

Message from the Chair

By Eva A. Hurst, M.D.



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I am extremely excited about the opportunity to serve as your Chair of the Resident and Fellows Committee. Brian and the other members of the RFC have done an excellent job over the past year in advocating for issues important to all dermatology trainees, and I hope to continue this trend.

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A few highlights from our recent RFC meeting in New Orleans included discussion of progress as well as continued improvements that can be made with regards to both the In-Service Examination and the administration of the actual Certifying Exam. In addition, relevant national legislative and legal issues that affect all of dermatology were highlighted by Jayna Bonfini, who is manager of political affairs for the Academy.

The continued goal of the RFC will be to promote topics relevant to all dermatology

residents and fellows and to keep you all informed of upcoming events and changes which are often rapidly occurring in this exciting field. For example, in this issue of the *Resident Roundup*, don't miss the report by Adam I Rubin, M.D., on the AMA-RFS interim meeting in Atlanta. If you have any concerns or issues to address throughout the coming year, please do not hesitate to contact me at ehurst@itsa.ucsf.edu. I wish you all a fun and productive year! **RR**

Message from the Outgoing Chair

By Brian Lester, M.D.



BRIAN LESTER, M.D.

As Chair of the Residents and Fellows Committee (RFC), it has been a true honor to be able to represent you to the Academy this past year. As my term draws to a close, I want to first take a moment to say several thank yous.

Steve Currier has served tirelessly as our RFC staff liaison. Dean Monti has been instrumental in putting together and editing *Resident Roundup*. Kudos to both Steve and Dean for their diligence, hard work, and expertise. Special thanks as well to the resident contributors to the *Roundup*. Your articles and features have been critical in making this publication successful.

Serving as your Chair this last year has been a very special opportunity. I am continually impressed by what an incredible organization the American Academy of

Dermatology is. Not only does the Academy actively protect the interests of dermatologists at the local, state, and national level, it is a tremendous advocate for patients and for the health of the American public. It is well-run and efficient, and I urge you all to continue to support the Academy after your training concludes.

There are many policy issues that will shape the way we are able to practice in the future. From protecting isotretinoin from overzealous politicians to enacting medical liability reform, from addressing workforce shortages to fixing a broken Medicare system, we have much to accomplish in the days ahead. We cannot be idle and let others shape our future. I urge you all to become active members of the Academy—members who will contribute time as well as dues, and members who will continue to protect the interests of our patients and our specialty. **RR**

RFC meets in New Orleans



The Residents and Fellows Committee met Feb. 16 in New Orleans to discuss relevant issues, including the status of changes and improvements to the in-service exam and the ABD proposal concerning the certifying exam. From left, Adam I. Rubin, M.D., Eva A. Hurst, M.D., and Brian Lester, M.D.

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Spotlight on Fellowship

The Dermatopathology Fellowship at the University of Texas Southwestern

By Jeannine Koay Hoang, M.D.,
University of Louisville, Kentucky

"Breadth, scope, and excellence." These are the characteristics that typify the dermatopathology fellowship at the University of Texas (UT) Southwestern Medical Center, according to one of the current fellows, Bruce Rye, M.D.

Founded in 1972 by Robert Freeman, M.D., the dermatopathology fellowship at UT Southwestern is now headed by Clay J. Cockerell, M.D., who completed his dermatology and dermatopathology training at New York University in the 1980s. Since then, he has risen in the dermatology ranks as an accomplished academician and leader, currently acting as president of the American Academy of Dermatology.

The dermatopathology training program at UT Southwestern is a one-year fellowship, with five fellows accepted each year. Applicants from both dermatology and pathology residencies are considered, and the curriculum is slightly different for both, as six months of training in the opposite discipline are required.

During their training, fellows are exposed to an unparalleled volume of cases. Dr. Cockerell's lab signs out approximately 250,000 cases per year, and fellows take an active role in sign-out sessions, reviewing 500-1000 glass slides a day with Dr. Cockerell.

Despite the high volume of cases read, education is a foremost priority. "Salient details of each case are discussed," said Dr. Rye. "Dr. Cockerell is dermatology-trained and still maintains a clinical dermatology practice. He avidly incorporates clinicopathological correlation into his teaching." Furthermore, Dr. Cockerell welcomes physicians from abroad who desire to spend time learning more about dermatology and dermatopathology. "In the past six months, we have had visitors from Greece, Sweden, Serbia, and the Szechuan province, with an open-ended invitation from Dr. Cockerell to learn along with us. And of course, that enriches our experience, as well," said Dr. Rye.

In addition to reading hematoxylin-eosin (H&E)-stained slides, special stains, immunohistochemistry, immunofluorescence, and frozen sections are evaluated on a daily basis,

giving fellows comprehensive and frequent exposure to special dermatopathologic procedures. Fellows also spend time in the lab grossing and cutting specimens, thereby learning basic histologic technique.

The fellowship program does not require participation in basic science research. However, virtually all of the fellows are involved in academic endeavors, such as case reports, reviews, clinical research, or presentations at meetings. Fellows also play an active role in teaching both dermatology and pathology residents—leading conferences, presenting lectures, and attending clinics (only those who are dermatology-trained). Additionally, fellows regularly participate in regional dermatology meetings in the Dallas and Fort Worth communities and are encouraged to attend national meetings.

When asked about the strengths of his dermatopathology fellowship program, Dr. Cockerell responded, "Abundance of material, relationships with strong dermatology and pathology departments, excellent clinical dermatologic training, a positive work environment, and opportunities to do research and teach."

Dr. Rye reiterated those thoughts, adding the importance of an exceptional mentor, such as Dr. Cockerell, who inspires his fellows to "...emulate the high standards of excellence that he sets for himself."

For more information about the dermatopathology fellowship at UT Southwestern, please contact Pam Vitez, via phone (214-530-5200, ext. 210), or email (pvitez@skincancer.com).



RR JEANNINE KOAY HOANG, M.D.

AMA-RFS Interim Meeting Focuses on Licensure and Residencies

by Adam I. Rubin, M.D.

AAD Delegate to the AMA-Resident Fellows Section

The 28th Interim Business Meeting of the American Medical Association-Resident and Fellow Section took place December 2-4, 2004, in Atlanta, Ga. New membership recruitment ideas were outlined, and included enhancing match day outreach, providing the flexibility of a multi-year membership option, and increasing the publicity of AMA branding. Results from a recent survey of the AMA-RFS showed that the two most important advocacy issues to residents are medical school debt/loan relief and medical liability reform. Continued efforts to monitor and enforce work hour limits were discussed. There were 7 resolutions and 2 reports evaluated during the meeting. Overall, 6 resolutions and one report were approved. The following explores the approved proceedings.

Medical Licensure for IMGs in Primary Care

Because of current regulations which occur in 27 states, International Medical Graduates (IMGs) are not able to obtain a medical license until completion of the third postgraduate year of medical training. United States Medical Graduates (USMGs) are able to obtain a medical license in most states after one or two years of residency. Only Nevada requires USMGs to have completed three years of graduate medical education before applying for a full unrestricted medical license. Because of these regulations, IMGs cannot practice medicine with a full unrestricted license until a primary care training program has been completed. Without the ability to obtain a full unrestricted license to practice medicine prior to completion of their primary care training program, IMGs may not be able to obtain employment in a timely manner soon after the completion of training. This resolution calls for the AMA to encourage state medical boards to allow IMGs participating in primary care training programs to be able to initiate the medical licensure process no later than the start of the third postgraduate year of clinical training.

Resident Protections In Cases of Delayed Residency Program Closures

This resolution, introduced by the Medical Society of Virginia Resident and Fellow Section, advocates for ensuring fair resident treatment in cases where training programs have announced their program will close in a delayed fashion. The authors explain that many specialty boards require multi-year continuous care of patients in order to become eligible for board certification. The authors go on to explain that when residency programs are closed in a delayed fashion, there can be loss of the educational curriculum, reduction in the number of residents, and collapse of the program infrastructure. This situation may lead to violations in Accreditation Council for Graduate Medical Education (ACGME) established standards. Only residents who are in a closed program or those with evidence of "hardship" may transfer to a different residency program in the latter parts of training. This resolution calls for the AMA to encourage medical specialty boards to allow residents to transfer to another program and to encourage Residency Review Committees to closely monitor and perform timely emergency site visits to ensure compliance with ACGME guidelines in cases of delayed residency program closures.

Protecting Publisher's Copyright on Scientific Material

This resolution addresses the NIH notice "Enhanced Public Access to NIH research Information", which advocates for public access to NIH sponsored research within six months after such results have been published. Potential loss of a publisher's copyright and the possibility of an "author pays" model may affect the quality and reliability of published data. The resolution calls for the AMA to study and report on the potential impact of the above mentioned NIH notice, as well as the impact of an author paid model on scientific publication and the peer-review process.

Federal Student Loan Program Interest Rates

This resolution encourages the AMA to study interest rate regulations for federal student loans and student loan consolidation programs to help control medical student debt. This data will be useful in enhancing lobbying efforts for the reauthorization of the Higher Education Act.

Increasing Resident Representation in the House of Delegates

In the current representation system in the HOD, state and specialty societies are designated seats in proportion to resident and fellow membership. However, these seats are rarely filled proportionately with residents and fellows. This resolution seeks to provide equal voting representation of residents and fellows in the HOD. This would provide a more effective voice for resident specific issues in the HOD.

NRMP Match List Access for Medical Societies: For many years the National Resident Matching Program (NRMP) has provided the AMA and some state medical societies a listing of addresses of newly matched medical students to aid in recruitment efforts. The NRMP, however, has decided to stop this activity because of privacy issues. This resolution directs the AMA-RFS Governing Council to work with the AMA to facilitate access of the NRMP match lists by state medical societies. Additional mechanisms to obtain future residents contact information outside of the NRMP match lists will also be developed.

National Resident Matching Program Survey

The AMA-Medical Student Section completed a survey of medical students and residents regarding the NRMP, and mechanisms which may improve the program. This report outlines 17 items directing the AMA-RFS to continue work with the AMA and the AMA-Medical Student Section to maintain and improve on the current match process.  ADAM I. RUBIN, M.D.



Don't Leave Your Membership Behind!

Your graduate membership and all of its benefits (including your subscription to the *Journal of the American Academy of Dermatology*) will end upon completion of your residency training.

During your residency training, you received a complimentary subscription to the *Journal of the American Academy of Dermatology*. This subscription will end with the July 2005 issue. If you do not apply for AAD membership prior to September 1, 2005, and you wish to continue your subscription to JAAD, the price for individual subscribers is \$220. Applicants for membership receive JAAD at no charge, effective July-December or within one month of receipt of your membership application. In addition, if you do not apply for membership prior to the deadline, and you plan on attending the 2006 Annual Meeting, you would need to register at the non-member rate (the non-member fee for the 2005 Annual Meeting will be \$1,200).

We urge you to continue your membership in the Academy. In order to continue your membership status without interruption, please make sure to submit your membership application no later than **September 1, 2005**. Please note that if you are continuing your training in a fellowship program, your Graduate status will be retained through the period of the fellowship training program. We will need a letter from the fellowship program director attesting to your status and the term of your fellowship.

You may apply online through the AAD Web site. For further information, please contact the Department of Member Services at (866) 503-SKIN (7546) or by email: MRC@aad.org.

We will again be offering the deferred payment option for new graduates this year. You can submit \$100.00 at the time of application, and then be billed in November 2005 for your reduced 2006 membership dues of \$500.00 (current dues are \$750.00). RR

Resident Sponsored Educational Products for 2005

The American Academy of Dermatology is pleased to announce that through an educational sponsored grant from Astellas (formerly Fujisawa), all dermatology residents will receive a one year subscription to *Dialogues in Dermatology*. In addition, 3rd year residents will receive the *National Library of Dermatologic Teaching Slides 4.0* and *Maintenance of Certification Manual for Dermatology (MOCMD)* as part of an educational sponsored grant from Allergan Pharmaceuticals. Each of these resources is guaranteed to provide dermatology residents with the essentials needed to further their study in the field of dermatology.

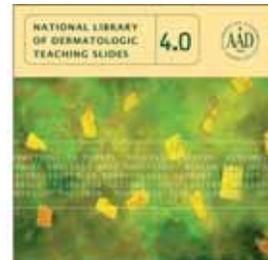
Dialogues in Dermatology

Earn up to 24 category 1 CME credits per year with *Dialogues in Dermatology*. Available on CD or audiocassette, this subscription program provides insightful discussions on important dermatologic topics. *Dialogues* subscribers have access to these online services; the ability to submit CME quizzes directly to the Academy, access frequently asked questions (FAQ), search for past issues by using the *Dialogues* Online Database, and view written transcripts of the editor-in-chief's summaries.



National Library of Dermatologic Teaching Slides 4.0

Create show-stopping presentations with the National Library of Dermatologic Teaching Slides 4.0 DVD. With over 2,600 images, version 4.0 includes brand new slide sets topics, batch export capabilities into PowerPoint®, and an enhanced interface for easier browsing.



Maintenance of Certification Manual for Dermatology (MOCMD)

Maintenance of Certification Manual for Dermatology (MOCMD) is the latest continuing medical education resource to provide a self-directed opportunity for dermatology professionals to review and enhance their knowledge of general dermatology and key subspecialty areas, while developing professional life long learning skills. With information both in print and on CD-ROM, MOCMD offers ease and flexibility of use. RR



Search from Over 400 Dermatology Positions with AADCareerCompass.org

The American Academy of Dermatology has recently launched a state-of-the-art career placement system for our members. By linking the employment opportunities of the dermatologic community, the AAD has simplified as well as enhanced the position search process. Our new online career center, AADCareerCompass.org, can help locate the position that is right for you.



Job seekers can view all job postings and upload a resume/CV free of charge! Take advantage of the opportunity to receive e-mail notifications of newly posted positions. Personal assistance is available five days a week via the HealthCareers Network

toll-free phone number (888) 884-8242.

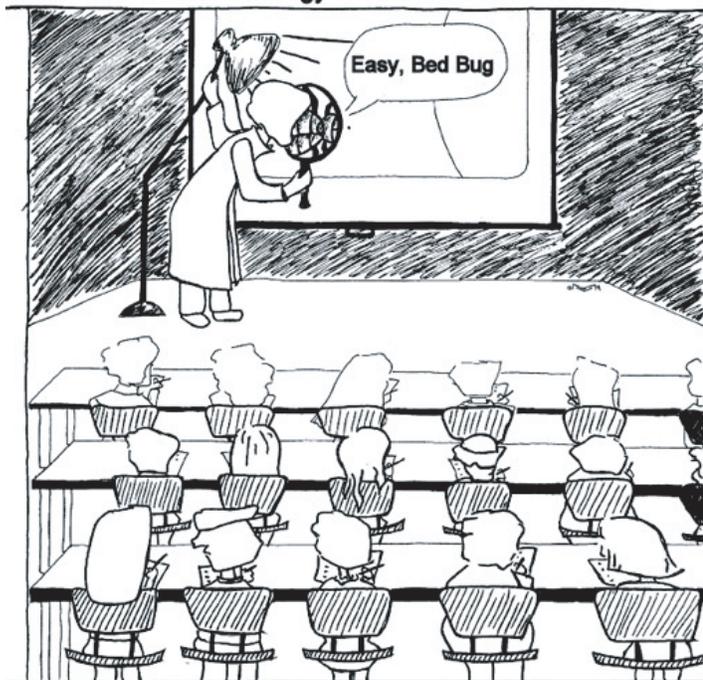
AADCareerCompass.org, Academy members job postings in 90, 180, and 360 day units.

To place your job opportunity or to start your search, visit, or contact **HealthCareers Network Toll-Free at (888) 884-8242**. RR

	ENZYME DEF.	DISEASE	INHERITANCE-	CLINICAL FEATURES	TREATMENT	RBC	URINE	STOOL	FLURO
I	ALAS					Proto	ALA/ Copro	ALA	
II	ALA-D	ALADD	A ^R	Rare (< 10 reported cases); sxs can mimic AIP & are highly variable – failure to thrive in infant & polyneuropathy in a 63 yo; r/o exposure to styrene (inhibitor of ALAD)	Acute attacks: Hematin				
		Tyrosinemia		Can mimic ALADD, b/c pts with hereditary tyrosinemia accumulate succinylacetone (inhibitor of ALAD)	Diet to minimize the phenylalanine-tyrosine				
III	PBG-D	AIP	A ^D	Incidence: 5 / 100,000; women > men (2:1); onset: 18 -40 yo; sx sequence: abd colic -> psychiatric sxs, ie hysteria -> peripheral neuropathy; NO SKIN FINDINGS; SIADH -> hyponatremia; urine discoloration; risk Hepatic CA	Glucose load, Hematin/cimetidine Pain: narcotics; Liver transplant – cure (1 case report)	PBG deami- nase	ALA, PBG Watson- Scharwtz test	N/ ALA/PBG in attacks	
IV	UROIIIS	CEP (Gunther's)	A ^R	Rare (<200 reported cases); onset: infancy; marked photosensitivity (vesiculo-bullous-scarring), increased fragility and ulcers lead to scarring; "werewolf-facies"; hypertrichosis, erythrodontia; hemolytic anemia; splenomegaly; port wine urine; corneal scarring -> blindness; acro-osteolysis; contractures	Sun avoidance, Splenectomy, BMT, β-carotene, transfusions, alphatocopherol	Uro > Copro	Uro > Copro	Copro > Uro	Teeth Urine, RBC
V	URO-D	PCT	A ^D Types: I: Sporadic II: Familial	Most common porphyria; onset: middle age; moderate photosensitivity, fragility of sun-exposed skin after trauma -> erosions & bullae-> scars, hyper/hypopigmentation, milia; hypertrichosis; scarring alopecia; photo-oncholysis; sclerodermoid plaques; dystrophic calcifications; serum iron normal; DM 25%; liver iron overload; mutation: HFE C2a2	EtOH elimination, sun protection, Phlebotomy to Hb<10, antimalarials	N	Uro > copro	Isocopro	Urine
		HEP	A ^R	Homozygous form of PCT; URO-D < 10%; onset: infancy; extreme photosensitivity; similar sxs as PCT (earlier onset)	Strict sun avoidance, Phlebotomy ineffective	Proto	Uro	Isocopro	Teeth
VI	COPR-O	HCP	A ^D	Incidence: 1-4 / 1,000,000; onset: 18-40; similar sxs to AIP, but less severe; 30% have skin findings: Hematinphotosensitivity -> blistering, scarring; during attach urine pink/red; mutation in CPOX	Glucose load, Hematin Pain: narcotics	N	Copro	Copro	
		Harderoporphyria		Rare form of HCP; onset: infancy; sxs similar to HCP, with jaundice and anemia					
		ECP		Rare (3 reported cases); mild skin photosensitivity		Copro		Copro	
VII	PROT-O	VP	A ^D	Common in South Africans; 15-30 yo; cClinically similar to AIP (abd colic, paralysis, psychosis) + PCT skin findings (photosensitivity); mutation PPOX; 624-626nm band	Glucose load, Hematin	N	Copro > Uro*	Proto > Copro	RBC
VIII	FERR	EPP	A ^D (A ^R)	Photosensitivity beginning in first decade; burning and tingling (non pruritic); edematous plaques-purpura, waxy scars; pox-like scarring on nose & cheeks; circumoral linear scars; weather-beaten skin; cholelithiasis; hepatic failure	Sun avoidance, β-carotene, Cholestyramine	Proto	N	Proto	

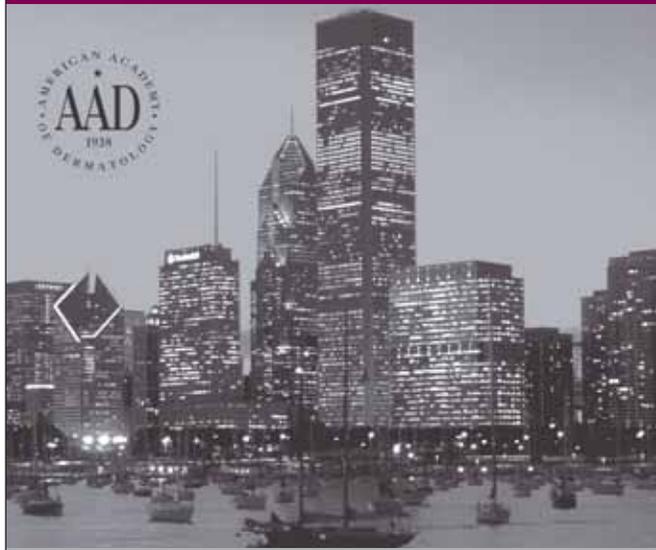
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