

Special Report: What Do Residents Want?

Today's dermatology resident faces a host of interesting opportunities, as well as some daunting challenges. The American Academy of Dermatology recently surveyed a sample of residents to find out what was on their minds and to help strategically plan Academy initiatives to meet residents' needs. An overview of some of their responses gives a snapshot of the current state of affairs regarding the hot button issues for residents.

As part of the overall plan by the Academy to reach out to residents and address their needs, we hope that the new *Directions in Residency* newsletter (formerly *Resident Roundup*) can help bring some of these issues to light.

In the survey, residents listed some of the benefits of Academy membership. These included receiving publications such as *JAAD* and *Directions in Residency* (and its "Boards' Fodder" section); discounted fees to the Academy's Annual and summer meetings; the resident section on the Academy's Web site; coding educational sessions; *Dialogues in Dermatology*; and practice management courses and symposiums.

One of the questions on the survey asked, "What is the number one thing you worry about professionally right now?" Some of the responses included declining reimbursement, malpractice and other medicolegal issues, competition from non-dermatologists, and concerns about having enough training to practice in the private sector after leaving the academic environment.

When respondents were asked how the Academy could help with these issues, residents expressed a keen interest in more educational sessions for them about practice management, insurance, and AAD benefits. Specifically, they mentioned legitimate use of physician extenders in the office, addressing what may be threatening or improving the field politically, how to get more involved in the Academy, setting up a practice, coding/billing (and coding changes in local and national laws and professional policies) and contract negotiations.

Residents also indicated they would like to be included in the discussion of strategic issues, such as those addressed in the annual Issues in Dermatology summit.

See **Special Report** on p.4

horizons



Brian Cho, M.D., is a third-year resident at University of California-San Francisco.

Resident Starts High Risk Cancer Clinic for Transplant Patients

Interview with Brian Cho, M.D., who started a high-risk skin cancer clinic for transplant patients, a transplant patient symposium, and a related Web site.

How did you get started working with transplant patients?

During my first month as a dermatology resident, I had a patient covered in skin cancer. It was an eye opening experience — one of those moments where you have to collect yourself for a moment and figure out where to start. This patient has always remained in the back of my mind, and I found myself frequently scanning the literature to figure out ways to treat catastrophic skin cancer such as hers.

During my second year of residency, I learned that UCSF had a special grant that enabled residents to identify and fill a patient care need. I applied for a patient care grant with the idea that I could start a seminar series. I figured getting the message out about transplantation and elevated skin cancer risk was a way to start. The review committee returned their

comments with the grant, saying they liked the idea and that I should expand the scope of the project.

How did that seminar series evolve into the specialized dermatology clinic?

Because patients are at such high-risk for skin cancer, a few institutions (Mayo and Emory for example) have integrated dermatology/transplant clinics. That way patients don't slip through the cracks and suddenly show up with life-threatening skin cancer years later. UCSF didn't have any formal interactions between dermatology and transplant, so the seminar series was a great way to start to bridge the gap. In fact, the Bay area is a major transplant center with UCSF, Stanford, and California Pacific Medical Center all performing transplants, so a specialized derma-

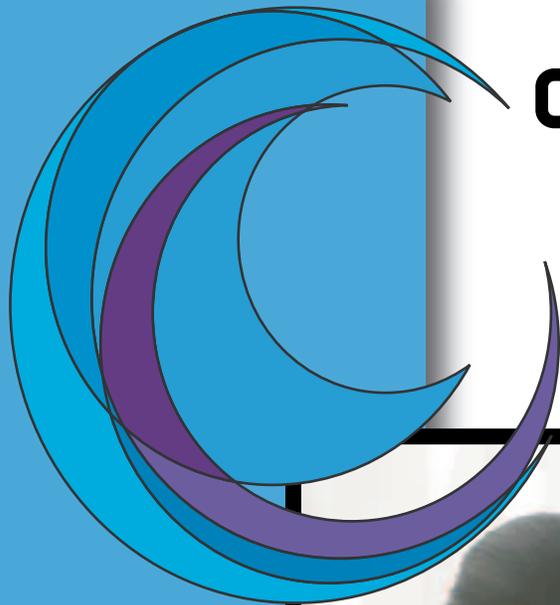
tologic clinic to care for these patients was long overdue. Essentially, what started out as a simple talk evolved into a series of patient-oriented seminars, a comprehensive Web site, patient brochures, and a high-risk skin cancer clinic, which has really started to fill the void in patient care that previously existed.

See **Horizons** on p.3

Horizons will feature residents and fellows who are advancing dermatology with innovative ideas.

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How has the support been from UCSF?

My department was very supportive and enthusiastic. They also recognized that this patient population needed specialized care, so after I received the grant, they asked me to coordinate with Whitney Tope, M.D. — one of the senior dermatologic surgeons at UCSF — to develop a high risk non-melanoma skin cancer clinic.

The clinic specializes in offering cutting edge surgical and medical dermatologic care to high risk skin cancer patients (transplant, HIV, iatrogenic immunosuppression) as well as patients with a genetic predisposition to skin cancer (basal cell nevus syndrome, xeroderma pigmentosa, etc.). Ultimately, we hope to develop resources to study these patients to learn why they form skin cancers at such an elevated rate and find more effective treatment methods in the future. Ervin Eptstein, M.D., is the associate director of the clinic.

I've been lucky to have a lot of support from the UCSF faculty, staff members, and especially my fellow residents, many of whom have volunteered their time helping out with the seminar and Web site. The administrative staff, particularly Leslie Chou, has been incredibly generous with its time.

How many patients do you have in your clinic?

The clinic has been very successful. We see 8-12 patients every other week. The patients have responded very positively to the specialized care and especially appreciate the longitudinal care. The physicians who see them in this clinic are the same physicians they see every visit and are the ones who perform the surgery.

Our patients typically develop at least two skin cancers per year, although it's not uncommon for a new patient to show up with at least 5-10 skin cancers that are diagnosed on their first visit. In all, we've probably detected about 100-150 skin cancers in the four months since we've started the clinic.

What's also gratifying is that patients have come to the educational seminars, made appointments for

the high risk skin cancer clinic and we found skin cancers that otherwise may have gone untreated for years.

The clinic functions as a means to study why these patients develop more skin cancer than the general population. To this end, the clinic is an ideal forum where cohorts can be generated for epidemiological studies, clinical trials, or were tissue samples that can be collected and analyzed for clues regarding the basis of tumor formation or genetic susceptibility to skin cancer.

Two years ago, we had virtually no special resources for high risk non-melanoma skin cancer patients. Today, we have a free seminar series, a comprehensive Web site, a new high risk skin cancer clinic, and several new educational and research initiatives underway.

What is the transplant patient symposium and how is it beneficial?

The symposium is a semi-annual patient-oriented two-hour seminar that I organize, which involves the transplant service and the dermatology department. Since education and awareness are the cornerstones of prevention and early detection, the seminar speakers discuss incidence, risk factors, detection, prevention and treatment strategies. Generally, we have one speaker from the transplant department and two from the dermatology department.

After the talks, we have a reception where patients can interact directly with UCSF dermatologists and nurses.

Where can people find more information about the program?

Our Web site is <http://dermatology.medschool.ucsf.edu/skincancer/>.

The Web site is meant to be a nationwide, reliable source of information about skin cancer for the general population, transplant patients and medical professionals that care for transplant recipients. In addition, the Web site also lists the resources available at UCSF including information about the High Risk Skin Cancer Clinic, the patient-oriented free seminar series, and describes the current clinical trials available at UCSF for

reflections



by Stephen P. Stone, M.D., F.A.A.D.
AAD President

Close Shave

I was accepted into the residency program at the Mayo Clinic while I was overseas with the U.S. Navy. About the time I applied, the chief of Naval Operations changed the Navy rules so that officers were permitted to grow beards. I was the second officer on base to do so. I arrived at the Mayo Clinic to start my residency on Oct. 1 (at that time Mayo was on a quarterly system) and, coincidentally, Burton Moore, M.D., also a new dermatology resident, arrived in Rochester along with me, also with a full beard. During our first week, our chairman took us both aside and quietly explained why the conservative Midwesterners who served as our patient population would not appreciate a bearded young physician. Both Dr. Moore and I heard what the chair had to say but for at least two months neither of us shaved the beard. One Monday morning we arrived together at the clinic, not having communicated with each other about our intent, both clean-shaven. To our surprise, our chief really was a talkative gentleman who simply wasn't talking to us when our faces were furry. Subsequently, we became good friends, and I did not attempt to grow another beard until I finished my residency on Sept. 30.

I proceeded to Springfield, Ill., to join my new partner in practice with a full-month's growth of beard (quite attractive I might say) to be greeted at the door with "I didn't contract for a beard." So, off came the beard, once again, not to be grown until 12 years later — after we had taken in another associate who had a full beard. I guess by then my older partner had begun to accept facial hair. There is a point to this story: the way to deal with difficult people is to let them have the easy points but hold your ground on the tough ones; i.e. learn to pick your battles. I think that's a good first step towards leadership. 

Reflections features prominent dermatologists providing memorable stories from their residency.

skin cancer patients. Next year, thanks to funding from the Mount Zion Health Fund, I am collaborating with Toby Maurer, M.D., and Kieron Leslie, M.D., from San Francisco General Hospital to add additional Web content about HIV immunosuppression and skin cancer.

See *Horizons* on p.4

Experience the AAD!

Please take a few minutes to apply online through the AAD Web site: <http://www.aad.org/aad/AADMembership/fellowmember.htm>.

For further information, please contact the MRC toll-free at (866) 503-SKIN (7546) or (847) 240-1280 (outside the United States) or by email: MRC@aad.org.

Do you know a good candidate for a profile in Horizons? Contact dmonti@aad.org.

For third year residents, your graduate membership and all of its benefits ended June 30, 2006. Some of the benefits that expired include the *Journal of the American Academy of Dermatology (JAAD)* — During your residency and fellowship training, you received a complimentary subscription to *JAAD*. This subscription ended with the July 2006 issue. Applicants for membership receive *JAAD* at no charge. Additionally, members receive a considerable

discount for registration at Academy meetings. If you apply for membership by Sept. 1, 2006, you can attend the 2007 Annual Meeting for only \$60. The non-member rate for this meeting is \$1,300.

By applying for membership by Sept. 1, 2006, you will be able to continue to experience the many benefits being an AAD member includes, as well as receive a 70 percent reduction of your first year's dues if you join the Academy

in the year in which you complete your training.

The dues for the first year of membership (2007) will be \$225. A \$100 application fee must be submitted with the application and you will be billed for the balance of \$125 in early November. Please note that this offer is only good if you apply before Sept. 1, 2006. If you apply after that date, you will be required to pay a \$100 application fee plus the full amount of \$750 for 2006 dues. 

Horizons from p.3

What motivated you to become a dermatologist?

I have to thank Jeff Travers, M.D., chair of the Indiana University dermatology department. I met him at a seminar while he was visiting

University of Illinois, where I was a medical student. He once asked me what I wanted to be, and I said 'an oncologist or plastic surgeon' and he said, 'Be a dermatologist and do both.' So here I am.

I don't really have any advice, but I do have a philosophy, which Dr. Travers

instilled into me, which is "give back to the field of dermatology." I was fortunate as a resident to find something that interested me and with a little grant writing and a few long nights, turned it into a series of initiatives that has the potential to benefit a lot of patients. 

Special Report from p.1

What Do Residents Want? Survey Responses

Please note that the survey responses cited represent a small sampling of responses and are the opinions of anonymous residents. Their responses do not necessarily reflect the opinions of the Academy.

If you were the president of the AAD, what one thing would you focus on?

"I would try to represent the specialty of dermatology as a unified group of physicians that are committed to all aspects of the care of skin. I would be a bit more emphatic on watching the influence of the pharmaceutical industry on the field of dermatology. I want other physicians and the lay public to recognize us as the intelligent experts in skin disease that we are."

"Building leadership in dermatology at all levels — city, state, federal."

"Credentialing."

"[The role of] dermatology in defining its scope of practice. How to meet the needs of medical dermatology while the economical advantage is obviously tilting its scope of practice towards cosmetic dermatology."

"Encouraging and developing the future leaders of the field and growing the interest of academic dermatology to train said leaders."

As a resident, what are some of the issues of dermatology that you will be faced with in the future?

"I will be staying in academics, so one of my main concerns is future reimbursement for medical dermatology. I also want to ensure that more academic dermatologists are trained. My fear is that the specialty of dermatology will have more and more areas taken over by other medical specialties."

"Looking at how to balance medical vs. cosmetic dermatology and medicolegal issues. Another issue to face is to understand role of dermatology (vs. plastic surgery and others doing derm procedures)."

"Increasing demand for dermatology services, decreasing reimbursement, increasing cost of services, cosmetic dermatology vs. medical dermatology."

"Falling financial compensation, other providers encroaching our scope of practice, federal over-regulation (i.e., iPLEDGE)."

"What can the Academy do to help?"

"Continue public education services, encourage dermatologists to go to underserved areas, continue to lobby Congress for fair pay for physicians."

"Tell us the issues, and encourage us to participate in rectifying them."

"Emphasize the importance of medical dermatology along with cosmetic dermatology. Also, maintain an active presence at billing and coding sessions to ensure continued fair reimbursements."

"Seminars. Advocate at the policy, federal level (medicolegal)."

"Encourage discussion. Sessions educating everyone regarding the issues."

"Establish and secure a professional niche for dermatology."

Do these survey responses resonate with your experience as a dermatology resident?

We'd like to hear from you. Send your comments to the editor of this publication at dmonti@aad.org.

DermSource, Solutions for Work. Solutions for Life.

As you begin your career in dermatology you may be thinking about of starting your own practice, finding a position in a group practice, or what kinds of insurance you may need. Regardless of your future plans, let the American Academy of Dermatology be your source for solutions for work and for life.

The Academy has partnered with some of the most prestigious and well-respected companies in a variety of areas to bring our members practical, money-saving solutions for personal and professional stability. From discounts on medical, surgical, and front office supplies, to personal and financial protection, DermSource is designed to fit every lifestyle. The Academy has negotiated special discounts and offerings exclusively for Academy members.

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num MasterCard, Members Online, MedjetAssistSM, AAD Apparel, and Car Rental Discounts.

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AADCareerCompass.org

AADCareerCompass.org is the official online career center of the American Academy of Dermatology. 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, AACareerCompass.org, can help you find a job, or locate dermatologists and dermatology nurses. Academy members can post a resume free of charge or post a position and receive member pricing.

AAD Insurance

The Academy has custom designed insurance programs to help protect your future and the future of your family. Through a partnership with Aon Affinity Insurance Services, Inc., Academy members can receive group term life insurance, disability income insurance, practice overhead expense insurance, accidental death and dismemberment (AD&D) insurance, long term care insurance, medical malpractice insurance, a business office package, employment practices liability insurance, and health savings account (HSA) – qualified health insurance plans.

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AAD Apparel

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Rental Car Discounts

As a member of the Academy, you qualify for discounts when renting a vehicle from Avis, Hertz, or National Car Rental. 

Special Report from p.4

What have you done thus far in your job search? When did you start your job search?

"I am pursuing a fellowship. I started three months into my third year."

"I have done preliminary research online and attended the resident symposium as well as a few discussion groups on academic dermatology."

"I started looking into jobs at the beginning of my second year. I've decided to start my own practice. I've hired a consultant and have a contract with a local hospital."

"I am pursuing starting my own practice."

"Nothing yet. Briefly talked to senior residents, but not much thus far. Hard to figure out where to start."

"Not a lot of positions available in academic environment."

"The jobs come to us... we do not have to search." 

To learn more about the DermSource program please visit the Marketplace section of the Academy's Web site at www.aad.org or call the MRC at (866) 503-SKIN (7546).

Drugs and Dermatologic Diseases

by Priya Zeikus, M.D.

Medication	Function	Dermatologic Effects
Actinomycin	Antibiotic, chemotherapeutic	Stomatitis, folliculitis, radiation recall
Amantadine	Anti-parkinson, anti-viral	Livedo reticularis
Amiodarone	Anti-arrhythmic	Slate gray pigmentation in photodistributed areas
Amoxicillin	Antibiotic	Acute Generalized Exanthematous Pustulosis (AGEP)
Antimalarials		Yellow discoloration of skin and sclerae, blue-gray discoloration of face, shins, nail beds, pseudoachromosis, lichenoid drug
Arsenic	Chemotherapeutic	Truncal hyperpigmentation with depigmented rain drop macules
Beta blockers	Anti-hypertensive	Exacerbates psoriasis and lupus, lichenoid drug eruption
Bismuth	Antacid	Pigmentation of gingival margin
Bleomycin	Antibiotic, chemotherapeutic	Acral sclerosis, neutrophilic eccrine hidradenitis, palmoplantar erythrodysesthesia, flagellate hyperpigmented streaks
Captopril	ACE inhibitor	Pigmented purpura, pityriasis rosea, pemphigus vulgaris
Carmustine	Chemotherapeutic, nitrosurea family	Hyperpigmentation under bandages
Cetuximab (Erbix)	Inhibits epidermal growth factor receptor	Acneiform eruption
Clofazamine	Antimycobacterial	Pink brown discoloration of skin
Clonidine	Anti-hypertensive, α_1 and α_2 agonist	Cicatrical pemphigoid, pityriasis rosea
Cyclosporine	Binds cyclophilin, inhibits dephosphorylation of NFAT, blocking IL-2 upregulation	Hypertrichosis, gingival hyperplasia
Cytosin	Alkylating agent, crosslinks DNA	Anagen effluvium, skin/nails hyperpigmentation, pigmented band on teeth, increased SCCs, neutrophilic eccrine hidradenitis
Demeclocycline	Binds 30S ribosomal subunit	Phototoxicity
Doxorubicin	Chemotherapeutic	Black/brown palms, soles, tongue
Doxycycline	Binds 30S ribosomal subunit	Phototoxicity
5-Fluorouracil	Pyrimidine analog, inhibits DNA/RNA synthesis	Serpiginous pigmentation over veins radiation recall, nail pigmentation, erythrodysesthesia, photosensitivity, oral aphthae
Foscarnet	Anti-viral for CMV, HSV	Penile ulcers
Glipizide	Anti-diabetic	Hereditary coproporphria
Gold	Anti-rheumatic	Mauve/blue gray color eyelids, face, photodistributed areas, SCLÉ
GM-CSF	Granulocyte macrophage colony stimulating factor	Sweet's syndrome
Griseofulvin	Arrests cells in metaphase, interferes with microtubules	Precipitate/worsen lupus, SCLÉ pseudoporphyria, photosensitivity
Hydrochlorothiazide	Diuretic	SCLÉ, lichenoid drug eruption, photoallergy, lichen planus

Medication	Function	Dermatologic Effects
Hydroquinone	Inhibits homogonistic acid oxidase	Pseudoochronosis
Hydroxurea	Inhibits ribonucleotide diphosphate reductase	Leg ulcers in CML patients, palmoplantar dysesthesia, radiation recall, poikiloderma on dorsal hands, acral erythema
Interferon	Antiviral, Antiproliferative, Immunoregulatory	Exacerbates psoriasis, trichomegaly
Isoniazid	Anti-mycobacterial	Drug Induced SLE, pellagra
Lasix	Loop diuretic	Drug induced BP, SCLE
Lithium	Mood stabilizer	Acne, linear IgA, psoriasis
Mercury		Gray pigmentation of skin folds, acrodynia (Calomel's disease)
Methimazole	Anti-thyroid	Aplasia cutis congenita
Methotrexate	Binds dihydrofolate reductase, inhibits DNA/RNA synthesis	Radiation and UV recall, photosensitivity, flag sign in hair, erythrodysesthesia, stomatitis, folliculitis, diffuse hyperpigmentation
Minocycline	Binds 30S ribosomal subunit	Blue pigmentation in acne scars/shins, muddy brown pigmentation in photodistributed areas, gray deposits in bone, nails, sclerae, teeth, Sweet's syndrome, SLE
Naproxen	Non steroidal anti-inflammatory drug	Pseudoporphyria, fixed drug
Oral Contraceptive		Erythema nodosum, melasma
Penicillamine	Chelating agent, anti-rheumatic	Elastosis perforans serpigiosa, cutis laxa, pemphigus vulgaris, pemphigoid, angiod streaks, SLE, lichenoid drug, anetoderma, yellow nails
Pepcid	Histamine H-2 receptor antagonist	Dermatographism
Phenytoin	Anti-epileptic	DRESS, melasma, gingival hyperplasia, hypertrichosis, TEN, linear IgA, pseudolymphoma
Pseudoephedrine	Decongestant	Non-pigmenting fixed drug
Psoralens/PUVA	Photochemotherapy	Paradoxical hypopigmentation, increased skin cancer (SCC>BCC>MM)
Retinoids	Binds nuclear retinoic acid receptors	Cheilitis, dry skin/nose, chronic paronychia, sticky skin, eruptive xanthomas, alopecia (Acitretin), pyogenic granuloma like tissue reaction (isotretinoin)
Terbinafine	Inhibits squalene epoxidase	SCLE
Tetracycline	Inhibits proteins synthesis by binding 30S ribosomal subunit	Brown discoloration of teeth <9 y.o., pseudoporphyria, fixed drug, photoonycholysis
Thiotepa	Alkylating agent	Hyperpigmentation under bandages
Vancomycin	Antibiotic	Linear IgA, Red man syndrome
Zidovudine (AZT)	Inhibits HIV reverse transcriptase	Blue lunulae, dark longitudinal nail streaks, oral hyperpigmentation



Priya Zeikus, M.D., is a Mohs surgery fellow at the Lahey Clinic/Harvard Medical School.



Jorge Garcia-Zuazaga,
M.D.

Greetings from Springfield, Illinois

I recently attended the American Academy of Dermatology's board of director's meeting, held May 19-21, 2006. During the meeting, we shared different views and ideas regarding the future of the Academy on several frontiers, including several key points of discussion that we addressed specifically for the residents and fellows. First, the Academy is making efforts to advance its relationship with the international dermatology community. Our strategic goal is to become a global leader in dermatology and continue to improve standards of dermatologic care throughout the world.

For those of you that are interested in international dermatology, there are outstanding opportunities for participation. The Academy offers several scholarships and grants for U.S./Canadian residents to participate at various levels in international meetings. Please check out the Academy's Web site, www.aad.org, for more details. This can be a great way to learn and interact with other dermatology residents around the world and make lasting friendships. If you want to be more involved, the Academy's International Affairs Committee would like to have your input and ideas.

Another resolution that was approved by the Board was to increase the number of resident representation in conferences and other leadership meetings held by the Academy. This is a huge accomplishment, since it shows that the Academy really wants to get young physicians involved in leadership

roles. More information regarding upcoming events will be available in the future. If you are interested in participating in any of these activities, please let me know.

In addition to focusing on these board priorities, I am working with the Scientific Assembly Committee to improve the availability of courses offered to residents during the Academy's Annual Meeting. There are initiatives to begin a "Hot Topics" Symposium that will focus on residents' suggestions. This proposal will provide a more productive educational experience for residents. In addition, I will continue to follow up on the recommendation to have more resident seating in specific courses given at the Academy meetings.

Finally, congratulations to all graduating seniors. Here is a challenge for your class — consider taking an active role in the Academy as you start to dermatology career. There are many committees that need fresh ideas and leadership. To the class of 2006: Godspeed... Fair winds and following seas. 

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Summer 2006

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Editor: Dean Monti

Questions or Comments?

Contact the Member Resource Center (MRC) toll-free at (866) 503-SKIN (7546) or mrc@aad.org.

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Mission Statement

Directions in Residency is published by the American Academy of Dermatology Association to provide a forum for information concerning resident dermatology physicians, and providing news, views and actions of the Academy, the Residents & Fellows Committee, and the American Board of Dermatology.

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Reflections

Clay Cockerell, M.D.

Fellowship Down Under

Adam Rubin, M.D.

Boards' Fodder:

Paraproteins and
Paraneo-plastic Syndromes
by Mariana A. Phillips, M.D.