 3-6, 2001, in Washington, D.C. The AMA will cover conference registration fees, travel expenses, airfare and three night's stay in a hotel for award winners. The conference will also provide speaker and leadership training.

Interested residents should contact Sandra Peters at the American Academy of Dermatology at phone (847) 240-1819, or e-mail [speters@aad.org](mailto:speters@aad.org). **RR**

DERMATOLOGY

# Resident



**ROUNDUP**

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