

## Fox Award winners named for 2008

The Resident and Fellows Symposium – which presents the latest laboratory-based and clinical-based research findings – was led by Jeffrey B. Travers, M.D. The symposium, presented during the Academy's 2008 Annual meeting in San Antonio, was updated this year. A team of faculty judges selected three winners from each category – based upon their abstract – and six winners were presented with the Everett C. Fox Award.

### Clinical:

**First Place:** Jason Clark, Magnetic resonance imaging identifies subcutaneous involvement in chronic graft-versus-host disease (mentor: Edward Cowen, M.D.)

**Second Place:** Yelena Frankel, M.D., Diagnosing chronic wound infection: comparison of routine cultures, quantitative microbiology, and molecular techniques

**Third Place:** Bassel Mahmoud, M.D., Prospective controlled study of the efficacy of Nd:YAG laser for Hidradenitis Suppurativa

### Laboratory:

**First Place:** Mary Bennett, M.D., Calcium and Redox Signaling is Altered in Keratinocytes Exposed to a Hapten following UV Irradiation (Mentor: Kevin Cooper, M.D.)

**Second Place:** Taehee Kwak, M.D., Fibroblast from Non-Healing

Human Chronic Wounds Show Decreased Expression of BIG-H3, A TGF-beta Inducible Protein

**Third Place:** Jeff Donovan, M.D., Role of NFkB in the Pathogenesis of Skin Cancer in Organ Transplant Recipients



Back row (starting from left): Jeff Donovan, M.D., and Jason Clark.

Front row (left to right): Taehee Kwak, M.D., Yelena Frankel, M.D., Mary Bennett, M.D., and Bassel Mahmoud, M.D.

## Special Report: 2007 AMA RFS Interim Meeting



By Adam I. Rubin, MD

### Economic Hardship Loan Deferment Takes Center Stage

The 31st Interim Meeting of the American Medical Association-Resident and Fellow Section (AMA-RFS) took place on November 8-10 at the Hawaii Convention Center in Honolulu. There were 117 delegates credentialed, representing 37 states and 17 specialty societies.

Election results were again favorable for dermatology. Elizabeth Muennich, M.D., Ph.D., was elected to the position of AMA-RFS Sectional Delegate. Hillary Johnson, M.D., Ph.D., was elected to the position of AMA-RFS Sectional Alternate Delegate. The Sectional Delegate and Alternate Delegate positions were recently incorporated into the

House of Delegates, and give residents and fellows a proportional voice. These positions are elected annually at the interim AMA meeting with a term of one year. In total, there were 10 sectional delegates and 10 alternate delegates elected.

For the first time since 1999, there is a trend upwards in the membership numbers of the Resident and Fellows Section. In June 2007 there were 21,430 RFS members, and membership increased to 22,330 RFS members by November 2007. There were 74 new RFS members this year. Approximately 100 posters were presented in the 4th Annual Research Poster Symposium,

with awards in four categories: basic sciences, clinical medicine, clinical vignettes, and health policy.

At this interim meeting, five resolutions and five reports were considered. Highlights of the approved items follow.

See **AMA** on p. 3

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PharmaDerm proudly supports the  
American Academy of Dermatology  
and the *Directions in Residency* newsletter



*Reinstatement of Economic Hardship Loan Deferment:* On September 27, 2007, the "College Cost Reduction and Access Act" (HR 2669) was passed by Congress and signed into law by President Bush. This measure eliminated the "20/200 pathway" for economic hardship deferment effective October 1, 2007. The 20/200 pathway allows residents to defer loan payments for up to three years of post-graduate training, as well as avoid the accrual of interest on subsidized loans. In order for residents to qualify for the economic hardship deferment under the 20/200 pathway, two conditions need to be met. The first condition was that their debt is required to be more than 20 percent of the income. Secondly, the income minus the debt can not be more than 220 percent of the federal poverty level for a family of two. There was a temporary reprieve from the Department of Education, to maintain the current system until Fall, 2008. However, a new income based repayment plan is in place to be implemented in July, 2009 (created in HR 2669). Because of the time gap between these loan repayment plans, residents who are not able to make payments on their loans will be forced to go into forbearance. This resolution asks the AMA to reinstate the 20/200 pathway, or support alternate mechanisms to address educational debt. This resolution was forwarded directly (at this meeting) to the AMA House of Delegates, where it was adopted.

*Monitoring of At-Home Call Implementation by Residency Programs:* This resolution, introduced by the resident and fellow sections of the California Medical Association, Oregon Medical Association, Ohio Medical Association, Minnesota Medical Association, and the Nebraska Medical Association explains that some residency programs have been using at-home call as a substitution for in-house call. This substitution can be employed as a mechanism for decreasing the total number of hours a resident may work in the hospital and therefore be in compliance with ACGME work hour regulations. This call is then not subject to the usual q3 limit. Testimony was given that the service demands can be more intense with this change to at-home call,

despite the change in venue. This resolution asks the AMA to oppose the use of at-home call if being used to circumvent the intent of current ACGME duty hour restrictions, and to urge the ACGME to study and develop criteria under which residency program can establish at-home call, or change a prior in-house call rotation to at-home call. This resolution was forwarded to the House of Delegates at this Interim Meeting.

*Removing Barriers to Care for Transgender Patients:* This resolution, introduced by the Massachusetts Medical Society Resident and Fellows Section, explains that transgender patients can be denied insurance coverage for treatment of gender identity disorder. Testimony was given from the assembly that treatments such as psychotherapy or hormone replacement, which are covered under other circumstances, are inexpensive and cost effective. The resolution asks the AMA to support public and private health insurance coverage for treatment of gender identity disorder.

*Loss of Status Following Maternity Leave during Residency Training:* This resolution explains that some residency programs have required residents who use time guaranteed under the Family Medical Leave Act (FMLA) (up to 12 weeks unpaid) for post-partum care or medical illness to repeat an entire year of residency, and therefore incur a "loss of status". This occurrence is contrary to current AMA policy (H-420.967) which states "Physicians should be able to return to their practices or training programs after taking maternity leave without the loss of status." This resolution asks the AMA to oppose requiring residents to repeat a year of training when returning to work following a leave that qualifies under the federal Family Medical Leave Act, and to urge the American Board of Medical Specialties and its member boards to be in compliance with the Family Medical Leave Act.

*Telemedicine and Medical Licensure:* This resolution, introduced by the resident and fellow section of the Florida Medical Association, explains the benefits to patients for use of telemedicine. It asks the AMA to study how guidelines regulating medical licenses are affected by telemedicine and medical technological innovations that allow for physicians to practice out-

## reflections



By Clay J. Cockerell, M.D., F.A.A.D.

You are at the beginning of your careers in dermatology and as such, you are in the process of mapping out how you will spend the next 10, 20, 30 or more years. Many of you also are in the middle of other significant life changes such as perhaps raising a family or getting married. While these are exciting and possibly daunting times for you, I can tell you that there will be many challenges and things that will come up that you will not be able to foresee, such as changing reimbursements, changes in practice patterns, health and family issues, among many others. In order to be able to deal with these effectively and confidently, you need to have a set of guiding principles or questions by which you live your life. One thing that has always worked to keep me "grounded" is to constantly ask myself, "How can I be of service to the greatest number of individuals today?" I have found that by focusing on service rather than on circumstances, I am best able to perform my work to the best of my ability and avoid anger, depression, feeling victimized, etc. Another thing that helps guide me is to constantly be grateful. Things often seem bleak or dismal when we hear about the next round of Medicare cuts or malpractice suits but if I take a moment to stop and realize how many blessings and gifts I truly have, I soon find those feelings disappearing.

M. Scott Peck in his famous book, "The Road Less Traveled" began with the sentence, "Life is difficult." While that is certainly true, it is also a fantastic opportunity. Dermatology is a great field and we are certainly very fortunate to be a part of it. I encourage you to take every advantage of it and savor it throughout your entire career. 

*Reflections features prominent dermatologists providing memorable stories from their residency.*

side their states of licensure.

*RFS Committee on Medical Education's Report: Resident Work Hours Reform-The Next Steps:* This 14 page report presents a summary of data five years after the implementation of the ACGME resident work hour restrictions. The report focused on two aspects of work hour limits: limiting extended hour shifts, (defined

## Review of Surgical Anatomy

Mariana Phillips, M.D.

SURGICAL ANATOMY			
Structure	Location — ("Danger Zone")	Innervation / Result of Injury	
Main trunk of Facial Nerve	Facial nerve exits skull at the stylomastoid foramen into parotid.	Innervates the muscles of facial expression from the undersurface. Protected by SMAS.	
Temporal branch of Facial Nerve	Marked by a line drawn from the earlobe to lateral edge of the eyebrow and a line drawn from the tragus to the highest forehead crease	Innervates frontalis and corrugators Damage: Brow ptosis.	
Zygomatic branch Facial Nerve	Nerves rest on Bichat's fat pad and are located deep to SMAS and parotid fascia. Danger zone anterior to the parotid--Defined by a triangle connecting the malar eminence, posterior border of the mandibular angle, and oral commissure	Innervates Orbicularis oculi, Procerus, Elevators of lip (Levator labii superioris, levator labii alaiqui, Zygomaticus minor & major), and Nasalis (mnemonic OPEN). Damage: Inability to tightly close eyelids, possible ectropion, and inability to show the upper teeth.	
Buccal branch Facial Nerve	Same as Zygomatic branch Facial Nerve.	Innervates orbicularis oris and buccinator muscles. Damage results in trapping of food between the gums and cheeks while chewing.	
Marginal Mandibular branch of Facial Nerve	Located anterior to the anterior border of masseter muscle.	Innervates depressor anguli oris, depressor labii inferioris, and mentalis, and risorius (draws angle of mouth laterally). Damage: Inability to show the lower teeth.	
Greater Auricular Nerve	Danger zone Erb's point- A perpendicular line is dropped 6 cm from the midline of a line connecting the mastoid and the angle of the jaw.	Sensory nerve; damage results in numbness of inferior 2/3 of ear, lateral neck, angle of jaw. Nerves emerging at Erb's point: Greater auricular, lesser occipital, transverse cervical, spinal accessory nerves.	
Spinal Accessory Nerve (CN XI)	Emerges from the posterior aspect of SCM in the posterior triangle of the neck at Erb's point. Covered only by skin and superficial cervical fascia (not platysma).	Normally innervates trapezius. Damage results in winging of the scapula, inability to shrug the shoulder, difficulty abducting the arm, and chronic shoulder pain.	
SUTURE			
Non-Absorbable	Name brands	Configuration	Comments
Silk		Braided	Mucosal surfaces because soft and pliable.
Nylon	Ethilon ,Dermalon, Surgilon, Neurolon	Monofilament and braided	Increased memory (ability of suture to retain package configuration) with monofilaments.
Polypropylene/ Polyolefin	Prolene Surgilene	Monofilament	Best for running subcuticular (low friction) High plasticity- retains new shape once stretched.
Polyester	Dacron, Mersiline, Ethibond	Braided	Second highest tensile strength; Teflon coating increases tissue reactivity: risk of granulomas.
Polybutester	Novafil	Monofilament	Increased elasticity.
Steel			Greatest knot security.
<b>Greatest tensile strength</b>	Steel > polyester > Nylon (monofilament) > Nylon (braided) > Polypropylene > Silk		
<b>Most tissue reactivity</b>	Silk and cotton > Polyester coated > Polyester uncoated > Nylon > Polypropylene		
Absorbable	Name brands	Configuration	Comments
Surgical gut	Animal collagen	Monofilament	Chromium salts increase strength and decrease reactivity.
Polyglycolic acid	Dexon	Braided	



Mariana Phillips, M.D., is currently an assistant professor at the Virginia Commonwealth University in Richmond, Va.

**SUTURE (CONT.)**

Absorbable	Name brands	Configuration	Comments
Polyglactin	Polyglactin	Braided	High knot security (greater with braided suture).
Polydioxanone	PDS	Monofilament	Good for high tension wounds- 70% tensile strength at 2 weeks and not completely absorbed until 180 days.
Polytrimethylene/ Polyglyconate	Maxon	Monofilament	Increased tensile strength like PDS but easier to handle.
Poliglecaprone 25	Monocryl	Monofilament	Minimal tissue reactivity. Decreased scarring.
Glycomer	Biosyn	Monofilament	
<b>Greatest tensile strength</b>	Polyglycolic acid > Polyglactin > Polydioxanone > Catgut		
<b>Most tissue reactivity</b>	Catgut > Polyglactin > Polyglycolic acid > Poliglecaprone All sutures considered: Catgut > silk > chromic catgut		

**CHEMICAL PEELS**

Peel	Components	Depth*	MOA/ Strength	Comments
Jessner's	Resorcinol, Sal acid, Lactic acid, ETOH	Very superficial	Keratolysis	Limited absorption of resorcinol In combination with TCA@medium peel.
TCA	Concentration: weight per volume	35%- medium 40%- deep	Protein precipitation/ coagulation. No toxicity.	Frost correlates with depth of peel TCA concentration and amount applied determines depth of peel
<b>Alpha-hydroxy acids:</b> -Glycolic Acid -Lactic Acid	70% Glycolic acid	Very superficial  Hydrophilic- water soluble	Keratinocyte discohension and epidermolysis. **Peel is time dependent; frosting is not an end point. Needs neutralization.	The amount of free acid determines depth of peel (pH and pKa are the most important determinates) Increased photosensitivity.
<b>Beta- hydroxyl acid:</b> -Salicylic Acid	20-30% Salicylic Acid	Very superficial	Localizes to pores given lipophilic nature	Good for acne, milia, keratolysis  Frost indicates peel complete
Resorcinol	Phenol derivative	Very superficial		Toxicity similar to phenol. Ochronosis Anti-thyroid effect- Myxedema Methemoglobinemia
Phenol	Phenol- component of Baker's Peel	Deep	Paradox: dilution increases penetration: "protein precipitation" prevents extension of peel.	Myocardial, glomerulonephritis, hepatic toxicity. Phenol Poisoning: Central depression, hypotension, HA, n/v.
Baker's phenol	Phenol, Croton oil Septisol (soap)	Deep		

\***Very superficial** — stratum corneum and stratum granulosum; **Superficial** — basal layer and upper papillary dermis;  
**Medium** — through papillary dermis and upper reticular dermis; **Deep** — mid reticular dermis.

**TOPICAL SURGICAL SCRUBS**

Surgical Scrubs	Onset	Spectrum	Comments
Alcohol	Most Rapid	Excellent Gram positive Excellent Gram negative	No sustained activity Flammable
Chlorhexidine	Rapid Sustained activity	Excellent Gram positive Good Gram negative	Safest in neonates and premies Ototoxic to middle ear. Irritating to eyes (conjunctivitis and keratitis).

## TOPICAL SURGICAL SCRUBS (CONT.)

Surgical Scrubs	Onset	Spectrum	Comments
Iodine/Iodophors	Must dry to be effective. Effective X 1 hour.	Excellent Gram positive. Good Gram negative.	Contact dermatitis; hypothyroidism in premies. Quickly inactivated in the presence of blood.
Para-chloro-meta-xyleneol (chloroxlenol )	Intermediate	Good Gram positive Fair Gram negative	Poor Pseudomonas coverage.
Hexachlorophene	Slow Sustained activity	Gram positive Little gram negative	Neurotoxicity in infants.
Benzalkonium Chloride	Slow	Gram positive and negative.	No sustained activity, Not irritating Useful around eyes.

## ANESTHETICS

Esters	Benzocaine, chlorprocaine, Cocaine, Procaine, Tetracaine	Metabolized by pseudocholinesterase.
Amides	Mnemonic- all have the letter "i" somewhere in their name before "caine" : Bupivacaine, Dibucaine, Etidocaine, Lidocaine, Mepivacaine, Prilocaine	Metabolized by liver.
Lidocaine	Lidocaine 1% solution = 1gm/100 ml = 10 mg/ml Pregnancy category B Main preservative is paraben. Maximum Dose: plain 4.5 mg/kg; with epi 7 mg/kg.	Lidocaine toxicity: light headedness -> circumoral paresthesia -> tinnitus -> tremor -> visual disturbance -> myocardial depression -> seizure.
Bupivacaine	Most potent amide with longest duration of action (3-10 hours) followed by Etidocaine.	Cardiotoxicity Pregnancy category C
Procaine	Ester with quickest onset and shortest duration.	
EMLA	2.5% lidocaine and 2.5% prilocaine. Needs occlusion. Maximum dose: <5kg infant = 1 gm on 10 cm <sup>2</sup> BSA. 5-10 kg infant = 2 gm on 20 cm <sup>2</sup> BSA.	Methemoglobinemia in infants on dapsone, acetaminophen, dilantin, phenobarb, sulfa.
Cross reactions with Benzocaine	Cross reacts with other benzoic acid derivatives including parabens, paraphenylenediamine, sulfonamides, PABA.	
Tumescent Anesthesia	Epinephrine concentration 1: 1million. Final lidocaine concentration is 0.1%.	Maximum Dose of lidocaine: 35-55mg/kg.

**Reference:** Robinson JK, Hanke CW, Sengelmann RD, et al. *Surgery of the Skin*. Mosby, 2005

### AMA from p. 3

as shifts > 16 hours in length), and further limiting resident work hours to less than 80 hours per week. There were about two dozen studies which analyzed the effect of eliminating or decreasing the number of extended work shifts for residents and fellows. Most of the studies showed improved resident well being, evidenced by increased sleep, decreased fatigue, and decreased burnout. There was no change in educational measures. Other studies showed improvements in resident safety, measuring needle stick injuries and motor vehicle accidents, as well as increased patient safety in terms of decreased medication and diagnostic errors. Not enough evidence was available to make a determination of the effects of decreasing the total number of work hours to less

than 80 per week. This report asks the AMA to reaffirm support of the current ACGME duty hour restrictions, to encourage the voluntary reduction or elimination of extended work shifts by academic centers, and to continue research on the reduction of extended work shifts on patient care and resident educational outcomes.

*RFS Committee on Long Range Planning: Election Procedures For RFS Sectional and Alternate Sectional Delegates:* I-06 was the first cycle for which RFS Sectional Delegates and Alternate Delegates were elected to the HOD. There were several items suggested for improvement which addressed the challenges of electing a relatively large group of people in a short period of time using paper ballots with rank-order balloting. This report examined the current election system, and sug-

gested that the Governing Council consider changing the date of elections from Friday to Saturday, pending the results of surveys. Additionally, the report asks the RFS to continue to investigate the use of electronic voting systems for these elections. The CLRP will continue to study alternative voting mechanisms aside from rank-order balloting, and will report back at A-08.

Dermatology residents and fellows who attended the meeting include: Seemal Desai, M.D. (Vice-Chair Governing Council), Hillary Johnson M.D., Ph.D. (AAD-RFS Sectional Delegate), Elizabeth Muennich M.D., Ph.D. (Ohio-RFS Sectional Delegate), Adam Rubin M.D. (AAD-RFS Delegate), Lindsay Ackerman, M.D. (AAD-RFS Alternate Delegate), Chad Prather, M.D. (ASDS-RFS Delegate), and Shari Nemeth, M.D. (Michigan-RFS delegate). 

## Grants available for technology-based teaching applications

Applications due Sept. 30

American Academy of Dermatology (AAD) members with an interest in technology-based teaching solutions for clinical education in dermatology and dermatologic surgery may submit proposals to the Academy's Sulzberger Institute of Dermatologic Education Committee. The committee will consider proposals for the development of technology-based teaching applications, awarding seed research grants of up to \$60,000 per year for one to two year projects. In addition, two smaller grants of up to \$5,000 are available for proposals initiated by residents and post-residency fellows in dermatology that have access to a local mentor with experience in clinical

research. New in 2008 is a travel award of \$7,500 that will go to support training through a National Library of Medicine certified course. This award will be available to residents, fellows, or dermatology faculty.

The Sulzberger Institute Committee will evaluate proposals based on their novelty, perceived value of the project to dermatologic education, innovative use of technology, clarity, and the applicant's willingness to grant the Academy the right of first refusal to partner with the grant recipient in the development and marketing of potential products that may result from said research. In addition, the Sulzberger grant must represent a

major part of the funding for the overall proposal, rather than a short-term funding solution for a smaller part of a larger ongoing project.

Proposals to the committee must be submitted by Sept. 30, 2008. Grant recipients will be notified by Feb. 1, 2009, with funding to commence later that year. Proposals should be submitted to Richard Miller, Ph.D., Director of the Academy's Department of Education. Further information can be found on the Academy's Web site. 



For more information on the Sulzberger Institute call for grants, visit [www.aad.org/education/grants/sulzberger.html](http://www.aad.org/education/grants/sulzberger.html) or contact Richard Miller, Director, AAD Department of Education at [rmiller@aad.org](mailto:rmiller@aad.org).

## Volunteer for Camp Discovery

Camp Discovery is a special camp for children with chronic skin conditions and was founded in 1993 by Mark Dahl, M.D., during his presidency with the American Academy of Dermatology. This year the Academy will offer four different weeks of summer camp.

- July 6 – 11, Teen Camp in Crosslake, Minnesota (ages 15 – 16)
- July 12 – 18, Junior Camp in Crosslake, Minnesota (ages 10 – 14)
- August 9 – 16, Camp Horizon, Millville, Pennsylvania (ages 8 – 13)
- August 10 – 15, Camp Dermadillo, Burton, Texas (ages 9 – 16)

The success of Camp Discovery depends on the involvement and commitment of many people and is actively reaching out to residents for support of this

important program.

As a resident this experience can be beneficial in many ways. Volunteering at Camp Discovery allows residents to observe, first hand, conditions they may only have been able to read about in textbooks. Volunteers not only participate in young adult care, but also interact with young campers and have the opportunity to view them as children who are actively living with their conditions and not just as patients. 



For more information on Camp Discovery, please contact Janine Mueller at (847) 240-1737 or [jmueller@aad.org](mailto:jmueller@aad.org).



Are you implementing or upgrading your EHR system?

### Electronic Health Record

VENDOR DEMONSTRATION CHALLENGE

SUMMER ACADEMY MEETING

HYATT CHICAGO REGENCY C

FRIDAY, AUGUST 1 5:30PM-8:30PM

Refreshments and hors d'oeuvres will be served

SPACE IS LIMITED, BUT NO NEED TO RSVP!



### PICMED

PROGRAM FOR INNOVATIVE CONTINUING MEDICAL EDUCATION IN DERMATOLOGY

#### CALL FOR 2008 APPLICATIONS

#### Program for Innovative Continuing Medical Education in Dermatology (PICMED)

The American Academy of Dermatology (AAD) is dedicated to promoting the highest quality of dermatologic care through continuing medical education and research. The AAD is proud to announce that through a generous contribution by the Elsevier Foundation and the Skin Disease Education Foundation, who share with the AAD a commitment to continuing excellence in dermatology, the AAD has created an educational program called the Program for

Innovative Continuing Medical Education in Dermatology (PICMED). The program was established to facilitate the continuing education of dermatologists through support and development of innovative continuing medical education programs.

The endowment fund, to be awarded twice yearly, will be used to support the activities of PICMED, including but not limited to:

- Creative needs assessment mechanisms;
- Innovative uses of technology;
- Unique approaches to specific subject matter(s);
- Novel presentation techniques;
- Utilization of existing educational paradigms in new environments.

**The deadline for submission of requests for the 2008 Call for Grants is September 3, 2008. Successful applicants will be notified of their award by February 15, 2009.**

**For PICMED details and an application, visit the AAD website at [www.aad.org/education/grantsandawards.htm](http://www.aad.org/education/grantsandawards.htm)**

## message from the chair



Jennifer Lucas, M.D.

A new Academy calendar year is starting, which means another opportunity for our voice to be heard. The Residents and Fellows Committee is your Academy representation and advocacy group where relevant issues and concerns can be addressed, as well as changes initiated. On behalf of all of this year's committee members, we are looking forward to an exciting and productive year and are honored to be serving you. Under the leadership of Jorge Garcia-Zuazaga M.D., last year's committee achieved several goals for you including updating our Web page, increasing the number of dermatopathology courses at the Academy meeting, and directing a successful and informative Resident Transitions symposium.

During the AAD Annual Meeting in San Antonio, the Resident/Fellows Committee discussed and decided on new directives for next year. To accommodate more residents, we proposed that there be increased spaces available at next year's Dermatopathology Basic Self Assessment course. In addition, as the majority of us are in great need of access to relevant coding courses, we have proposed a new forum for the 2009 Annual Meeting entitled "What Every Resident Needs to Know About Coding but is Afraid to Ask."

The Resident Transitions symposium remains a priority of our committee as it is a course designed specifically for us. We plan to build on last year's symposium while

incorporating your suggestions. Next year there will be a session on practical issues and tips for the first year in practice in solo, group, and academic settings. We also plan to expand the Board preparation session and include a panel of previous test takers, and a question and answer session with a representative from the American Board of Dermatology.

The committee is also working on the implementation of a fellowship directory that will be available on the resident's page of the Academy's Web site. Finally, we are currently investigating developing a Web based "Academic Road Map" where residents can learn about different academic dermatology career paths, the logistics of applying, and available resources, including mentorship opportunities.

As you can see, even though the year is just beginning, the committee has already been hard at work for you. I want to reiterate that through this committee we can make change, but we cannot do so without your input. I encourage you to let your committee members know your concerns and suggestions. A list of committee members is located on the Academy's Web site. Most importantly, I encourage you to become as involved with the Academy as possible. We have a whole year ahead of us, and as the new chair of the Residents and Fellows Committee, my goal is to make this year count for all of us.

I look forward to seeing you at the Summer Academy Meeting 2008 in Chicago! 

Spring 2008

### Residents & Fellows Committee

Jennifer Lucas, MD, <i>Chair</i>	2010
Antoanella Bardan, MD, <i>Physician Editor</i>	2009
Christian L. Baum, MD	2010
Sara Brooks, MD	2009
Seemal Desai, MD	2009
Eric Hester, MD	2009
Michael Jacobson, MD	2009
Paul Lizzul MD, PhD	2010
Rishi R. Patel, MD	2009
Kelley Pagliai Redbord, MD	2009
Ingrid Roseborough, MD	2010
Misha Rosenbach, MD	2009
Elizabeth Martin, MD, <i>Young Physician Observer</i>	2011

**AAD Staff Liaison:** Todd Anderson

**Senior Associate Editor:** Dean Monti

**Editorial Designer:** Theresa Szefer

### Questions or Comments?

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

## next issue

### Special Report:

IRA investments for residents

### Boards' Fodder

Immunodeficiency disorders

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Physicians Dedicated to  
Excellence in Dermatology™