

Resident



Official publication of the
Resident & Fellows Committee,
American Academy of Dermatology

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Colloquium will explore professional pathways

Each year, as the field of dermatology broadens and diversifies, professional options increase. Presented with a variety of career choices, residents need to know what's out there for them.

This year's Residents' Colloquium at the 59th Annual Meeting in Washington, D.C., will focus on the broad array of professional opportunities available within dermatology. Important topics such as academic dermatology, dermatopathology, dermatologic survey, the pharmaceutical industry, and private practice will be discussed.

According to Albert Peng, M.D., director of the Colloquium, the session is targeted at residents in all phases of their residency and recent graduates.

"We'll provide a variety of perspectives

for young physicians and highlight the different pathways in dermatology. Our speakers, all young physicians themselves, in-



clude a dermatopathologist, a Mohs surgeon, dermatologists in private practice, a pharmaceutical company medical director, and a chairperson of a university program. It will give residents a flavor for these professions."

Dr. Peng said the speakers will also provide insight into why and how they chose the path they did.

"The colloquium will help residents with career development," he said. "There are a lot of alternatives out there that young physicians aren't necessarily aware of."

The Residents' Colloquium will be held on Sunday, March 4 in Room 26 CC of the Washington Convention Center from 12:15 p.m. to 1:45 p.m. Admission is open, and no ticket or registration is required to attend. RR

Resident Fellows Symposium presents state-of-the-art research

The place to learn about cutting edge science in the making is at the Resident Fellows Symposium held during the 59th Annual Meeting of the American Academy of Dermatology in Washington, D.C., Monday, March 5, 9:55 a.m. to 2:00 p.m. in Room 20 of the Washington Convention Center.

Talented young investigators will present their latest discoveries in the fields of molecular biology, cell biology, pharmacology, photobiology, and immunology.

Anthony A. Gaspari, M.D., the session's director, promised this year's symposium of original research will live up to the standards of its long tradition, and called it a "nice blend of different approaches to skin disease."

The presentations are not restricted by topic, he said, allowing for a wide range of ideas on the many facets of dermatology.

"The presentations can be basic research science related to skin biology or it could be clinical research or case reports," said Dr. Gaspari.

For more than 20 years, the symposium has brought forth state-of-the-art information from resident fellows. Findings presented each year can have far-reaching effects on the practice of dermatology. For instance, Dr. Gaspari said that a previous symposium presented information about the impact of ultraviolet light on the skin immune system. Not all have been "high impact" presentations, but some have been "very elegant studies," Dr. Gaspari said. "Maybe it wasn't always a major breakthrough, but they've had long-range impact." He added that even very basic science studies applied to clinical problems can be significant because they all add to the dermatological knowledge base.

"These are all new and evolving topics or refinements of existing topics," Dr. Gaspari said. "Often there's something novel in the approach of the research."

Another highlight of the symposium is the prestigious Everett C. Fox, M.D. Award, which will be conferred on the resident or fellow who presents the most outstanding paper at the symposium.

"The selection committee looks for well-written, interesting presentations with scientific impact and clinical significance," Dr. Gaspari said.

This year's symposium will be held Monday, March 5, 9:55 a.m. to 2 p.m. in Room 20 of the Washington Convention Center. Admission is open, and no ticket or registration for the session is required. Inquiries about the 2002 Everett C. Fox Award can be directed to the Academy's Meetings and Conventions Department at (847) 330-0230 or fax (847) 330-0050. RR

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NEWSBRIEFS

Harvard may cut residencies

On the heels of financial losses that have cost Harvard Medical School more than \$100 million in the past several years, the school is making cutbacks as it reviews some of its residency programs. Beth Israel Deaconess Medical Center, one of Harvard's main teaching hospitals, has already experienced cutbacks. Dermatology is among several other departments that are under review.

Source: *American Medical News*, December 11, 2000. **RR**

Residents win collective bargaining rights in Chicago area

The National Labor Relations Board (NLRB) granted approval on Nov 7, 2000, for a union vote by residents. The NLRB's decision gave recognition to residents and fellows in training at Advocate-Lutheran General Hospital in Park Ridge, Ill., as a collective bargaining unit. The decision resulted from a petition from the Physician's for Responsible Negotiations, which is part of the American Medical Association. This marked the first time a resident's group was formally organized by the PRN. The decision allowed 170 Lutheran General residents and fellows to hold a secret-ballot election to determine whether PRN should represent them in addressing their workplace concerns with hospital management.

Source: *Modern Healthcare*, November 13, 2000. **RR**

Message from the Chair

59th Annual Meeting — Washington, D.C.
By Ray Kuwahara, M.D., Chair, AAD-RFC

Welcome, dermatologists in training. This is the end of the 2000-2001 year. New officers of the American Academy of Dermatology (AAD) will take their respective places. Ronald G. Wheeland, M.D., the new AAD President will lead the way. Reorganization of the AAD infrastructure is being planned to streamline and make the organization more flexible to the needs of the membership. Changes in the health care environment, which ultimately affect us as dermatologists, will continue again this year, as it has for the past several years.

Resident representatives have been elected to the following regions: Region 2 — Edward West Cowan, M.D.; Region 3 — Joel M. Gelfand, M.D.; Region 4 — Amy Young Jordan, M.D.; Region 5 — Paul Bowman, M.D.; Region 6 — Cynthia Sasaki Mates, M.D.; and Region 10 — Kent Aftergut, M.D. Congratulations, and I'll look forward to meeting you at the 2001 AAD Annual Meeting!

The Past Year

Under the auspices of the Section on Health Policy, Practice and Research, our Resident Fellows Committee (RFC) has continued to prosper. Dr. Resneck has continued to work on a date change for the board exam. A survey conducted last summer showed residents preferred an earlier exam date. A change in the exam date from October looks unlikely, but preference for an earlier date has been made and heard. Further progress on the AAD resident mentorship program continues, which will be a resource for finding a mentor in a particular subspecialty.

Resident Roundup has become a valuable resource of information for residents and fellows to rely on.

Washington D.C.

The RFC will meet on Sunday morning with William R. Braithwaite, M.D., Ph.D., discussing the Health Insurance Portability and Accountability Act (HIPAA) — new governmental requirements we will have to face when practicing. Updates on representative activities will be discussed as well as the election of new officers for the 2001-2002 year. The Residents' Colloquium is scheduled at 12:15 p.m. Sunday, which will have something for everyone. The Residents' Colloquium will bring respected experts in subspecialties of dermatology for their insights in their particular fields. The meeting will be an excellent chance to renew friendships.

Dermik Laboratories, Inc. has been supportive of resident and fellow endeavors by a generous grant, which funds this *Resident Roundup* newsletter. Graduate membership in the AAD continues to grow. RFC members account for 9 percent of the total AAD membership. If you have any questions regarding the RFC, issues or ideas, please contact me at r.kuwahara@excite.com.

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



RAY KUWAHARA, M.D.

New editor joins *Resident Roundup*

Resident Roundup has a new editor, Dean J. Monti. In addition to *Resident Roundup*, Dean's primary responsibilities are to develop, report, write and produce editorial content for American Academy of Dermatology publications including *Dermatology Insights: a patient's*



DEAN J. MONTI

guide to skin, hair, and nails, and the Annual Meeting News. If you have any questions, comments, or ideas concerning *Resident Roundup*, contact Dean at the AAD by phone (847) 240-1787, fax (847) 330-8907, or e-mail dmonti@aad.org. **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. Click on the Members Only section and go to the Resident News area. **RR**

Health and Human Services officer to address residents on HIPAA

As part of the ongoing effort to prepare dermatologists for the implementation of the Health Insurance Portability and Accountability Act (HIPAA), the American Academy of Dermatology (AAD) has invited William R. Braithwaite, M.D., Ph.D., to speak to members at several meetings occurring in conjunction with the 59th Annual Meeting.

Dr. Braithwaite, a senior advisor on health information policy with the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, will touch upon a number of issues associated with this important piece of legislation. HIPAA seeks to streamline and standardize the electronic transmission of health care data and assure the privacy and security of patients' medical records.

Dr. Braithwaite will address members of the AAD's Dermatology Carriers Advisory Committee (DERMCAC), the Young Physicians Forum, and the Resident Fellows Committee.



Highlights of his talk will be featured in a future issue of *Resident Roundup*.

He will provide background on how and why HIPAA was developed and review what dermatologists need to know about HIPAA implementation. He will also review the transaction standards, which were released on Aug. 17, and provide an overview of the recently released privacy and security requirements.

Dr. Braithwaite is recognized as a leader in the field of medical informatics — the scientific field that deals with the storage, retrieval, sharing, and optimal use of biomedical information, data, and knowledge for problem solving and decision making.

He has been a major contributor to the administrative simplification section of HIPAA and has responsibility for the health data standards under the new law. He

also serves as co-chair of the HHS Data Council Committee on Health Data Standards. **RR**

MDS PLANS MEETING ON MARCH 1

The Medical Dermatology Society (MDS) will meet Thursday, March 1, in Constitution E/D at the Grand Hyatt Hotel in conjunction with the AAD Annual Meeting in Washington, D.C. At 12:30 p.m., there will be a joint session of the Society for Pediatric Dermatology and the MDS. The featured speaker, Susan Sweedo, M.D., chief of the pediatric and developmental neuropsychiatry branch at the National Institute of Mental Health will present a lecture titled "New controversies in obsessive compulsive disorders."

At 1:40 p.m., Michelle Petri, M.D., from Johns Hopkins University will be speaking on the "Hopkins Lupus Cohort," and at 2:20 pm, Barbara White, M.D., of the University of Maryland will provide a "Scleroderma Update." The lectures will be followed by presentations of interesting and challenging cases. Residents may attend all or part of the meeting at no cost. For more information, contact Jean Bolognia, M.D., via e-mail at jean.bolognia@yale.edu. **RR**

AAD-RFC pursues board exam date change

Last summer, a survey of dermatology residents indicated that 91 percent supported moving the certification examination of the American Board of Dermatology to an earlier date, with most favoring August as an alternative to the current October test.

In response to this widespread support for re-scheduling the exam, the American Academy of Dermatology Residents and Fellows Council Committee (AAD-RFC) has initiated discussions with the Board regarding the feasibility of an earlier date.

The Board has been very responsive to resident input on this issue and has been sympathetic to our residents' concerns. In a recent letter, executive di-

rector Harry Hurley, M.D., noted that the Board was unable to reach a decision at its Annual Meeting, but stated that they will consider the issue again at a retreat in April.

One major stumbling block is that numerous program directors are concerned about residents being less able to fulfill their duties throughout the last few months of training if facing an August examination date. Other program directors and chairs have responded that more time spent on reading could only improve performance in the final months of residency.

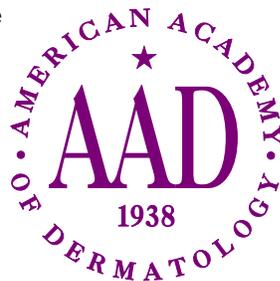
Many residents have noted that if the Board feels that the demands of studying for this examination are incompatible with performing resident duties, one must

wonder how an October date could be compatible with the requirements of fellowships or new jobs.

The Board has been very responsive to resident input on this issue and has been sympathetic to our residents' concerns.

Overall, residents working on this issue have been pleased with the Board's responsiveness to housestaff concerns, and are optimistic that a compromise can be reached in the upcoming months.

Submitted by Jack Resneck, M.D., AAD-RFC member and resident delegate to the American Medical Association. **RR**



Washington Focus

Congress enacts second round of relief for graduate medical funding

Some of the most far-reaching changes in the Medicare graduate medical education (GME) program that funds residents' training took effect on Aug. 5, 1997 when former President Clinton signed the Balanced Budget Act (BBA) into law.

Immediately afterward, teaching hospitals decried the magnitude of GME cutbacks in the BBA. Congress responded with two corrective bills intended to reduce the impact of these cuts. The Balanced Budget Refinement Act of 1999 offered limited relief to teaching hospitals. A second round of BBA relief was included in a catchall-spending bill, H.R. 5661, signed into law at the end of the 106th session of Congress on Dec. 21, 2000.

Medicare makes two types of payments to teaching hospitals for resident training programs:

1. The direct medical education (DME) payment

covers salaries and fringe benefits for residents and faculty, hospital overhead expenses, and other such direct costs.

2. The indirect medical education (IME) payment covers operating costs associated with patient care, such as using a more intensive mix of services and treating patients who are very ill.

Doctors-in-training typically use more tests, equipment and procedures than those in practice, and teaching hospitals care for more patients with costly, serious illnesses than non-teaching institutions.

Medicare DME and IME payments are a necessity for teaching hospitals, providing incentives for these institutions to increase their number of residency slots. At the time BBA'97 was passed, Medicare was paying about \$6.8 billion to teaching hospitals. Recommendations had been made over the years by the Institute of Medicine, the American Medical Association, and the Council on Graduate Medical Education for reducing the number of residents trained in order to balance the supply of physicians in the nation's workforce.

The GME provisions of BBA'97 were an outgrowth of these developments and designed to control the growth in residency slots. Among the relevant provisions are:

- A cap on the total number of residents that would be supported by Medicare DME and IME funds took effect Oct. 1, 1997.
- A reduction in the IME Medicare adjustment factor from 7.7 percent in fiscal year 1997 to 7 percent in fiscal year 1998, from 6.5 percent in fiscal year 1999 to 6 percent in fiscal year 2000 and to 5.5 percent in fiscal year 2001 and subsequent years. The IME adjustment factor is an intern-to-bed ratio that is used to determine IME payments.

A second round of BBA relief was...signed into law...on Dec. 21, 2000.

- DME payments for the first time to federally-qualified health centers, rural health clinics, and Medicare+Choice organizations if these providers incur all, or substantially all, of the costs of the training taking place in these non-hospital settings.

The BBA cap on the number of residents was not applied to new programs established in rural underserved areas until they had three years to fill their resident cohorts, or to hospitals without training programs since 1995.

Teaching hospitals viewed the cap on residents in BBA'97 as interfering with the goal of producing a balanced mix of physician specialties in the workforce and meeting physician needs in rural areas. The reduction in the IME adjustment factor decreased IME payments to these institutions as well. IME payments amount to approximately two-thirds of the funds paid annually by Medicare to teaching hospitals. In fiscal year 1997, IME payments amounted to \$4.6 billion. Changes in IME resulting from BBA'97 would have led to a 29 percent reduction in IME funding to hospitals over five years.

Fears that these cuts would force some of the nation's leading teaching hospitals to reduce services led to revisions in IME payment policies that were contained in H.R. 3426, the Balanced Budget Refinement Act (BBRA) of 1999. The BBRA was rolled into an omnibus spending and tax bill, H.R. 3194, which was adopted Nov. 29, 1999.

The bill also adjusted the way in which DME payments are determined. Further, it revised the multi-year reductions of IME payments by freezing the IME adjustment factor at 6.5 percent in fiscal year 2000 and delaying by one year the final reduction to 5.5 percent.

Finally, BBA relief legislation enacted in 2000 included further incremental relief for teaching hospitals by again alleviating, if only slightly, the reductions expected from the IME adjustment factor. This time, the IME adjustment factor is set at 6.5 percent in fiscal year 2001 and 2002 before being reduced to 5.5 percent in fiscal year 2003 and thereafter. The net effect of this change is to push back by two years the deadline for reaching the new, lower adjustment factor established in BBA'97.

"Incrementalism" has characterized our nation's Medicare GME policies for the past several years. On paper these changes might seem minuscule, but in practice an adjustment of a few tenths of a percentage point up or down in funding for physician training can dramatically affect the continuation of a training program — including those for dermatology and dermatopathology. The American Academy of Dermatology (AAD) will continue to monitor GME policy closely to protect the interests of our training programs and residents.

Questions or comments regarding the issues addressed in this article may be directed to Laura Saul Edwards, assistant director, AAD Government Relations and Health Policy, via e-mail at ledwards@aad.org.

AAD gives input to new policies at AMA meeting



The American Medical Association held its 2000 Interim Meeting in Orlando this past December, and the American Academy of Dermatology (AAD) delegation was quite active in the establishment of some new policies.

The primary issue of interest to dermatologists at this year's meeting was a resolution to oppose the Food and Drug Administration's (FDA's) efforts to tightly regulate and restrict the use of isotretinoin (Accutane), which is used to treat severe, recalcitrant nodular acne.

Due to risks associated with being pregnant while on Accutane and the potential for psychiatric events, the FDA has proposed that isotretinoin prescriptions require special physician registration (similar to the process currently in place for thalidomide), and which would require pharmacies to have

access to confidential patient lab results to confirm negative pregnancy tests. The dermatology delegation was successful in passing a resolution strengthening the AMA's position in opposition of a mandatory registry, while supporting efforts to educate physicians and their patients regarding the risks of pregnancy while on treatment.

Residents' section

The residents' section of the AMA meeting focused attention on housestaff work conditions. Dermatology residents are infrequent victims of work-hour violations, but our colleagues in other specialties will be happy to know that significant policy changes were adopted. Currently, the Residency Review Committees (RRCs), under the direction of the Accreditation Council for Graduate Medical Education (ACGME), do not release specific citations of residency programs to the

public. As a result, residency applicants are unable to access this information. The AMA adopted policy to encourage the ACGME to publish lists of those programs cited for work-hour violations on the Web.

Issues or concerns regarding AMA resident policy may be directed to Jack Resneck, M.D., the AAD's resident delegate to the AMA via e-mail at: resneck@itsa.ucsf.edu.

Ed. Note: At press time, Hoffmann-La Roche, Inc., the manufacturer of Accutane, had agreed to implement an additional informed consent/patient agreement form that must be signed by both patients and physicians before a prescription is issued, as well as a new Medication Guide that will be given to patients at the pharmacy. Further details are published in the March issue of Dermatology World. **RR**

AAD forms resident, fellows mentor program

The American Academy of Dermatology's Resident and Fellows Committee (RFC) has formed a mentorship program that is intended to serve as a resource for residents, young physicians, and all AAD members who have career or clinical questions in dermatology.

"The RFC believes that many residents have questions and areas of interest that are not readily available through their residency program," said John Maize, Jr., M.D., secretary to the RFC.

The Mentorship Program has been designed informally, and specific details, including the scope of the mentorship, are to be worked out on an individual basis.

This Mentorship Program is separate from the Academy's existing Minority Medical Students Mentorship Program, which seeks to counsel first and second-year medical students who are African American, Asian, Hispanic, or Native American.

"The program we envision is very different, as it is aimed at all residents and young physicians," said Ray Kuwahara, M.D., chair of the RFC.

Members who would like to participate as a mentor may complete the form accompanying this article, or fill out the questionnaire online at the AAD's Web site, www.aad.org. **RR**

AAD Mentorship Program Form

If you know a dermatologist who would like to serve as a mentor, please ask them to complete the questionnaire below. Mentors will be posted on the AAD Web site. Mail or fax to: Sandra Peters, American Academy of Dermatology, 930 N. Meacham Road, Schaumburg, IL 60173; fax (847) 330-1120. Contact her by phone (847) 240-1819, or e-mail speters@aad.org.

Area of expertise: _____

Medical school: _____

Residency: _____

Fellowship, if applicable _____

University affiliation: _____

Practice setting: _____

Telephone: _____

Address: _____

Fax: _____

E-mail: _____

I prefer to be contacted (circle): write to me send me a fax e-mail me

Fleet of fellowships awaits residents

Resident Roundup interviewed several fellowship candidates that applied and are currently training. Various fellowships are available for dermatology residents such as Mohs, dermatopathology, and cosmetic surgery. Many positions may only be available by word of mouth or contacts within the field, so talk with your program staff about potential openings.

Dermatopathology

"Dermopath" is wide open for the dermatologist. Just one or two decades ago, most of the fellows in dermatopathology programs were dermatologist-trained.

Now, out of 50 applicants, one or two might be a dermatologist. One happy senior dermatology resident we talked to had an offer the same day he interviewed and will be able to return to his home state for his fellowship training. Like other fellowship programs, informal recruiting and word of mouth is important.

Mohs surgery

There are more than 60 fellowship training programs in the world but only about 30 to 35 programs offer a position in any given year. Many programs have a person chosen internally, therefore these programs would not go through the matching process. It would behoove applicants to get the inside information regarding each program and have a contact person talk with the prospective program director about an application. Approximately half of all applicants match. Since this fellowship is essentially an apprenticeship (a one-on-one relationship in most cases), how the candidate and the director get along can be a crucial factor. For more information, check out these Web sites:

www.mohscollege.org or www.sfmarch.org.

Cosmetic surgery

There are both formal and non-formal cosmetic surgery programs. Formal programs can be found by contacting the American Society of Cosmetic Surgery at www.cosmeticsurgery.org. Non-formal programs are often discovered by networking, and are essentially apprenticeships. Many Mohs programs include cosmetic surgery training.

Some programs include training so that fellows can meet the requirements to sit for both the Mohs and Cosmetic Surgery boards.

Pediatric dermatology

New training requirements are being introduced and board testing is to be implemented for pediatric dermatology. If you have finished a pediatric residency and a dermatology residency, then one year of fellowship is required. If you haven't finished a pediatric residency, then a two-year fellowship is required.

Again, networking can be a plus in this endeavor.

Early offer

If you sell yourself aggressively to a program, be prepared to accept an early offer. There are windows of opportunities when it

comes to fellowships and new candidates are constantly interviewing for these positions. If you don't accept an offer when extended, those connected with the program may lose interest, and another prospective fellow may be offered the job. If you know what you want in a program and the program fills the requirement, it could be in your best interest to take the early offer.

On your own

Not completing a fellowship is always an alternative, especially if you were well-trained in the basic skills during residency. Through daily practice in the clinic, supplemented by further educational training at conferences, you can master your technique.

Other fellowships

Besides the common fellowships most residents are aware of there are other special areas of dermatology that have fellowship opportunities such as immunology and environmental dermatology. Contact the AAD at (847) 330-0230, or check out the Fellowship Directory on the AAD Web site, www.aad.org for further information. To access the directory, at the AAD Web site, click on the Professional Information icon, then click Residents News. RR

Let the browser beware

Because the number of Web sites extant is incalculable (anyone can have one), it is impossible for the American Academy of Dermatology (AAD) to be responsible for monitoring other Web sites. It is increasingly important as the medium grows, therefore, to have a discerning attitude toward the information found on the Web.

"As a result of 'anyone' being a publisher these days, the medical information available on certain topics on the Web can range from the superb to frank quackery or even dangerous misinformation," said Arthur C. Huntley, M.D., professor of dermatology, University of California, Davis, and director of the AAD's new web-based CME program.

On the positive side, he noted, academic institutions are starting to enter the area of online publishing. "They have been wrestling with increasing costs of acquiring printed material for their libraries," Dr. Huntley explained. "From an academic standpoint, it is in the best interest of scholars to have the widest possible dissemination of their work."

The National Library of Medicine and several major academic institutions have made serious entry into the area of scholarly publishing. A large quantity of freely available scholarly material is now on the Web.

However, a distressing amount of misleading information is also accessible on the Internet that erroneously purports to offer treatments.

"Physicians are hopefully able to cast a critical eye on treatment claims because of years of training and experience," said Dr. Huntley. The American Medical Association (AMA) has developed guidelines for information published at its own site, but also applicable to most online medical information covering site ownership, funding and sponsorship, content review, posting dates, and sources.

One area in which computers excel is for sorting and retrieving information in a database. MEDLINE is an example.

"There is one online journal for the field of dermatology, however other journals are coming," he reported. "Paper journals" now have on-line versions and are available to sub-

SEE "BROWSER BEWARE" PAGE 8

ACDS sponsors meeting, awards, mentoring

In the spirit of its mission to promote the practice, research and teaching of contact dermatitis, the American Contact Dermatitis Society (ACDS) will admit residents and medical students at no charge to its 12th Annual Meeting. The meeting will be held at the Renaissance Hotel in Washington, D.C. on March 1, beginning at 8 a.m. The meeting is held one day prior to the American Academy of Dermatology Annual Meeting.

Among the highlights of the ACDS meeting is the 2001 Alexander A. Fisher Lecturer, Elizabeth Scherertz, M.D., along with several presentations on a wide variety of topics on contact dermatitis including a symposium on Occupational Dermatitis. Poster presentations and exhibitors will also be present.

The Howard Maibach Award

The Howard Maibach Award provides two travel grants to the ACDS Annual Meeting for the presentation of work by junior level investigators outside the United States. Each award provides a \$1,000 stipend to defray travel expenses to the meeting. Candidates should be at the equivalent level of U.S. residents, fellows, or post-doctoral instructors to be considered for this award.

Alexander A. Fisher Resident Award

Each year, the ACDS presents the Alexander A. Fisher Resident Award for the best presentation by a resident or medical student at the scientific session of the An-

nual Meeting. The best papers presented will receive the Alexander A. Fisher Award in the amounts of \$1,000, \$300 and \$100.

Mentoring Program Award

The ACDS has announced that it is now receiving applications for its new Mentoring Program Award.

The ACDS Mentoring Program Award is designed to help young dermatologists become leaders in the field of contact dermatitis by acquiring the additional academic and leadership skills that may not be available at their training institutions.

The program is open to third-year dermatology residents, dermatology fellows, or dermatology junior faculty members to study with a mentor in the field of contact dermatitis. The program, modeled after the successful Women's Dermatologic Society program, promises to be a popular program for both the award recipients and mentors.

Mentorships may be funded for up to \$3,000 each, and either the mentor or the applicant must be an ACDS member. Applications are due on April 15 for the first round of awards and on Aug. 15 and Dec. 15 for subsequent award reviews. Applications and details on the program may be obtained by calling the Society's headquarters at (847) 330-9830 or by e-mail to info@contactderm.org.

For more information, visit the ACDS Web site, www.contactderm.org. **RR**

"BROWSER BEWARE" FROM PAGE 7

scribers, including the Journal of the American Academy of Dermatology (JAAD). Many journals offer access to abstracts. For example, the Dermatology Online Journal began in 1995 as a project to explore on-line publishing. It is published by the California Digital Library at the University of California. The Journal actively seeks case reports and original articles in the area of clinical dermatology, according to Dr. Huntley.

Arthur C. Huntley, M.D., professor of dermatology, University of California, Davis, provided this information during an educational session entitled "Digital Dermatology: Trends in Technology" at the American Academy of Dermatology's ACADEMY 2000 meeting held Aug. 2-6, 2000, in Nashville, Tenn. **RR**



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. **RR**

That's news to us

If you know of any new residency or fellowship programs, we'd like to include the information in future issues of *Resident Roundup* and update the Fellowship Directory that appears on the Academy's Web site www.aad.org. Please forward the institution name, address, contact person, phone, and e-mail address to: Sandra Peters, AAD's staff liaison to the Resident Fellows Committee, by phone, (847) 240-1819, fax (847) 330-1120 or e-mail speters@aad.org. **RR**

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