Seth Forman, who will be a fourth-year student at Virginia Commonwealth University (VCU) this fall, has received a $12,000 grant to create a community education program on melanoma. The university’s first-ever national grant resulted from a proposal for his “Check Your Skin” project, developed with the help of Julia Nunley, M.D., an associate professor of dermatology in VCU’s School of Medicine, and Ashish Bhatia, M.D., a first-year resident in the Department of Dermatology.

Forman’s project was chosen by the Association of American Medical Colleges (AAMC) for funding through a grants program supported by Pfizer. “Check Your Skin” was one of six programs chosen this year, and is eligible for renewal for an additional three years and for up to $18,000 in additional AAMC funding.

Forman said the initial inspiration for his recent campaign came from a patient treated during a summer Radiation Oncology fellowship at the Massey Cancer Center at MCV hospitals.

“The woman was six months pregnant and was receiving radiation treatment for melanoma that had metastasized to her brain. Just one year earlier, she had ignored a mole on her back, which later proved to be a malignant melanoma. She passed away four months after her daughter was born.”

The event, one that may have been prevented through early detection, stuck in Forman’s mind. “After that happened, my determination to prevent similar tragedies in the future materialized,” he said.

Currently, health care providers are the primary screeners for melanoma, but Forman’s education project proposes that medical students teach the public how to perform self-skin exams that would increase their chances of finding cancer early. Forman’s proposal involves distributing at least 10,000 educational, self-exam cards to people in the Richmond-area community.

The reminder cards, printed in English and Spanish, use the “ABCDE” method, providing a well-known mnemonic device to guide people as they examine moles and other skin lesions: Asymmetry; Border irregularity; Color; Diameter changes; and Elevation differences. The cards can also be used as a ruler to make charting diameter changes convenient. Each card is equipped with a suction cup so that it can be hung on a bathroom mirror. “We will be teaching the public to detect early melanomas and prevent terminal cases,” Forman said. “We hope to teach people to save their own lives.”

Forman envisions the cards being distributed through physicians’ offices and local health departments as well as at student-led workshops at locations like community centers, non-English speaking groups, day care centers and nursing homes. His plans also include a Web site and monthly e-mail reminders to every person who registers with Check Your Skin. Forman will launch the awareness campaign this fall and expects to plan activities through next summer. He is currently seeking community involvement in the form of volunteers and sponsors. Anyone interested in participating in the Check Your Skin effort should e-mail checkyourskin@yahoo.com or yours Skin@mail1.vcu.edu.

This past spring, Forman was named the recipient of the medical school’s Susan Mellette Fund Scholarship, an annual award that goes to a student with an interest in cancer research and prevention. Named in honor of a former faculty member in the School of Medicine, the scholarship will cover about half of Forman’s tuition costs next year. Foreman plans to pursue the dermatology field after his graduation next year.

“Hopefully the future will bring an academic career with a healthy mixture of teaching, research and clinical practice,” he said.

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Message from the Chair
By Jack Resneck, M.D., Chair, RFC

Greetings from your Residents and Fellows Committee. By now, you should have received a letter from the committee outlining an upcoming change in the date of future Board exams. After a survey of residents last summer showed that 91 percent preferred an earlier exam, the American Board of Dermatology (ABD) agreed to move the test date from September to August beginning in 2003.

If there are any members of the ABD at your institution, please thank them. The current Board has been very receptive to resident input on this issue, and brought it to a vote less than eight months after submission of our original survey and proposal.

On the legislative front, your committee worked with the AMA and the Academy to support bills in Congress affecting student loans. The average debt for the 83 percent of medical students who enter residency with debt is $93,000. The legislation, which was successfully incorporated into the recent budget bill, will increase the maximum income level at which student loan interest payments are tax deductible and eliminate the 60-month limitation on deductions. We would also like to see Congress reverse changes in the law, which have sharply reduced the number of residents eligible for deferment.

Some of you may have heard about the proposal from the AAD Board of Directors to increase membership dues. The revenue from the increased dues will be directed to developing measures to protect office-based medicine and to new programs of importance to dermatologists in the areas of government affairs and public relations, as well as providing services to dermatologists to help them run their practices, and other initiatives to benefit members. We are pleased to report that the proposed dues structure retains the 33 percent discount for graduating residents who are joining the Academy and paying dues for the first time.

With the exam date matter behind us, the RFC is seeking other issues to address. If you have any ideas about a problem relevant to the lives of dermatology residents and fellows where our committee might be able to play an effective role, please do not hesitate to e-mail me (resneck@itsa.ucsf.edu) or your regional representative. A list of committee members is available on the Residents News section of the Members Only section of the AAD Web site, www.aad.org.

Dr. Resneck is a fellow in dermatology and health policy at the University of California at San Francisco.

 Resident & Fellows Committee meets in DC, new officers named

In March, at the American Academy of Dermatology Annual Meeting in Washington, D.C., the Resident and Fellows Committee (RFC) met to appoint new officers for this year and discuss plans for the future.

New RFC officers for 2001 are:
- Jack Resneck, M.D., Chair
- Ray Kuwahara, M.D., Vice Chair
- Paul Bowman, M.D., Secretary
- Maryam Asgari, M.D., AMA Delegate

During the meeting, a motion was proposed and seconded to seek the permission of the AAD Board of Directors to allow members of the RFC to represent their committee and the AAD with outside sister organizations who have expressed an interest in having resident representation.

The new RFC Mentorship Program was discussed. The first dermatologist to serve as a mentor is from Spain (for more information on the RFC Mentorship Program, see related article above, left). Bill Braithwaite, M.D., senior advisor of health information, Department of Health and Human Services, was the keynote speaker at the meeting. He discussed the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implications for practicing dermatologists over the next several years. A new AAD brochure about HIPAA is now available via the Members Only section of the AAD Web site, www.aad.org.
AAD offers more than a wee bit ‘o trainin’
Scholarships for dermatology meetings abroad
By Paul H. Bowman, M.D., Secretary, RFC

Most residents have plenty to do in their own training program without thinking about attending other programs, much less the programs of other countries. An excellent opportunity we have as residents, however, is to take advantage of a foreign exchange program offered by the AAD. Through mutual arrangements with several dermatologic associations in Europe and the United Kingdom, a number of travel grants are available for U.S. and Canadian residents. Each year, the AAD Committee on International Affairs selects residents to attend national dermatology meetings in participating countries abroad. Currently, we have arrangements with dermatologic organizations in six other countries, and sent 13 North American residents abroad through this program last year. The number of residents sponsored by each country varies, as does the travel stipend and expenses covered (see table).

I was very fortunate to attend the Annual General Meeting of the Scottish Dermatologic Society (SDS) in Dundee, Scotland in June. It was a wonderful experience and a great privilege to be a guest of the SDS. Each year, they sponsor one visiting resident from North America and one from Eastern Europe (this year, from Romania). After a warm welcome at Edinburgh and a tour of the department, we traveled to Dundee to attend their national meeting. During our stay, we enjoyed the generous hospitality of numerous residents (“registrars”) and attendings (“consultants”) that shared their homes with us as we visited departments in Dundee, Aberdeen and Glasgow. Along the way, we toured the castle in Edinburgh, joined a traditional Scottish ceilidh dance in Dundee, ate haggis in Dunblane, climbed the William Wallace monument in Stirling, saw the medieval palace in Culross, visited a haunted mansion in Aberdeen, walked through the fishing village of Footdee, sampled a wee bit of scotch in the pubs of Glasgow and drank lots of Irn Bru.

The AAD solicits applications for the program from residents each fall. To be eligible, you must be at least a second-year dermatology resident, but not more than five years out of training. Note that for some countries (France and Italy) fluency in the language is required. If you are fluent, it is best to apply for that fellowship since you won’t have as much competition. To apply, send an application form along with your CV and a letter of recommendation to the Committee on International Affairs. Award recipients are usually notified in January and February.

This program is an exceptional opportunity for us as American dermatology residents. Serving as delegates for the AAD, we can influence international relations and camaraderie between our Academy and those abroad. In addition to enjoying a wonderful educational and social program, we can experience another culture and see other approaches to treating dermatologic diseases. Forming professional relationships with foreign dermatologists will enrich our training, making us more experienced and well-rounded dermatologists.

Would’a do it agin? Aye! Ah would!

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**Glossary of Scottish lingo**

*Ceilidh*: Traditional Scottish dance
*Haggis*: Sheep’s stomach stuffed with minced lamb and beef
*Wee*: little
*Bleeps*: pager
*Daft*: Not too bright
*Bampot*: Someone with sub-optimal score on the boards
*William Wallace*: You know, from “Braveheart”
*Irn Bru*: A popular soft drink containing ferric citrate

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**Program statistics 2000 - 2001**

<table>
<thead>
<tr>
<th>Sponsoring country/association</th>
<th># Residents</th>
<th>Covered expenses</th>
<th>Travel stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Association of Dermatology</td>
<td>4</td>
<td>Registration, dinner &amp; hotel</td>
<td>none</td>
</tr>
<tr>
<td>European Academy of Dermatology &amp; Venereology</td>
<td>3</td>
<td>Registration and housing</td>
<td>$750 US</td>
</tr>
<tr>
<td>French Society of Dermatology *must be fluent in French</td>
<td>2</td>
<td>Registration fee</td>
<td>$1,000 US</td>
</tr>
<tr>
<td>Irish Association of Dermatologists</td>
<td>1</td>
<td>Registration and hotel</td>
<td>£500 sterling</td>
</tr>
<tr>
<td>Italian Society of Dermatology *must be fluent in Italian</td>
<td>2</td>
<td>Registration and housing</td>
<td>1 million lire</td>
</tr>
<tr>
<td>Scottish Dermatological Society</td>
<td>1</td>
<td>Registration and housing</td>
<td>£1000 sterling</td>
</tr>
</tbody>
</table>
Visit these academic dermatology Web sites for students, residents, and practitioners

The following collection of dermatology Web sites was compiled by Richard E. Anstett, M.D., Ph.D., associate professor, University of Wisconsin-Madison Department of Family Medicine, after reviewing a large number of dermatology Web sites. All of those selected were felt to offer a meaningful educational experience for students and physicians at a variety of levels of training and expertise. For quick access to these sites, use the links on the Web page for this list at www.fammed.wisc.edu/education/presentations/derm/Dermcurriculum.html.

Dr. Anstett noted that the Web sites vary, in that some sites are:
- quite extensive and some are quite compact
- focused on a particular disease and others cover a wide range of dermatologic lesions and conditions
- clearly meant for medical students while others may be more appropriate for practitioners.
- highly specific. For example, many of the sites from UC-Davis focus on a typical type of skin cancer while the Molehill site focuses on pigmented lesions.

VISUAL IMAGE DATABASES

http://korb1.sote.hu/KKK/listtype/B/DIA6E.HTM
Semmelweis University in Budapest containing:
- large collection of dermatology images
- histology images of common and less common skin conditions

http://www.meddean.luc.edu/lumen/MedEd/medicine/dermatology/title.htm
Home page for Loyola University. Dermatology medical education Web site. Excellent sections with visual images including:
- a dermatology atlas
- anatomy and histology of the skin
- Mohs micrographic surgery
- a dermatology quiz
- an atlas of skin cancer and benign tumors

INTRODUCTION TO LANGUAGE AND CONCEPTS

http://idtu.medsch.ucla.edu/derm/
University of California, Los Angeles, Department of Family Medicine. Twenty interactive dermatology cases with visual images.

LINKS AND VISUAL IMAGE DATABASES

http://tray.dermatology.uiowa.edu:80/Home.html
University of Iowa. Includes multiple databases:
- index of over 300 skin disease images
- a dermatopathology dictionary
- a dermatopathology image collection
- dermatopathology tutorial
- an introduction to basic dermatology
- a dermatology differential diagnosis by morphology
- an excellent links section to other academic dermatology sites

www.derma.med.uni-erlangen.de/bilddb/index_e.htm
University of Erlagen in Germany. Probably the most extensive dermatologic image base available. Includes multiple examples of each lesion.

www.dermnet.org.nz/
Homepage of New Zealand Dermatological Society. An excellent site! Includes:
- a large image database
- dermatology lectures/quizzes/interesting cases
- an excellent links section

http://ades.tmc.edu.tw/
An introductory dermatology course and a “simulated patient” section for self-assessment to medical students and primary-care physicians. Frequently encountered skin problems and their management are listed in a “Skin problem FAQ” section.

www.ohsu.edu/clin/web/C17/C17.800.html
Oregon Health Sciences University. Large visual image database of dermatologic lesions taken from a variety of other University Web sites.

http://www.pediatrics.wisc.edu/derm/
University of Wisconsin. Dermatology tutor. Primarily for medical students. Includes:
- primary and secondary lesions
- patterns and distributions of lesions
- a dermatology quiz
- many excellent images

http://www.hslib.washington.edu/courses/hubio542/index.html
University of Washington. Text, drawings and images — primary and secondary skin lesions.

University of Kansas. Images and explanatory text of 14 common skin conditions.

MISCELLANEOUS

http://www.medlib.med.utah.edu/kw/derm
University of Utah. Formatted like a textbook of dermatology with multiple images.

Visual images of a variety of parasites, insects, mammals, reptiles and worms, which produce cutaneous lesions.
Dermatology Foundation announces research award programs for 2002

The deadline for all Dermatology Foundation 2002 research award applications is Oct. 15, 2001. Funding is available July 1, 2002.

Dermatology Foundation awards are intended to advance the research careers of young individuals in dermatology and cutaneous biology, with the emphasis on research benefiting the dermatology community at large.

Research must be conducted in the United States under the sponsorship of a division or department of dermatology. All applicants are subject to peer review by the Dermatology Foundation’s Medical and Scientific Committee. Committee members, who serve pro bono, do not participate in evaluation of applications from institutions with which they are associated or applications in which they have a real or apparent conflict of interest.

Health Care Policy Clinical Career Development Award: $55,000 award (renewable up to two years) to support establishment and development of health care policy careers for dermatologists. Applications accepted from junior investigators who have completed formal clinical training in a dermatology residency program in the United States and are in the early stages of their academic careers. Health policy research includes outcome studies, information system development, as well as development and evaluation of methods for delivery and practice of population-based dermatology.

Clinical Career Development Award: $55,000 award (renewable up to two years) aimed at investigators with significant creativity in clinically relevant research; purpose is to assist in transition from fellowship to established investigator. Applications accepted from junior investigators in the early stages of their academic career. Applicants must be faculty members in a department or division of dermatology, and have completed training in a U.S. dermatology residency program.

Research Career Development Award: $55,000 award (renewable up to two years) to assist in the transition from fellowship to established investigator. Applicants will be accepted from junior investigators in the early stages of their academic careers. Applicants must be faculty members in a department or division of dermatology.

Dermatologist Investigator Research Fellowship: $30,000 award supports dermatologists who desire research training and have a commitment to a career in academic dermatology. Applicants must have an M.D., M.D.-Ph.D., or D.O. degree, and have completed their clinical training in a dermatology residency program in the U.S.

Research Fellowship: $30,000 award for the support of research training. Applicants must have an M.D., Ph.D., or equivalent degree. Applicants must designate a preceptor within a department or division of dermatology. Special Fellowships are available in the areas of epidermolysis bullosa and melanoma.

Research Grant: $20,000 award for investigators at the early stages of their career development to initiate a research project in dermatology or cutaneous biology. Research has to be performed under a department or division of dermatology. Special Grants available in skin cancer, cutaneous pharmacology, ichthyosis, dermatopathology and cutaneous surgery.

Dermatopathology Research Grant: $10,000 for one year. This award is restricted to dermatologists or pathologists who have recently completed a dermatopathology fellowship in a division or department of dermatology, pathology or dermatopathology and who are attempting to embark on a research career. Actual proposal may include bench research, classical epidemiology, outcomes analysis or other approaches. The focus should be clearly and directly related to advancing the field of dermatopathology.

Patient Directed Investigation Grant Award: $20,000 for one year. To support research studies that have potential to directly benefit patients. Applications will be judged competitively by a committee of recognized experts in applied medical and surgical dermatology. The purpose of funding is intended to enhance the career development of clinical investigators who are in the early stages of their careers and have completed their dermatology residency training in the United States. The studies must be performed in the United States under sponsorship of an accredited department or division of dermatology. It is the expectation that the recipients of these awards will be future clinical leaders in dermatology, helping shape the future of this specialty.

Program Development Grant Award: $10,000 for one year. To support development of scientific infrastructure in those dermatology departments/divisions which have not successfully competed for DF funding during the most recent five-year period. The purpose is to assist in enhancing the scientific basis of those departments/divisions accredited for dermatology residency training in the United States.

For more information about these research awards, contact the Dermatology Foundation, 1560 Sherman Ave., Suite 870, Evanston, IL 60201; phone (847) 328-2256, fax (847) 328 0509 or e-mail questions to: dfgen@dermfnd.org.

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 2002 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) 240-1289; or email: flamantia@aad.org.
Advocate-Lutheran General reaches settlement with residents

As reported in the last edition of Dermatology Resident Roundup, the National Labor Relations Board (NLRB) granted approval for a union vote by residents at Advocate-Lutheran General Hospital in Park Ridge, Ill. Earlier this year, resident physicians at the hospital won another victory when the hospital formally agreed, among other things, not to threaten the residents’ support for Physicians for Responsible Negotiation (PRN), a national negotiating organization created solely for physicians.

The American Medical Association (AMA) formed PRN in 1999 to provide employed physicians with a national negotiating organization created solely for physicians. PRN hailed the agreement as an important reminder that residents’ collective bargaining rights are fully protected under federal law.

“This settlement removes a stumbling block for residents in getting to the bargaining table,” PRN Executive Director Robert Bernat, M.D., told the Chicago Tribune. PRN filed “Unfair Labor Practice” charges Dec. 28, 2000, against the hospital when residents complained of threats of termination of benefits, canceled meetings and repeated acts of administrative intimidation.

The settlement agreement did not require Lutheran General to admit guilt, but the hospital will have to post a formal notice to employees outlining their rights under federal law. The hospital also agreed it will not:
• make implied promises of benefits in order to discourage employees from supporting PRN;
• cancel employee meetings in non-patient care areas when the meetings are intended to discuss unionization;
• interrogate employees concerning their union activities or sympathies;
• give employees the impression it would be futile to select PRN as their collective bargaining representative; and
• threaten employees with loss of pay and benefits if they select PRN as their collective bargaining representative.

Per the settlement agreement, the NLRB notice was posted and maintained for 60 days in “conspicuous places” throughout the hospital.

Advocate-Lutheran General complied with the terms of the settlement agreement and the Unfair Labor Practice charges were officially closed on May 24. Residents voted in December on whether to form a union. The results of the election are still pending as the National Labor Relations Board in Washington, D.C. reviews Lutheran General’s appeal of rotating residents.

(Source: American Medical Association)

Petition to curb resident hours introduced

How long is too long? Seeking federal limits on resident work hours, the American Medical Student Association, Committee of Interns and Residents, Public Citizen and other consumer and health advocacy groups have filed a petition with the Occupational Safety and Health Administration. The petition addresses concerns about how excessive hours may adversely affect patient safety, effective education, and the health and safety of residents. The AMA’s media statement can be viewed on the Web at www.ama-assn.org/ama/pub/article/1617-4634.html.

In June, the AMA’s Board of Trustees announced several steps they will take to address this issue. Specifically, they will collaborate with other national resident organizations, medical educators, program directors and other groups to find solutions to stressful working conditions.

The AMA also encouraged the Accreditation Council on Graduate Medical Education (ACGME) to enforce its work hour guidelines to the maximum limit and develop mechanisms to ensure that any noncompliance with hour standards is corrected quickly and completely.

Minnesota medical students lobby for increased medical school funding

State legislators need to realize the importance of providing adequate funding for medical education and for programs aimed at helping rural areas, medical students recently told Minnesota’s legislators.

In meetings with legislators, an estimated 75 students said that Minnesota Gov. Jesse Ventura’s proposed budget for the University of Minnesota medical school does not provide the necessary investment needed to help expand programs for rural areas, which are already experiencing a shortage of health care professionals. Furthermore, students said the budget would eliminate necessary classes and does not cover mandated health insurance increases for university employees.

“We talked with legislators on key committees about the direct impact the governor’s budget proposal will have on our ability to practice medicine in the future,” said medical student Leah Schrupp. “Many legislators already agree with us, and for those who do not, we were at least able to make them stop and think.”

Schrupp hopes their continued letter-writing campaign will cause lawmakers to take even greater notice of the students’ concerns. More than 700 students have already written at least one letter or postcard.

Putting education in the palm of your hand

Harvard Medical School reports that starting in August, more than 300 students will be part of a new initiative to introduce the use of Palm Pilots and other personal digital assistants (PDAs) into the curriculum. Students will be able to use these devices for class schedules, hospital case log notes, lecture notes with anatomy illustrations, course evaluations, exam calendars and last-minute announcements.
ASDP hosts “Duel in Dermatopathology”

The American Society of Dermatopathology (ASDP) will hold its 38th Annual Meeting, Sept. 13-16, at the Westin Michigan Avenue Hotel in Chicago, Ill. A much-anticipated event for the residents will be the “Duel in Dermatopathology Resident Competition” on Sept. 13. A $300 prize will be awarded to a resident for the best pathological case study. The resident forum will consist of succinct, five-minute presentations in a format similar to the Gross Microscopic Symposium at the American Academy of Dermatology Annual Meeting. The presentations will be judged on content, form and instructive value to dermatopathology. The competition director is Rajwant Malhotra, M.D.

Dr. Malhotra will also present a short, interactive course on Soft Tissue Tumors. Other short course topics include Cutaneous T Cell Lymphoproliferative Disorders, by Earl J. Glusac, M.D., and Melanocytic Dermatopathology by Timothy H. McCallmont, M.D. The meeting will also feature lectures, a self-assessment course, and evening slide symposium — a slide library with 100 slides for viewing — posters, and exhibits. The meeting will also give residents a chance to network with their colleagues. Featured guest speakers include: Robert C. Gallo, M.D., from the Institute of Human Virology, and Christopher D.M. Fletcher, M.D., from Harvard Medical School.

For a full meeting program, visit the ASDP Web site at www.asdp.org; phone (847) 330-9830, or e-mail info@asdp.org.

Match Day 2001 reveals new trends in practice preference

In June, the American Medical Association reported that match results this year for Match Day — where medical school seniors learn which residency programs they will enter — showed a shift away from trends of recent years where new physicians showed greater interest in family practice programs and less interest for certain specialties, including anesthesiology.

This year, the number of individuals entering family practice residency programs decreased by 4.9 percent. Conversely, such specialties as anesthesiology and pathology showed increases of 5.8 and 8.1 percent respectively.

Of the 14,455 active U.S. medical school seniors (applicants who submitted program choices) who participated in Match 2001, 93.7 percent (13,542 individuals) received a first-year residency training position.

According to the National Resident Matching Program (NRMP), 23,981 individuals actively participated in the Match by submitting program choices, a decrease from the 25,056 that participated in 2000. Of the total active applicants, 18,354 (76.5 percent) were matched to a first year position, a 3.1 percent increase over 2000.

A total of 20,642 first-year residency positions were offered in the Match, an increase of 44 positions from last year. Eighty-nine percent of the first-year positions available in the Match were filled this year, the same percentage as last year. U.S. medical school seniors filled approximately 65.6 percent of the first-year positions.

Source: American Medical Association

WEB SITE

The AAD Web site www.aad.org provides information and offers a series of links to other dermatologic and health-related sites — a valuable resource to the public and the dermatologic community.