

AMA-RFS Meeting Addresses Key Issues

by Adam I. Rubin, M.D., American Academy of Dermatology Delegate to the AMA-RFS

The 30th Interim Meeting of the American Medical Association Resident and Fellow Section (AMA-RFS) took place in Las Vegas, Nov. 9-11. In the AMA-RFS, there were 120 delegates credentialed, representing 31 states and 16 specialty societies. Overall, eight resolutions and five reports were considered. The meeting also saw dermatologists in training take on a larger leadership roll in the AMA-RFS.

With the election of 11 AMA-RFS sectional delegates and 11 AMA-RFS sectional alternate delegates to the AMA House of Delegates (HOD), we have moved closer to accomplishing the longstanding goal of increasing resident and fellow representation in the HOD.

Hillary Johnson, M.D., Ph.D., a second-year dermatology resident at New York University and resident member, AMA Council on Long Range Planning and Development, was elected to one of the AMA-RFS sectional delegate positions. Elizabeth Muennich, M.D., Ph.D., a

first-year dermatology resident at Wright State University, and Ohio State Medical Association RFS Delegate, was elected to one of the AMA-RFS Sectional Alternate Delegate positions. Dr. Johnson was endorsed by the American Academy of Dermatology and Dr. Muennich was endorsed by the Ohio State Medical Association. According to Seemal Desai, M.D., AMA-RFS governing council member-at-large, and first year dermatology resident at the University of Alabama at Birmingham, this is the first time that three dermatology residents have held concurrent elected positions in the AMA-RFS.

The 11 new sectional delegate and 11 new sectional alternate delegate positions were created to provide one RFS delegate for every 2,000 active AMA-RFS members, as is recorded by the AMA on

See *Educational Opportunities* on p.5

sound advice

Moonlighters May Face High Tax Bill on April 15th

by Andrew D. Schwartz, CPA & Lawrence B. Keller, CFP

As the calendar year comes to an end, it is important for taxpayers who “moonlight” to distinguish whether they are compensated as an employee or independent contractor. Whether you work with more than one employer to supplement your salary, pay down your student loans, or build a nest egg, how you’re compensated determines how you will be taxed. If you haven’t started thinking about your income taxes and have been moonlighting, you could be facing a surprisingly large tax bill on April 15th.

If taxes are withheld from your pay, you’re considered an employee. No taxes withheld means you’re an independent contractor. Generally, each employer has a set policy as to whether they compensate their moonlighters as employees or as independent contractors.

Here are some of the advantages and disadvantages to being compensated as an independent contractor:



Advantages:

- You can deduct your professional expenses directly against your moonlighting income. For example, if you earn \$10,000 moonlighting as an independent contractor, and have \$6,000 of unreimbursed professional expenses

See *Sound Advice* on p. 3

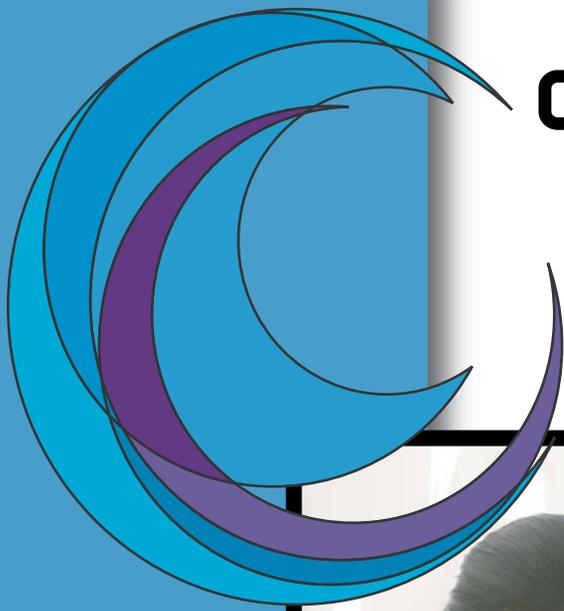
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to claim against that income. In this case, you will pay taxes on only \$4,000 of net moonlighting income. If you are paid as an employee instead, you will claim professional expenses as an itemized deduction subject to various limitations.

- Independent contractors can establish and contribute money into a pre-tax retirement account based on their net moonlighting income. You have until April 15, 2007 (or Oct. 15 for those filing for an extension) to set up and fund a SEP-IRA for 2006, and sock away up to 20 percent of your net moonlighting income. Amounts contributed reduce your taxable income and grow tax-deferred. Other pre-tax savings opportunities available to independent contractors include SIMPLE-IRAs and Solo 401(k) plans.
- 100 percent of your health insurance premiums can be deducted. As long as you were not covered under an employer sponsored health insurance plan, being paid as an independent contractor allows you to write-off your health insurance premiums paid during the year.

Disadvantages

- Independent contractors are subject to an additional tax known as the "self-employment tax." When you work as an employee, your employer withholds social security and Medicare taxes from your pay at a rate of 7.65 percent, and then matches the taxes withheld. So the government gets 15.3 cents for every dollar earned. When you're self-employed, you're required to report and pay that 15.3 percent tax, known as the self-employment tax, as part of your federal tax return but one half the amount is deducted from your AGI (Adjusted Gross Income). The self-employment tax rate goes down to 2.9 percent once your combined salary and net moonlighting income exceeds \$94,200 for 2006 and \$97,500 in 2007.
- As an independent contractor, your tax return becomes much more complicated. The days of

preparing the 1040-EZ are over. You'll need to complete and send in the long form, along with a Schedule C, Schedule SE, and whatever other tax forms and schedules might be required.

- You might also be required to prepare and submit quarterly estimated taxes. The government generally doesn't want taxpayers to write them a big check on April 15. Depending on how much you earn moonlighting and what else is going on with your taxes, you might need to send the IRS payment every quarter to keep from getting penalized. A 1040-ES form should be used to remit federal estimated tax payments as well as estimates to your state.

Ordinary and necessary

If you moonlight and are compensated as an independent contractor, you can write off your "ordinary" and "necessary" expenses.

Expenses common to residents include books, dues, exams and licensing, malpractice insurance, and professional dues and journals. You can also deduct a portion of certain items used personally as well as in connection with your moonlighting, including automobile expenses, cell phone costs, your home office, Internet access, and the cost of computer equipment and peripherals.

In certain instances, your travel and meals are deductible. Any time you work or attend a meeting outside the general vicinity of where you live on a short-term basis, you can claim your travel, lodging, car rentals, and a daily rate for meals and entertainment known as the "per-diem rate." These rules also apply if you take a fellowship or a locum tenens position that lasts for less than a year.

Track your expenses

Setting up a system to keep track of your professional expenses throughout the year will save you taxes. Here are a few suggestions:

- Use a software program (like Quicken or Microsoft Money) to track all of your expenditures throughout the year. Both of these personal finance programs allow you to assign a category for each check written and credit card purchase made. At the end of the year, sim-

ply print out a report that includes all your professional expenses to deduct on your tax return.

- Use a separate credit card for business related purchases. This allows you to easily compile all your professional expenses made during the year, since all your deductible expenditures will be reflected on your monthly credit card bills. Or, even better, use a credit card from one of the companies that sends their customers an annual summary of their activity for the year.
- File your receipts in a folder or envelope. At the end of the year, all you need to do is tally up your receipts to figure out the professional expenses you can deduct.

Monitor your withholdings

Even if taxes are being withheld from your moonlighting income, don't assume that enough taxes are being taken out. That's because each employer withholds taxes as if they are your only employer. For example, if you earn \$20,000 from three employers during the year, the amount of federal income taxes withheld from your pay will be significantly less than if you had earned \$60,000 from just one employer. To make matters worse, if you tell your employer that you are married, that employer will withhold even less taxes, since the withholding tables for a married person assume your spouse doesn't work. As a general rule, you should have your withholdings based on being single even if you are married.

The 40 percent rule

Moonlighters who are paid as independent contractors have no taxes withheld. In that case, it's generally a good idea to set aside 40 percent of earnings for taxes. Remember, you'll owe federal taxes, state taxes, and self-employment taxes on your net earnings.

Plan ahead

The taxes you'll owe on your moonlighting income are manageable if you plan ahead. Don't let the possibility of a surprisingly large tax bill deter you from taking advantage of moonlighting or consulting opportunities that may arise. 

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The information and opinions in this article represents the perspective of the authors and should not be construed as advice from the American Academy of Dermatology or the Resident and Fellows Committee.

Practice Management Symposium can expand residents' knowledge

The American Academy of Dermatology will hold a daylong Practice Management Symposium for Residents on Thursday, Feb. 1. "Building A Foundation for Success" will take place at Hyatt Regency Washington on Capitol Hill in Washington.

Designed for first, second and third year dermatology residents, the Practice Management Symposium for Residents course provides a balanced overview of the "business side of dermatology and provides an opportunity to expand residents' knowledge through a variety of topics and formats. The symposium has proceeded the Annual Meeting for the past 30 years.

From 7:30 to 8:30 a.m., there will be concurrent workshops that will include "Choosing the Academic

Pathway," "Coding Scenarios," and "Become a Better Negotiator."

Course director Scott M. Dinehart, M.D., will welcome attendees to the general session at 8:45 a.m. The session kicks off with "Practice Options," followed by "Financial Mistakes that Young Dermatologists Make," "Maintenance of Certification," "The Pros and Cons of Electronic Medical Records," and "30 Tips in 30 minutes."

In the afternoon, highlighted topics will include "Government Affairs and Young Dermatologists," "Employment Contracts," "Practice Management and Marketing," and "7 Things I Wish That I Knew When I Started My Practice."

A cosmetics panel will ask the question, "Are Aesthetic Procedures a Requirement for a Successful

Practice?" followed by "Coding Tips" and a question and answer session.

Registration

Registration for the Practice Management Symposium for Residents course is currently open and available online.

Log onto www.aad.org, click on the Annual Meeting logo, and then click on Practice Management Symposium Advance Registration title bar. Traditional methods of registration will also be available via mail or fax. Please refer to the registration form for further information regarding this process.

For your convenience you may also download the information brochure online at www.aad.org, Dermatology Professionals, Residents, Practice Management Symposium for Residents. 

65th Annual Meeting Highlights

Thursday, Feb. 1

Practice Management Symposium for Residents

6:30 a.m. – 5 p.m.

Hyatt Regency Washington

Friday, Feb. 2

Resident Reception

5 p.m.

Renaissance Washington Hotel
Grand Ballroom East

Saturday, Feb. 3

Resident Hot Topic Symposium

7 a.m. – 5 p.m.

Washington Convention Center
Room 152 A

Resident Colloquium

12 – 2 p.m.

Washington Convention Center
Room 204 A–B

Sunday, Feb. 4

Resident Fellows Research Symposium

11 a.m. – 2 p.m.

Washington Convention Center
Room 103 A

Plenary Sessions

8:30 a.m. – 12 p.m.

2 p.m. – 5 p.m.

Washington Convention Center
Hall D

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In addition, the Career Development Fair will have experts on hand to answer questions on starting or expanding an existing practice, coding and reimbursement, and practice management.

Admission is free to all job seekers who have registered for the 2007 Annual Meeting and are wearing an official meeting badge. No additional registration is required.

Renaissance Hotel
999 Ninth Street NW
Washington, DC 20001

February 2, 2007
5:00 pm – 7:00 pm

For more information please contact the Member
Resource Center at (866) 503-SKIN (7546).

Dec. 31 of each year. These new positions entail terms of one year, beginning at the conclusion of the interim AMA meeting after election, and ending at the conclusion of the following interim meeting.

In addition to those mentioned above, other dermatology residents who participated in the 30th Interim AMA-RFS meeting include Lindsay Ackerman, M.D., who is the AAD Alternate Delegate to the AMA-RFS and Chad Prather, M.D., who is the ASDS Delegate to the AMA-RFS.

The Third Annual AMA-RFS Research Poster Symposium was held at the Paris Hotel, the evening of November 10th. There were 121 submissions from members of the RFS. Submission categories included basic science, clinical medicine, public health policy and medical education, and clinical vignette.

Membership in the AMA RFS continues to be a concern. In 2005, there were 23,430 RFS members out of the total of 101,810 residents and fellows in training that year. In 2006, there was a 1,400 member decrease from the previous year. To help address this issue, a new membership marketing campaign was introduced, called "Expanding Horizons in Residency." This program will develop resident and fellow liaisons that will promote AMA membership through grand rounds and other local hospital meetings. This is a pilot program that would emphasize peer-to-peer recruiting, and will be initially introduced in ten states.

At the Interim Meeting the AMA adopted a number of resolutions of interest to residents. The following

descriptions are highlights of the adopted resolutions and reports:

- **Independent Regulation of Physician Licensing Exams:** Introduced by the Massachusetts delegation, this resolution explains that AMA policy is against the creation and implementation of clinical skills assessment exams, which are currently a component of the physician licensing process. The resolution further states that the current Clinical Skills Assessment Examination (CSAE) has not been validated as an objective tool to determine a physician's competency. According to the resolution, there is an apparent conflict of interest in the use of the CSAE as the National Board of Medical Examiners (NBME) has a financial stake in the exam. This resolution calls for the AMA to advocate for independent oversight for the creation, implementation, and regulation of physician licensing exams, and to address associated financial conflicts of interest. Furthermore, the resolution directs the AMA to explore if the current status and implementation of licensing exams violates anti-trust laws.
- **Opposition to Funding Cuts for Health Resources Services Administration (HRSA) Programs:** The HRSA has established programs including the Health Careers Opportunity Program and Centers of Excellence Program, which promote the recruitment of minorities into medical careers. Budgets for both of these programs are projected to be sub-

stantially decreased in 2007. This resolution asks the AMA to oppose proposed funding reductions for these two programs.

- **Improving Resident, Fellow and Patient Safety:** There are currently disincentives for residents and fellows to report duty hour violations for training programs that are not in compliance with established regulations. In reporting violations, true anonymity can be difficult for residents and fellows in small programs when specific non-compliant rotations are identified. Additionally, reporting work hours violations may cause loss of accreditation for a specific training program, and cause further difficulties for completing requirements for board certification for affected residents and fellows. This resolution proposed a system of anonymous work hour violation reporting directly to the ACGME as well as a new incentive system via a Web site for abiding by work hour limits and disincentives for work hour violations.
- **Resident Pay During Orientation:** Prior to starting work, newly-hired residents and fellows are required to attend orientation sessions. Some training programs have not been providing a salary to residents and fellows during the orientation period. This resolution encourages the AMA to ask the ACGME to amend its institutional requirements so that institutions are required to compensate residents and fellows and provide benefits during the orientation period. 

Other AMA Resolutions

Management of House Staff as Critical Care Patients in Teaching Hospitals: *When residents are treating other residents as patients, professional objectivity may be compromised. This resolution calls for the AMA to study the ethical, psychological, and management implications of housestaff treating co-workers, in both critical and non-critical situations.*

Promoting Prevention Strategies in Waiting Rooms: *This resolution calls for the AMA to encourage the use of interactive media in waiting rooms to promote preventative health strategies for patients.*

Best Gift Idea — Contribute to Camp Discovery

by Jorge-Garcia Zuazaga, M.D.

As we approach the end of yet another year, I am reminded that 2006 marked the 13th anniversary of the American Academy of Dermatology's (AAD's) Camp Discovery Program, which was founded in 1993 as a special camp for children with severe skin conditions. The continued success of Camp Discovery depends on the involvement and commitment of many people.

To that end, you may have already received (or you soon will be receiving) a mailing from me asking you to consider providing a monetary contribution to the AAD Camp Discovery Endowment and/or volunteering your time at one of the summer camp sessions. It is a goal of the Residents and Fellows Committee to solicit contributions on behalf of this special program,

which pays for the children's travel to the camp grounds, food, lodging, medical supplies, and all of the wonderful activities. We hope that your holiday gift-giving will include consideration of this important program whether it is a financial contribution at whatever level you can afford, or through your gift of volunteer hours. Further details will be available in the mailing. 

Dermatologic Manifestations of Underlying Endocrinopathy

Sharon E. Jacob, M.D., Christopher J. Ballard, B.S., & Claudia Vogel, M.D.

Disorder	Cutaneous Manifestations	Systemic Manifestations	Lab Abnormalities
Acromegaly	Acanthosis nigricans; Acrochordons (skin tags); Coarsened face with accentuated creases; Cutis vertices gyrate; Doughy skin; Hyperhidrosis; Hypertrichosis (does not affect beard); Macroglossia; Oily skin; Thick and hard nails	Acral growth; Broad nose; Carpal tunnel syndrome; Colonic polyps; Deep voice; Galactorrhea; Headache; HTN; Hypogonadism; Joint pains, Organomegaly; Pre-pubertal gigantism; Thick lips; Prognathism; Visual Δ ; Widened teeth spaces	\uparrow GH, \uparrow IGF-1 \uparrow Calcium in urine Oral glucose tolerance test: failure of GH production to \downarrow
Addison's Disease (Adrenocortical insufficiency)	Auricular calcification; Hair may darken; Hyperpigmentation; Longitudinal pigmented bands in nails; Loss of body hair (especially axillae); Mucosal pigmentation; Pigmented hand creases; Pigmented scars and nevi; Vitiligo	Fatigue \downarrow BP; Postural dizziness; Salt craving GI symptoms: Abdominal pain; Anorexia; Constipation; Diarrhea; Nausea; Vomiting Muscle weakness	\uparrow ACTH, \uparrow K^+ \downarrow Na^+ , \uparrow Ca^{+2} Metabolic acidosis Anemia Eosinophilia
Cushing's Syndrome	Acanthosis nigricans; Acne; Broad purple striae; "Cigarette paper" wrinkling dorsal hands and elbows (Liddle sign — can peel off with tape); Cutis marmorata; Easy bruising; Hirsutism; Telangiectasia; Thin dermis and epidermis; \downarrow Wound healing	Abdominal pain; Amenorrhea; Impotence; Buffalo hump; Central obesity; Exophthalmos; Facial plethora; HTN; Psychological changes; Moon facies; Short stature from kyphosis and osteoporosis; Weakness	Urinary Free Cortisol $> 3x$ normal, loss of normal diurnal rhythm in ACTH and Cortisol secretion. Failure of Cortisol to \downarrow after Dexamethasone suppression test. Glucose intolerance \uparrow Calcium in urine, \uparrow renal stones
Cushing's Disease (Pituitary excess of ACTH)	Acne Hirsutism Hyperpigmentation	As above; Tumor mass effect: visual field loss & headache	\uparrow ACTH, \downarrow K^+ , \uparrow Free Cortisol Urinary free Cortisol suppression after high-dose Dexamethasone (Differentiate from ectopic ACTH secretion: no cortisol suppression after high dose Dexamethasone)
Diabetes Mellitus Type 1: Autoimmune, lack of insulin secretion Type 2: Insulin resistance Obesity Normal insulin	Acanthosis nigricans; Bullous diabeticorum; Diabetic Dermopathy (pretibial pigmented patches); Foot Ulcers; Frequent fungal infections, especially Candida; Furuncles; Nail bed telangiectasia; Necrobiosis lipoidica diabeticorum; Pedal petechial purpura; Rubeosis faciei; Scleredema adutorum; Tight, thick, waxy skin; Vitiligo; Xanthomas; Yellow skin and nails	Polydipsia; polyuria; polyphagia; Retinopathy; Nephropathy; neuropathy: foot drop; postural hypotension; resting tachycardia; gastroparesis; erectile dysfunction; Charcot's arthropathy; cardiovascular disease; candidiasis and unusual infections.	FPG ≥ 126 mg/dl RPG ≥ 200 mg/dl Glucose in urine if glucose level > 180 mg/dl Abnormal A1C, abnormal lipids, hypertriglyceridemia, microalbuminuria.
Graves' Disease (Hyperthyroidism)	Acropachy (distal clubbing, swelling and periosteal thickening); Diffuse alopecia; Palmar erythema; Plummer's nail — onycholysis; Skin: moist (\uparrow sweating) & warm (\uparrow cutaneous blood flow); Vitiligo	Anxiety; Diarrhea; Goiter; Heat intolerance; Insomnia; Ophthalmopathy; Pretibial myxedema; Tachycardia; Tremor; Weight loss	\uparrow Free T4, \downarrow TSH, \uparrow FTI, \uparrow T3 Positive thyroid antibodies
Hashimoto's Thyroiditis	\downarrow Body Hair; Dry, brittle, coarse, and slow growing hair; Fine wrinkling; Loss of outer 1/3 of eyebrow (madarosis); Malar flush; Myxedema (mucopolysaccharides) in hands and periorbital; Nails: brittle, slow growing; Patchy and diffuse hair loss; Thin, cold, pale, dry skin	If Hypothyroid: Bradycardia; Cold intolerance; Constipation; Cretinism (in children): severe mental retardation, impaired growth; Menstrual irregularities; Protuberant abdomen; Somnolence; Weight gain, goiter, thyroid antibodies	\downarrow Free T4, \downarrow Total T4, \uparrow TSH, \uparrow Serum cholesterol + TPO AB

Disorder	Cutaneous Manifestations	Systemic Manifestations	Lab Abnormalities
Hyperparathyroidism	Deposition of Calcium Pruritus	Nephrocalcinosis; Osteitis fibrosa cystica; Renal calculi	1°: ↑ PTH, ↑ Ca ²⁺ in serum and urine, ↓ serum Phosphorus, ↑ urinary Phosphorus 2°: ↑ PTH, ↓ serum Ca ²⁺ , ↑ serum Phosphorus
Hypoparathyroidism	Hair: coarse, sparse Nails: opaque and brittle with transverse ridges Skin: dry, hyperkeratotic, scaly, and puffy	Altered dentition: defective enamel/ dental hypoplasia; Chvostek's sign — contraction of muscle by tapping along facial nerve (sign of tetany)	↓ PTH, ↓ Ca ²⁺ , ↑ Phosphorus EKG Changes: prolonged Q-T intervals and T-wave changes
Hypopituitarism	Loss of body hair; Pale skin (mucous membranes normal color); Scalp hair is fine, dry, & thin; ↓ Sebaceous secretions and sweating; Thin skin → fine wrinkling around eyes and mouth	Amenorrhea; Impotence; Infertility; If pituitary tumor: headaches and visual changes (diplopia, reading problems, field loss); Lack of energy	↓ ACTH, ↓ Cortisol, ↓ LH and FSH ↓ TSH, ↓ GH, ↓ IGF-1 ↑ Prolactin → galactorrhea Symptoms will change depending on the hormonal deficiency
McCune-Albright Syndrome	Large irregular Coast of Maine-like Café-au-lait macules (CALM)	Hyperthyroidism; Polyostotic fibrous dysplasia; Precocious puberty	GNAS1 gene mutation; ↑ GH from pituitary adenomas ↑ Serum Alkaline Phosphatase ↑ Urinary Hydroxyproline
MEN I (Wermer Syndrome) Autosomal Dominant	Facial angiofibromas; Collagenomas, Confetti macules; CALM; Lipomas	Tumors or hyperplasia of: P ituitary; P arathyroid & P ancreas Gastrinoma → Z-E Syndrome Papillary CA Thyroid	MEN1 gene 11q13 (defect menin) ↑ Calcium, ↑ PTH ↑ Prolactin → amenorrhea, galactorrhea ↑ GH → acromegaly ↑ ACTH → Cushing's syndrome
MEN IIa (Sipple Syndrome) Autosomal Dominant	Lichen/ Macular amyloidosis interscapular	Parathyroid (hyperplasia or tumor) Pheochromocytoma Thyroid: Medullary CA	10q11.2 RET (point mutation) ↑ Calcitonin, ↑ PTH, ↑ Ca ²⁺
MEN IIb (III) (Wagenmann-Froeböse) Autosomal Dominant	Inverted lids (from thick corneal nerve); Marfanoid habitus; Multiple mucosal neuromas or ganglioneuromas, CALM	Pheochromocytoma Thyroid: Medullary CA	10q11.2 RET (missense mutation) ↑ Calcitonin, ↑ Catecholamines, VMA, and Metanephrines
Pheochromocytoma	Flushing of face and forehead; Redness and cyanosis of the hands; ↑ Sweating	↑ BP (10% malignant); Headaches; Palpitations; Sympathetic Crisis; Tremor	↑ Catecholamines, VMA, and Metanephrines
Polycystic Ovarian Syndrome	Acanthosis Nigricans; Acne; Androgenic alopecia; Hirsutism; Nipple, perineum, axillae hyperpigmentation; Thickened and coarse pubic & axillary hair children	Amenorrhea (or oligo-menorrhea) Obesity Precocious puberty Short stature Polyeystic ovaries	↑ LH, ↓ FSH ↑ Testosterone (Androgens) ↑ DHEA, hyperinsulinemia

Abbreviations:

Δ= change; ACTH: Adrenocorticotropic Hormone; BP: Blood Pressure; CA: Carcinoma; Ca²⁺: Calcium; CALM: Café-au-lait macules; DHEA: Dehydroepiandrosterone; EKG: Electrocardiogram; FPG: Fasting Plasma Glucose; FSH: Follicle-Stimulating Hormone; FTI: Free Thyroxine Index; GH: Growth Hormone; GI: Gastrointestinal; HbA1c: Hemoglobin A1c; HTN: Hypertension; IGF-1: Insulin-like Growth Factor-1; K⁺: Potassium; LH: Luteinizing Hormone; MEN: Multiple Endocrine Neoplasia; Na⁺: Sodium; PTH: Parathyroid Hormone; RPG: Random Plasma Glucose; TPO AB: Thyroperoxidase Antibodies; TSH: Thyroid-Stimulating Hormone; VMA: Vanillylmandelic Acid; Z-E: Zollinger-Ellison

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message from the chair



Jorge Garcia-Zuazaga, M.D.

Greetings from Miami, Florida! As I write this message I am returning from the board of directors meeting held Nov. 3-5. As expected, the meeting was full of interesting discussion about the future of the Academy on many fronts. There were several key points of discussion that we addressed specifically for the Residents and Fellows. This report will summarize our committee's accomplishments during this past academic year.

2007 AAD Annual Meeting Washington D.C.

The RFC members are currently planning a number of new programs at the Annual Meeting to reach out to residents across the country. I have worked closely with the Scientific Assemble Committee to organize the first Residents Hot Topics Symposium. If you have not registered for this session, please consider it as you make your plans. It will be a balanced discussion of various topics that residents have selected during the registration process. I anticipate that the information provided in this symposium will be very relevant to us as we gear up for the Board Examinations. Please provide appropriate feedback so we can improve this session at future meetings. Also new this year, is the Residents Reception on Friday, Feb. 2, 2007 from 5 to 7 p.m. This program, sponsored by the Academy, will be a great opportunity to network with your future colleagues and meet the RFC members. I hope you will join us for this reception. As in previous years, the Practice Manage-

ment Symposium for Residents will feature an extensive syllabus of excellent information. Lastly, the 2007 Residents Colloquium will include a host of great speakers that will provide information about the various subspecialties in dermatology. As you can see, the RFC has been busy integrating several new options for residents at the Annual Meeting. I encourage you to participate in all these activities.

Thanks to exiting RFC committee members

I would like to thank those RFC members that will be leaving the committee in February. Your commitment to excellence and dedication to our mission is represented in the upcoming functions at the Academy's Annual Meeting.

The future of the RFC is in your hands!

As always, please feel free to contact me with new ideas on how to improve your experience in the Academy. I also encourage you to attend the RFC Business Meeting scheduled for Sunday Feb. 4, 2007. It is here that we meet in person and start to plan next year's agenda. Also, you can log into our Web page, www.aad.org/professionals/Residents/default.htm anytime and check out the Resident section for up-to-date information. As you mark your calendars and plan your trip to D.C., I challenge you to be proactive and participate in these interesting seminars at the 2007 Annual Meeting. 

World Congress of Dermatology Scholarships

In keeping with the Academy's commitment to global leadership in dermatology there are a number of scholarships available to residents and young physicians to attend the 2007 meeting. You can find more information and the application forms online at the Academy's Web site. I hope you take advantage of this great opportunity.

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Questions or Comments?

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