

The truth about debt!

Young physicians speak out about their experience with resident debt

Welcome to one of the most prestigious, revered and respected medical occupations on the planet. Your studies have brought you far, and your residency promises a bright future in dermatology. Just one little thing. *It'll cost you.*

Chances are, it already is costing you. A dermatology resident without outside financial support is forced to take out loans that will hang around for decades and can wear down the plastic of a credit card faster than a speeding shot of botulinum toxin.

Yes, the bad news is that you have debt. The good news is that you're not alone. Many dermatology residents have debt that is at least on a par with what they can expect their future annual salary to be. Turning that balance around can seem like a tunnel with no light at the end. As the saying goes, "nothing is as short as short-term debt." You may be unable to avoid debt, but — knowing of its imminent arrival, you can prepare yourself.



See **DEBT** on p. 3

"I have a job in the C.I.O. Everyone I C.I.O." (ancient joke)

horizons

NIH loan repayment programs help increase pipeline of scientists

The National Institutes of Health (NIH) recently reported that they will be supporting research by repaying student loan debt. NIH is now accepting applications for its extramural Loan Repayment Programs (LRPs), and is letting applicants know through its awareness-raising campaign slogan that "You do the research, NIH will repay your student loans."

The LRPs repay up to \$35,000 of educational loan debt annually for individuals who commit to conducting at least two years of qualified biomedical or behavioral research at a non-profit institution of their choice. The annual application cycle started Sept. 1 and will continue until Dec. 1, 2008, for the five extramural LRPs: Clinical Research, Pediatric Research, Health Disparities Research, Contraception and Infertility Research, and Clinical Research for Individuals from Disadvantaged Backgrounds.

"The purpose of these programs is to recruit and retain highly-qualified health professionals as scientific investigators," explained Norka Ruiz Bravo, Ph.D., NIH deputy director for extramural research. "Expanding the pool of researchers is critical to the health of our nation, and the LRPs play an important role in researcher retention." Participants receive loan repayment benefits and tax offsets, which serve as one means of helping them remain in the scientific workforce.

Each year, some 1,600 research scientists benefit from the more than \$70 million NIH invests in their careers through the extramural LRPs. On average, approximately 40 percent of all new LRP applications are funded.

Applicants often learn about the LRPs from colleagues, faculty, and mentors, and many applicants report that having a mentor was an important factor in developing a successful

application. To qualify for the LRPs, applicants must possess a doctoral-level degree (except for the Contraception and Infertility Research LRP); devote at least 20 hours per week to research funded by a domestic nonprofit organization or federal, state, or local government entity; have educational loan debt equal to or exceeding 20 percent of their institutional base salary; and be a U.S. citizen, national, or permanent resident. Visit www.lrp.nih.gov, for more details and to apply. 

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Know what's coming

While there will always be variables and unknowns, some residents get in over their head because they failed to anticipate unforeseen costs.

Richard R. Marchell, M.D., a member of the Young Physician Committee (YPC) and a father of three children, said that some of the unexpected expenses he encountered as a resident included paying for Board certification and Board certification review courses, child-related expenses, room, and board.

"If your parents aren't paying, debt will definitely influence your life," he said. Dr. Marchell has steeled himself for the long haul, which he considers inevitable, but

manageable. "I locked in an interest rate of 4.25 percent and will only be done paying it off when I am 64 years old. I just pay it every month."

Dr. Marchell cautions that student loans can negatively impact your ability to purchase a home. "I was not approved for a mortgage due to a high debt to income ratio," he said.

Another member of the YPC, Clarence W. Brown, M.D., also reported some difficulty with obtaining bank financing when it came time to start his private practice. He was persistent, however, and discovered what he referred to as the "private banking division,"

"This was a sector of the banking world that deals with either high wage earners, or those who will likely

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Debt and decisions

Alexa B. Kimball, M.D. M.P.H., former chair of the YPC, studied the debt issue in depth. Dr. Kimball co-authored a paper with Sharon Salter, M.D., "Rising Educational Debt Levels in Recent Dermatology Trainees and Effects on Career Choices" for the *Journal of the American Academy of Dermatology (JAAD)* in 2004. The study — conducted via anonymous surveys of graduating dermatology residents between 1999 and 2004 — concluded that debt levels do not appear to significantly influence the career choices of dermatology residents.

"Over the years evaluated, debt levels rose steadily," the article stated, "and yet, statistically, debt did not appear to influence career choices of dermatology residents."

Dr. Brown feels that debt does affect the decisions of dermatology residencies who are seeking first time employment often have hundreds of thousands of dollars of student loans, and this level of debt burden can make a ten or fifteen thousand dollar difference in annual starting salary a major sticking point in deciding between an academic and private career. "Not to mention the added time demands that an academic career can bring to one's life," he added.

Working in a private practice allows you to decide what you will charge for each patient, a benefit that eludes those in academics. Many believe, therefore, that private practice is a more lucrative undertaking.

However, Dr. Kimball has conducted a recent study that suggest salary differences between academics and non-academics are modestly-sized. Based on a survey conducted at one of this year's board review courses for academia, the median starting salaries (before bonuses) was \$200,000 for academics and \$227,500 for private practice, she said.

A *Journal of the American Academy of Dermatology* article Dr. Kimball co-authored in 2006 concluded that initial income for those entering practice is equivalent to those entering academia in private universities; however, incomes for both of these groups are two to three-fold higher than those entering academia in public universities.

A good debt is not as good as no debt. (ancient Chinese proverb)

Comparing College Loans

Which loan is best for you?

Comparing loans isn't always easy, since the loan terms can vary. Here are some factors to consider when comparing loans from Collegeboard.com.

Four Key Variables

The four most important variables to consider are interest rate, whether loans are subsidized or not, loan fees, and repayment options.

1) Interest Rate

The lower the interest rate, the less expensive the loan, and the less you'll repay over time.

2) Subsidized or Unsubsidized

Loans based on financial need are subsidized. This means that the federal government pays the interest on the loan while you're in school. This benefit makes the loan much less expensive for you. If you qualify, always borrow a subsidized loan first.

3) Fees

Most loans have origination and other processing fees. This means that although you borrow (and must repay) the entire loan amount, say \$2,500, you may only receive \$2,400 after the fees are deducted. So, keep your eyes on these fees.

4) Repayment Plans

Some loans offer a full range of repayment plans as well as incen-

tives, such as interest rate reductions for on-time payments. Before borrowing a loan, make sure you understand the repayment requirements and options.

You Pay Back More Than You Receive

Even with the favorable terms of a student loan, whenever you borrow money you will pay back more than you receive. Only borrow what you need.

Find the Least Expensive Loan

Try first for the least expensive loan. The least expensive loan is generally the loan with the lowest interest rate. In order, they are:

- Perkins
- Subsidized Stafford/Direct
- Unsubsidized Stafford/Direct
- Private

If you have access to a special loan program from a college or private source, find out the terms and compare it with the above loans.

File the FAFSA

If you're thinking about taking out a loan, file the Free Application for Federal Student Aid (FAFSA). If you show need, the loan will be less expensive than if you borrow outside of need. The federal rules will help guide you since the FAFSA is required before the college can approve an unsubsidized loan. R

Medical Mycology

By *Adriana Schmidt, M.D., and Natalie M. Curcio, M.D., M.P.H., division of dermatology, Vanderbilt University Medical Center Nashville, TN.*

SUPERFICIAL MYCOSES*	ORGANISM	CLINICAL	HISTO/KOH	TREATMENT
Pityriasis Versicolor	Malessezia furfur	Hypo/hyper pigmented macules	spaghetti & meatballs: short hyphae + yeast	Antifungal shampoos and PO
Tinea Nigra Palmaris	Hortaea werneckii	Brown-black nonscaly macules	branching septate hyphae + budding yeast	Top. imidazoles or allylamines
Black Piedra	Piedra Hortae	Hard firm black concretions	Dark hyphae around acrospores	Cut hair off PO terbinafine, imidazoles & triazoles
White Piedra	Trichosporon beigelli	Soft loose white concretions	Blastoconidia, arthroconidia	
Fluorescent small spore ectothrix: "Cats And Dogs Sometimes Fight & Growl"	Microsporum Canis M. Adouinii M. canis distortum T. Schoenleinii M. ferrugineum +/- gypseum		KOH: spores on outside hair shaft; Wood's lamp → yellow fluorescence	Top. antifungals; PO antifungals for T. manuum, capitis, unguium
Large Spore Endothrix	T. tonsurans > T. violaceum (rare in US)		KOH: spores within hair shaft	
Tinea Corporis	T. rubrum > T. mentag; Majocchi's Granuloma: T. rubrum			
T. Pedis	Moccasin: T. rubrum, E. floccosum, Interdigital/vesicular: T. mentag			
T. Unguium	Distal Lateral, Proximal & Proximal White Subungual: T. rubrum; White Superficial: T.mentag; HIV:T. rubrum			

SUBQ MYCOSES**	ORGANISM	TRANSMISSION	CLINICAL	HISTO/KOH	TREATMENT
Sporotrichosis	Sporothrix schenckii	Inoculation Inhalation	SubQ nodules; lymphatic spread	"cigar bodies" or round yeast	Itraconazole, KI, Ampho B
Mycetoma	Eumycotic: Pseudoallescheria boydii Actino-mycotic: Nocardia	Penetrating wound in foot (70%) > hand, thorax, scalp	Triad: tumefaction, draining sinuses, grains (aggregates of organisms)	Grains + thick hyphae (Eumycotic) & thin filaments (Actinomycotic)	Eumycotic: Excision, Itraconazole Actino: sulfa
Chromoblastomycosis (Verrucous dermatitis)	Fonsecaea pedrosoi (> 90%)	Direct inoculation to foot/LE; farmers	Verrucous or granulomatous plaque or nodule w/central clearing; SCC in chronic	Pigmented "copper pennies" (medlar or sclerotic bodies)	Excision Cryotherapy Itraconazole +/- flucytosine CO2 laser
Lobomycosis (Keloidal Blastomycosis)	Lacazia loboi (formerly Loboia loboi)	Water, soil, dolphins; Brazil, Caribbean	Painless keloids, nodules, verrucous lesions on face/UE, ear	Thick-walled spherical organisms in "chain of coins", not culturable	Excision (antifungals ineffective)

DIMORPHIC FUNGI***	ORGANISM	TRANSMISSION	CLINICAL	HISTO/KOH	TREATMENT
Histoplasmosis (Darling's Disease)	H.capsulatum var. capsulatum (US)	Inhalation of spores from soil >>> 1° inoc.	1° pulmonary: pneumonitis → arthritis & E.N in 10%; rare skin lesions with dissemination	Tiny yeast forms within cytoplasm of macrophages; no capsule	Itraconazole Ampho B for severe
Blastomycosis (Gilchrist's Disease)	Blastomyces dermatitidis	Inhalation of spores from soil	Well-demarcated papules/pustules/plaques	Broad-based, budding yeast	Itraconazole Ampho B



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DIMORPHIC FUNGI**	ORGANISM	TRANSMISSION	CLINICAL	HISTO/KOH	TREATMENT
Paracoccidiomycosis (S. American Blastomycosis)	Paracoccidioides brasiliensis	Inhalation of spores from soil; Male agricultural workers	Systemic or 1° nasal/oral mucosal ulcers or verrucous	"Mariner's wheel"	Itraconazole Ketaconazole Ampho B
Coccidiomycosis (San Joaquin Valley Fever)	Coccidioides immitis	Inhalation of spores from soil	Facial pink papules, verrucous nodules or SQ abscesses; E.N.	Spherules containing endospores	Itraconazole Ampho B Fluconazole (meningitis)
OPPORTUNISTIC	ORGANISM	TRANSMISSION	CLINICAL	HISTO/KOH	TREATMENT
Cryptococcus	C. neoformans var. neoformans	Inhalation of spores or 1° cutaneous, ↑ disseminated dz in AIDS	Head and neck: ulceration, cellulitis, molluscum-like	Mucinous, encapsulated yeast	Fluconazole Ampho B + Flucytosine (HIV)
Penicilliosis	Penicillium marneffei (dimorphic)	Inhalation of spores from bamboo rats	Molluscum-like skin lesions	Oval yeast w/cross walls; parasitized macrophages	Itraconazole Ampho B Excision
Fusariosis	Fusarium sp.	Burn patients Neutropenia Trauma		Septate hyphae 45° branching	Ampho B +5FC Voriconazole
Aspergillosis	1° cut: A. flavus disseminated: A. fumigatus	Burn patients Transplant/GVHD Aflatoxins Neutropenia	IV catheter, necrotic nodules	Septate hyphae 45° w/phialides + conidia in chains; Splendore-Hoeppli	Ampho B Voriconazole Itraconazole (nail disease)
Zygomycosis	•Rhizopus •Mucor •Absidia	Diabetes DKA/burns Neutropenia Transplant Malnutrition	Ulceration, cellulitis, and necrotic abscesses; sinuses, unilateral facial edema	Wide angle 45-90° branching non-septate broad hyphae; Rhizopus → sporangia	Excision Ampho B
Phaeohyphomycosis	•Alternaria •Exophiala •Phialophora •Curvularia •Bipolaris	Invasive disease in immunocompromised; Cutaneous dz in immunocompetent	SubQ cysts, ulcerated plaques, hemorrhagic pustules, necrotic papulonodules	Dematiaceous (black or pigmented) dark yeast with pseudohyphae-like elements; Alternaria; hand grenade; Fontana-Masson +	Excision Itraconazole
Rhinosporidiosis	Rhinosporidium seeberi [Protozoa]	Direct inoculation	Wart-like in nasal mucosa, eye, mouth	BIG raspberry-like spherules	Excision Dapsone
Protothecosis	Prototheca wickerhamii [Algae]	Direct inoculation after trauma	Various skin Olecranon bursitis	Morula (sphere of endospores) like "soccer ball"	Ampho B Excision

Abbreviations:

WW: worldwide
Vori: Voriconazole
Top.: topical
KI: potassium iodide

*SUPERFICIAL MYCOSES: invade S. corneum, hair, nails

** SUBCUTANEOUS MYCOSES: deeper penetration into dermis or subq usually after trauma (innoculation) > inhalation.

***DIMORPHIC FUNGI: Molds in nature and yeast in living tissue.

NACDS offers award for best clinical study

The North American Clinical Dermatologic Society (NACDS) will grant the Resident Clinical Research Award for 2008 for the best clinical study submitted by a resident or fellow in an accredited teaching program in the USA or Canada. The winner will receive a NACDS-sponsored trip for two to the NACDS annual meetings in Toronto/Nova Scotia and Boston in

2009. If a scheduling conflict arises, attendance at the 2010 meeting in Romania, Bulgaria and Croatia would be considered. The first runner up will receive a \$1500 cash award. The second runner up will receive a \$1000 cash award.

The NACDS will begin accepting application Nov. 1. All manuscripts must be received by Dec. 31, 2008. To review the complete

rules for entry, visit their Web site at www.NACDS.com. Manuscripts and inquiries should be directed to Patricia G. Engasser, M.D., Awards Coordinator, NACDS, 34 Ashfield Road, Atherton, CA 94027-3806. If you have additional questions, you may contact her at engasser@yahoo.com, or by phone, (650) 322-6498. 

DEBT from p. 3

be high wage earners," Dr. Brown explained. "They are able to make loans and do financing that is more creative than conventional lending with equity as a measure of security."

In other words, some lenders will take future earning potential into account and give you a little breathing space.

Even with bank financing, Dr. Brown found he had to max out his credit cards and drive 12 miles away to moonlight at another dermatologist's office at night to achieve his dreams.

"But all of this together still only made it possible to pay myself the first year what I was paid as a resident," he said. Therefore, he suggests prudence before jumping into a lifestyle that might be beyond your current means. "My advice is not to change your style of living for the first year after residency; devote your income to paying down debt."

"I waited until I paid off my several hundred thousand dollars of student loans before considering a bigger home for myself. I stayed in my low cost condo for two years and this is what allowed me to pay these off."

In the years that followed opening his practice, he put other financial matters in place that he believes helped him.

"Get a financial advisor and meet with him two or four times a year, ask him questions and stick with him to

invest your money," Dr. Brown said. Generally the cost is roughly one percent annually of the portfolio. Then maximize your pre-tax contributions for retirement. He also suggests residents purchase term life insurance when they are young and lock it in for 20 years. "It's inexpensive, and hopefully, after working 20 years, you won't need it." He also suggested seeking advice from a financial advisor about insurance on the business itself, and disability insurance.

Elizabeth Martin, M.D., chair of the YPC, concurs. "I do recommend getting a good money manager sooner rather than later who can help with debt management and investments. Complete a plan with a financial advisor and stick to it!"

Hang in there

According to the Association of American Medical Colleges Web site, offering dermatology, they have collected on the annual salary for dermatologists ranges from \$224,630 to \$418,789. You probably already knew that going in; in fact, it may have helped motivate you to continue your education without jumping out any windows, but in an article addressing deep pocket debt, it probably doesn't hurt to mention it here.

This income, of course, depends on many factors, including what region you live in, the hours you work, your skills, and whether you are in private practice or employed at a hospital.

Look for ways to cushion your financial load with opportunities like the one recently offered by the NIH (see page 1). There are also those who specialize in managing debt, like financial advisors, and organizations like the National Foundation for Credit Counseling (see below).

And, as saccharine as it may sound, don't lose sight of the fact that there is very real value in being a dermatologist. You have the potential to effect real change in the world by helping your patients. It's a hard road, but one worth travelling. Said Dr. Marchell, "I have accepted debt as something I will need to pay for the greater part of my life. But I enjoy my job, so for me, it is worth it." 

In too deep?

The National Foundation for Credit Counseling offers general financial education and counseling services, including:

- HousingHelpNow.org, for homeowners who want to avoid foreclosure or are concerned about their ability to make their mortgage payments can receive immediate assistance.
- DebtAdvice.org, designed to help consumers understand the wise use of credit and locate a trained, certified counselor if you are in need of assistance.

Save the date - Learn practice management from experts

A Practice Management Symposium for Residents will be held Thursday, March 5, 2009, at the Moscone Convention Center in San Francisco, prior to the Academy's 67th Annual Meeting. The symposium will expand your knowledge of the business side of dermatology, through a variety of topics and formats designed for 1st, 2nd, and 3rd year dermatology residents. This symposium will provide useful strategies for starting a successful practice and/or career in dermatology. Additionally, a breakout session on basic coding is being offered.

Registration and priority housing information will be mailed at a later date. Updated information will also be available at www.aad.org.

Residents — Prepare for San Francisco!

Add these to your meeting agenda!

The American Academy of Dermatology is holding its 67th Annual Meeting March 6-10, 2009 in San Francisco. For more information about sessions and events at the meeting, visit www.aad.org.

Get ready for Resident Jeopardy!

Join your colleagues for self-assessment through a familiar engaging game show format. Register for Resident Jeopardy (Forum F001), being offered Friday, March 6. Queries and image-based inquiries encompassing a breadth of dermatology are posed in a friendly competition arrangement in which audience members are invited to partake. Following this forum, you will be able to self-assess core competencies across a number of domains in dermatology, and interact and network with colleagues at similar career levels from various institutions across the country and internationally.

Registered participants who also wish to participate as contestants will be selected and notified prior to the meeting session. Buzzers will be provided!

Take a closer look: Gross and Microscopic Dermatology

The Academy will offer Gross and Microscopic Dermatology on Friday, March 6, and Saturday March 7, from 9 a.m. to 5 p.m. The symposium showcases 4-minute presentations of clinical and investigative studies of patients and their diseases. Studies focus on common diseases with unusual facets or unusual diseases with attendant teaching value.



Make a smooth Transition

After spending years training to be a dermatologist, residents find themselves seeing the light at the end of the tunnel, yet with some major hurdles to pass before becoming successful dermatologists, including taking the Board examination and deciding on a career path. "Resident Transitions," being offered Sunday, March 8, will provide information on the structure, format, and process for the American Board of Dermatology examination from the perspective of ABD administrators and dermatologists who recently took the examination. In addition, successful career dermatologists will share some of the challenges they faced and how they addressed them when launching a career in academic, solo, or group practice. Jennifer Lucas M.D., chair of the Residents and Fellows Committee, is the director of the symposium.

Discover latest research advances at Resident and Fellows Symposium

The Resident and Fellows Symposium – which presents the

latest laboratory-based and clinical-based research findings – will be held Sunday, March 8, from 11 a.m. to 2 p.m., led by Dennis H. Oh M.D., Ph.D. The symposium has recently been updated and expanded. At the conclusion of the session on Sunday, a team of faculty judges will select three winners from each category (clinic-based research and laboratory-based research) — based upon their abstract — and the top two will be presented onsite with the Everett C. Fox Award. The three winners from each category will be selected based upon abstract and presentation onsite. The winners will be featured in the spring 2009 issue of *Directions in Residency*.

Don't miss the Resident's Reception!

The Resident's Reception is scheduled for Friday, March 6 from 5 p.m. to 6 p.m. in the San Francisco Marriott, Yerba Buena Salon 10/11/12. Save the date in your 2009 Annual Meeting Schedule! 

Don't Miss

Practice Management Symposium
Thursday, March 5

Resident Jeopardy
Friday, March 6

Resident's Reception
Friday, March 6

Gross & Microscopic Dermatology
Friday March 6 &
Saturday, March 7

Residents & Fellows Symposium
Sunday, March 8

Resident Transitions
Sunday, March 8



67th ANNUAL MEETING
San Francisco, CA • March 6-10, 2009

Check the Academy's Web site, www.aad.org for more updates as they become available.

message from the chair



Jennifer Lucas, M.D.

Greetings from Cleveland! I hope everyone's academic year is off to a great start and I am pleased to welcome the new first year residents into our wonderful specialty.

The Summer Academy meeting in Chicago was informative and full of opportunities to network. If you have the opportunity to attend future Academy meetings, I would highly recommend it. The Board of Directors met at the Summer Meeting, and I have a few updates to pass along to you. The Academy and the National Psoriasis Foundation have launched "Stop Hiding from Psoriasis," a campaign to raise awareness about psoriasis and encourage psoriasis sufferers to visit a dermatologist. Through the campaign, Grammy Award-winning performing artist and psoriasis sufferer LeAnn Rimes is sharing her personal story and encouraging people with psoriasis to stop hiding and start living. The Academy is also developing an official position statement on Vitamin D requirements and supplementation. The Academy has also prioritized the need to develop future leaders and address the workforce maldistribution and has committees and task forces working on these important topics.

Registration for the 2009 Annual Meeting in San Francisco is right around the corner and I encourage you to register as soon as you can (the deadline is Dec. 1) to get into your courses of choice. We have an exciting Resident Transitions symposium scheduled that will focus on tips and lessons for starting a practice and an update by the American Board of Dermatology on the annu-

al board exam followed by a Q & A session. Information on some of the sessions that will be of interest to residents can be found on page 7 of this newsletter.

The Residents and Fellows Committee (RFC) and Young Physicians Committee are teaming up with the National Panhellenic Conference to educate college women about the dangers of indoor tanning. As a resident on a university campus or as an alumnae of a sorority, this project provides you with a unique opportunity to get the word out in your community about the dangers of indoor tanning. I encourage you to contact sororities on your campus to spread the message that indoor tanning is not as safe as people think. Check out the Academy's Indoor Tanning is Out™ Online Public Education Tool Kit (<http://www.aad.org/members/leadership/programs/toolkit.html>) for resources to assist you in your efforts.

Getting involved and staying involved can determine the future of our specialty and now more than ever, our voice needs to be heard. If you or your fellow residents have any concerns or would like to learn about opportunities to get involved please feel free to contact me or any of the other RFC members. 

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Fall 2008

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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.

next issue

Networking Tips

Boards' Fodder: Spiders!