Now is the time for networking

A resident’s life is densely populated with friends, acquaintances, coworkers, colleagues; not to mention the occasional BFFs and other life-long relationships. Beyond and within this group are a few key people that may actually change your life. Directions in Residency asked residents and young physicians to speak candidly about the challenges of networking, a vital, but sometimes tricky part of your career process.

Take charge

It’s vital to be self-determined, proactive and resourceful when networking. Paul Lizzul, M.D., Ph.D., M.P.H., M.B.A., currently chief resident in the UC Davis department of dermatology, said that unlike business school, where honing your networking skills is par for the course, “networking is not something you’re taught in dermatology training.”

“It is neglected, as is the general financial and business acumen needed to succeed in most endeavors,” Dr. Lizzul said. This is in con-

See NETWORKING on p. 3

2009 Fox Award

Laboratory, clinical breakthroughs honored

A team of faculty judges selected three winners from each category — based upon their abstracts and the winners were presented on site with the Everett C. Fox Award.

Laboratory:

First Place:
Adam Friedman, M.D.
Topic: Hydrogel-glass hybrid nanoparticles: A novel technology for the treatment of cutaneous Diseases

Second Place:
Catharina Margrethe Lerche, M.Sc. (Pharm.), Ph.D. student
Topic: Topical pimecrolimus and tacrolimus do not accelerate photocarcinogenesis in hairless mice after UVA or simulated solar radiation

Third Place:
Jonathan Zippin, M.D., Ph.D.
Topic: Soluble adenylyl cyclase is necessary for IL-22-induced acanthosis in psoriasis

Clinical:

First Place:
Cynthia Harrington, M.D., Ph.D.
Topic: Rewarding neural response upon exposure to ultraviolet vs sham radiation in compulsive tanners

Second Place:
Nisith Sheth, M.R.C.P.
Topic: Predictors of patients satisfaction with initial diagnosis and management of malignant melanoma

Third Place:
Bassel Mahmoud, M.D., Ph.D.
Topic: Clinical and histopathologic study of hidradenitis suppurativa treated with laser

Scientific breakthroughs in the field of dermatology portend advances that will have far-reaching effects on the treatment of patients. The Resident and Fellows Symposium — which presents the latest laboratory-based and clinical-based research findings — was held on March 8, by Dennis H. Oh, M.D., Ph.D.
Make a difference in the fight against skin cancer

The Academy’s national skin cancer screening program is a public education and community service initiative designed to promote the prevention and early detection of melanoma and other skin cancers. Resident members are strongly encouraged to volunteer their time towards this successful program, which has potentially saved thousands of lives. All program materials, including screening forms, a comprehensive Program and Screening Guideline Book and public education materials are provided to residents who are members of the Academy at no charge.

In 2008, 88,250 people were screened by over 1,950 volunteer dermatologists, who detected more than 8,234 suspicious lesions, including 750 suspected melanomas. While these are impressive numbers, given the rise of skin cancer in America, more dermatologists are needed to help with this very important public service. Residents interested in learning more about becoming a volunteer can contact Yvonne Urbikas in the Academy’s communications department (847) 240-1736 or yurbikas@aad.org, or visit the Academy’s Web site at http://www.aad.org/.

Resident and Fellows Committee meets

The Resident/Fellows Committee met March 5, during the 67th Annual Meeting in San Francisco. Discussions focused on a variety of issues including registration, opportunities for residents and new ideas for the future. A complete list of committee members and an update from committee chair Jennifer Lucas, M.D. (front, center) can be found on page 8.

Calling all residents

Do you have an interesting idea for an article for Directions in Residency? We want the residents’ voices to be an intrinsic part of the publication and are always looking for new story ideas and columns. If you would like to submit a story or idea for Directions in Residency, contact:

Dean Monti
senior associate editor
dmonti@aad.org

AADCareerCompass.org

When you post your résumé/CV on AADCareerCompass.org, you have access to careers in dermatology located in some of the nation’s most desirable places!

- Upload multiple résumés/CVs
- Search over 300 job openings, including practices for sale
- Create and personalize your own career Web site
- Sign up for e-mails alerting you to available positions that meet your criteria
- Review articles and other resources relevant to your field

Sign up today at www.aadcareercompass.org, new positions are posted daily!
Most skills in networking, in fact, are not found in the classroom. You have to show initiative and be willing to put yourself “out there”, including making inroads with everyone that can help you, including those who have shown proven leadership abilities.

“Part of the process, is identifying the people you want to network with and then build relationships with people who can help you achieve your goals,” said Joslyn Kirby, M.D., assistant professor, Milton S. Hershey Penn State Medical Center. “I ask people I respect for their advice on who helped them.”

“The most difficult thing was feeling comfortable with the initial process,” said Elizabeth Martin, M.D., chair of the AAD Young Physicians Committee. “When I was just getting to know people I was very reluctant — afraid and intimidated — to initiate conversations.” Now, Dr. Martin said, she counts many of those same ‘intimidating’ people among her close friends and mentors.

Clarence W. Brown Jr., M.D., assistant professor of dermatology and director of Mohs and dermatologic surgery at Rush University Medical Center in Chicago, concurs about getting over your initial fears and jumping into the fray.

“It is difficult to be in a room where you don’t know anyone,” Dr. Brown said, “so walk up and say hello to someone, introduce yourself; then you know someone.”

Where? Everywhere!

Dr. Martin said to start networking you must actively put yourself in situations where you can meet people. “Attend receptions, especially at the Academy’s meetings (and other society meetings) and initiate a conversation.” Dr. Martin also suggested special events such as Skin Disease Research Day, legislative conferences, and AAD regional courses where you can interact with others in a smaller setting.

Sara Brooks, M.D., medicine-dermatology resident at Washington Hospital Center and Georgetown University Hospital, also extolled the virtues of more intimate environments. “Going to some of the lesser-known meetings creates a unique opportunity to meet leaders in the field without the pressure and time commitments of large meetings like the AAD [Annual Meeting].”

“In person” networking is always the best, as you can build a bond and rapport with that person,” said Dr. Lizzul, “People are in general better at remembering faces than names.”

Dr. Lizzul also suggested you should not limit your options to traditional outlets. “Become an active member of your community and attend charitable events. Be mindful that you can also network outside of your field. Every time you are in a social situation, you should look at it as an opportunity to build your network.”

“Take risks!” said Kelly Pagliai Redboard, M.D., director of Mohs Micrographic Surgery at the Dermatology and Dermatologic Surgery Group of Northern Virginia. “Attend and participate in events. Every opportunity can be a networking opportunity. Get involved in the community: a gym, synagogue/church, theatre, volunteer groups, anything. Get involved in the local dermatology community as well. Attend local meetings, stay active.”

Dr. Brown agreed that finding venues for networking can be difficult. To overcome this, he suggested attending meetings, community events, and hospital committees. He also cited the Academy’s Dermatology Advocacy Network (DAN) and state dermatology societies as excellent resources.

By Lawrence F. Eichenfield, M.D., chief of pediatric and adolescent dermatology and professor of pediatrics and medicine (dermatology), Rady Children’s Hospital, San Diego and University of California, San Diego School of Medicine

My residency in dermatology was my second residency. I had just completed a year as chief resident of pediatrics at Children’s Hospital of Philadelphia, a position of great responsibility, overseeing a 75-resident group. It was a time where I firmly stood my pediatric training, feeling quite comfortable with the day-in and day-out (and night-in and night-out) issues of pediatric in-patient care.

What a shock it was to be a first-year dermatology resident. I remember being in the clinic room, evaluating a patient and recognizing that, based upon a careful history and assessment of morphology, I had no clue what condition my patient had. “Well, thank you for that history,” I would say, “I’ll be back with an attending doctor in a few minutes, and we’ll outline our next steps.” The residency passed quickly and my knowledge of dermatology increased. Part of what I took away from training with my most valued mentors was the acknowledgement of “not knowing” everything, and that we shouldn’t feel that our knowledge at the moment is necessarily sufficient to take care of patients now or in the future. Thus, we must always keep learning, from our patients, our peers, our reading, and our meeting attendance.

In my residency I also learned to not assume that common signs and symptoms meant that the patient didn’t have an uncommon condition. In my career as a pediatric dermatologist, I see what most dermatologists would consider “uncommon” diseases regularly, yet I remained as challenged by the severe cases of the incredibly common conditions (severe atopic dermatitis) as the rare diseases that are so exciting to my resident and fellow trainees.

Some takeaway points:
- If you don’t know it, look it up. If you’re too busy to look it up now, look it up later – but don’t not look it up. “It” is whatever you need it to be.
- Use your colleagues! Even as a very competent diagnostician and therapeutic I value the input of others.
- Enjoy the impact you have on patients and their families!
- Treat each patient as if they are your own mother, father, sibling, grandparent, child, niece or nephew. While you may be nervous about juggling your many responsibilities, clinical and academic, with practice or real Boards just over the horizon, keep pushing yourself to know more, recognize what you don’t know, and through it all, keep caring. IR
# Genoderm Buzzwords

By Sara Brooks, M.D.

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<th>BUZZWORD</th>
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<td>Refsum Disease</td>
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<td>Lester Iris (hypopigmentation of pupillary margin of iris)</td>
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<td>Blue sclera</td>
<td>Osteogenesis Imperfecta (Type I, III, IV); Ehlers-Danlos Syndrome</td>
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<td>Corneal opacities in whorl-like configuration</td>
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<td>Dystopia Canthorum</td>
<td>Waardenburg Syndrome (Type I, III, IV)</td>
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<td><strong>Musculoskeletal buzzwords</strong></td>
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<td>Stippled epiphysis</td>
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<td>Posterior iliac horns</td>
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<td>Wormian bones in sagittal and lambdoid sutures</td>
<td>Menkes Disease</td>
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<td>Radial ray defects (absent/hypoplastic radius and thumbs)</td>
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<td>Acro-osteolysis</td>
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<td>Mucopolysaccharidoses (Hurler’s, Scheie’s, Hunter’s, Maroteaux-Lamy’s)</td>
<td>Hurler Syndrome</td>
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<td>Multiple enchondromas</td>
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<td>Hemihypertrophy</td>
<td>Beckwith-Wiedemann Syndrome</td>
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<td>Broad thumbs</td>
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<td>Tufted terminal phalanges</td>
<td>Hydroptic Ectodermal Dysplasia</td>
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<td>Scissor gait</td>
<td>Sjogren-Larson Syndrome</td>
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<td>Occipital Horns (exostosis at insertion of trapezius and sternocleidomastoid muscles)</td>
<td>Occipital Horn Syndrome</td>
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<td>Hypodontia/Anodontia</td>
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<td>Enamel pits</td>
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<td>Natal teeth</td>
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<td>Cobblestoned oral mucosa</td>
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<td>Wooden tongue</td>
<td>Lipoid Proteinosis</td>
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<td>Grimacing smile</td>
<td>Rubenstein-Taybi Syndrome</td>
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<tr>
<td>Oral Leukoplaikia</td>
<td>Pachyonychia Congenita Type I (not premalignant)</td>
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<td>Gingival Fibroma</td>
<td>Tuberous Sclerosis</td>
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Sara Brooks, M.D., is a medicine-dermatology resident at Washington Hospital Center and Georgetown University Hospital.


### Graduating Residents: Enroll now in Medicare plan

*Online process is fast, secure and easy*

Dermatologists completing their residency training should enroll in Medicare now to assure prompt payment for services rendered to patients covered under the program. To help make the enrollment process faster and more efficient, physicians can now enroll in Medicare or make changes to their enrollment online via the Internet-based Provider Enrollment, Chain and Ownership System (PECOS). They may also view their Medicare enrollment information on file with Medicare, or check on the status of a Medicare enrollment application. The system is also available to non-physician providers.

According to CMS, the secure new system is 50 percent faster at processing applications than the paper-based system. The process is also more streamlined and applicants will no longer see questions that are not applicable to their enrollment scenarios when using Internet-based PECOS.

Physicians are still required to sign and date the Certification Statement and mail the Certification Statement and all supporting paper documentation to the Medicare contractor. A Medicare contractor will not process an Internet enrollment application without the signed and dated Certification Statement and the required supporting documentation.

In addition, the effective date of filing an enrollment application is the date the Medicare contractor receives the signed Certification Statement that is associated with the Internet submission.

For information about Internet-based PECOS, including important information applicants should know before submitting a Medicare enrollment application via Internet-based PECOS, go to www.cms.hhs.gov/MedicareProviderSupEnroll. To access the system go to https://pecos.cms.hhs.gov.

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### Got a Question, Comment, or Suggestion for the AAD?

Contact the Member Resource Center Toll-free.

- **Toll-free:** (866) 503-SKIN (7546)
- **Phone:** (847) 240-1280
- **Fax:** (847) 240-1859
- **E-mail:** MRC@aad.org

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### Buzzwords

#### CNS buzzwords
- Temporal and hippocampal calcification
- Falx cerebri calcification
- Dural calcification
- Basal ganglia calcification
- Sphenoid wing dysplasia
- Tran- track calcifications beneath leptomeningeal lesions

#### Urine buzzwords
- Maltese Cross under polarized light
- Mousy Odor
- Dark Urine

#### Heme buzzwords
- Crumpled tissue paper macrophages
- Foam cells on bone marrow biopsy
- NBT (nitroblue tetrazolium) reduction assay
- Cold abscesses
- Absent thymic shadow

#### Sexual buzzwords
- Precocious puberty
- Calcifying Sertoli-cell (testicular) tumor

#### Other buzzwords
- Low-pitched cry at birth
- Hoarse cry at Birth
- Eyelid string of pearls
- Linear earlobe crease
- Pain insensitivity
- Left-sided cardiomyopathy
- Right-sided cardiomyopathy
- Exuberant granulation tissue

### Genoderm

- Lipoid proteinosis
- Gorlin Syndrome
- Papillon-Lefèvre Syndrome
- Cockayne Syndrome
- Neurofibromatosis I
- Sturge-Weber Syndrome
- Gorlin Syndrome
- Conradi-Hunermann Syndrome
- Progeria Syndrome
- Rothman-Thompson Syndrome
- Hypohidrotic Ectodermal Dysplasia
- Fabry Disease
- Phenylketonuria
- Alkaptonuria
- Gaucher Disease
- Niemann-Pick Disease
- Chronic Granulomatous Disease
- Hyper IgE Syndrome
- Severe Combined Immunodeficiency
- McCune-Albright Syndrome
- Carney Complex
- Cornelia de Lange Syndrome
- Lipoed Proteinosis
- Beckwith-Wiedemann Syndrome
- Riley-Day Syndrome
- Carvajal Syndrome
- Naxos Disease
- Junctional epidermolysis bullosa, Herlitz type
What is Dermatofibroma Sacroma Protuberans? That and other “answers” provided fodder for a new and entertaining session when the American Academy of Dermatology presented its inaugural Resident Jeopardy on March 6, during the Academy’s 67th Annual Meeting. Close to 100 people registered for the session, including residents, medical students, fellows, and also practicing dermatologists.

The director of the session was Amit Garg, M.D., director of the dermatology training program, Boston University School of Medicine. “It was a lot of fun,” Dr. Garg reported after the session. “We used structured gaming complete with game boards and buzzers in a cooperative and interactive environment to encourage self-directed learning.”

Ten teams from all different parts of the nation competed, as well as one international entry. The participating teams included representatives from UCSD, Loyola, Northwestern, Indiana, Case Western Reserve, Roger Williams, UAB, SUNY Downstate, Drexel, and American University of Beirut.

The self-assessment content included a number of conventional subjects including general dermatology, internal medicine, basic science, genodermatoses, surgery, dermatopathology, and medications, among others. There were also other “fun” topics such as kodachromes, art in dermatology, iotaderma, celebrity dermatology, the Academy, ACGME competencies, and billing and coding (depending on your idea of “fun,” of course). Overall, participants found the variety and depth of content valuable for self-assessment.

Dr. Garg said he was delighted to see the hall at full capacity with residents and dermatologists, national and international, and both young and more experienced, all of whom were actively participating along with the contestants.

“The audience was as engaged as the contestants throughout the session,” Dr. Garg said. “They played along silently with the contestants, and we also facilitated active audience participation by throwing questions out to them when the contestants were unable to answer in time or correctly. For fun, we even kept a running score for the audience.”

Dr. Garg said that among the dynamics at play that made the session interesting were “competition among programs from different regions and of different sizes, as well as a friendly inter-city rivalry between Loyola and Northwestern.” The teams making it to the final round were UCSD, Loyola, and Drexel. But at the end of the day it was the Drexel team — made up of Ian Maher, M.D., 3rd year resident, and Megan O’Brien, M.D., 2nd year resident — that took home the coveted trophy.

“It took quite a bit of courage on their part to put themselves out there in front of a large audience,” Dr. Garg said. “All of the contestants were great sports and they are to be congratulated.”

The answer is: Resident Jeopardy! New session a combination of high tech, education, and fun
**Be the perfect party guest**

Social etiquette is an art you should be aware of, since others are often very aware of it. Be yourself, but don’t be a pest. Be natural and genuine, but not cloying or desperate. Like a good guest at a party, make a good first impression and don’t overstay your welcome.

“Be yourself and be sincere when you are in these situations,” Dr. Lizzul said. “People can often see through the ‘actors or actresses’. Don’t look at networking as a ‘in it for myself’ venue only, but rather as an opportunity to make friends, acquaintances, gain knowledge and, in general, to have fun. You can learn from everyone you meet, not just those in your field, so expand your horizons. Also remember, that this is a two-way street, so don’t forget to be a resource for others.”

“When meeting people, I am always honest, sincere and low-key,” Dr. Kirby said, stressing that enthusiasm tempered with humility never hurts.

You should also keep in mind that when you are at a social or reception setting, you may be making multiple impressions — to those you are speaking directly to, as well as those you think may not be listening. “Know that others can often overhear your conversations, so think before you speak,” Dr. Martin said. “Also, remember that you may not know who is friends with whom and use discretion in your conversations.”

Dr. Brown had a similar sentiment, “Never speak negatively about another physician or another specialty of medicine. This will only target you for negative responses and/or retaliation.”

**Look at your long-term picture**

“This is a journey over time,” said Dr. Lizzul who is looking forward to his new position this summer as assistant professor of dermatology and associate director of clinical trials/research at Tufts Medical Center. “You should have sight of your goals and where you want to be in five, 10, 15 years. Be mindful of the present, but you need to have some semblance of where you are going, or at least where you would like to go. Networking, in conjunction with hard work, is one of the ways to make those goals a reality. In the end, also have fun, don’t just look at other people as a means to an end, but as people, who are generally interesting and gracious. In doing so as you travel towards your destination it will be a wonderful experience.”

Dr. Brown agreed networking is a long-term investment, which he likened to “planting seeds and expecting a harvest in the future.” He also reminded that when you succeed, don’t forget those who helped you get there. After completing his residency and entering into practice, Dr. Brown sent personalized, handwritten, thank you notes to all the people who had written him letters of recommendation to get into college, medical school, internship, residency and anyone else that had helped along the way. “These were so well received that I continue to hear about these nearly 10 years later,” Dr. Brown said. “Out of the blue, every now and then, someone will bring this up to me as how they came to know and remember who I am.”

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**In your Face(book)**

Social networking sites have gained popularity among hiring managers because of their convenience and a growing anxiety about hiring the right people, researchers say. If you want to put on a good face for a potential employer, however, keep your bad face out of Facebook. MSNBC reported last year that 35 percent of hiring managers use Google to do online background checks on job candidates, and 23 percent look people up on social networking sites like Facebook, MySpace and Twitter. About one third of those Web searches lead to rejections, according to surveys. If you plan to network on sites like these, keep your account professional. “Don’t confuse socializing with your friends with networking,” Dr. Lizzul reminded. One site you should avail yourself of, however, is the AAD Web site, www.aad.org, where you can develop your own physician profile on Find a Derm, which can be accessed by the public and colleagues.
Hello fellow residents and greetings from Cleveland. I hope that everyone had an exciting and informative Annual Meeting in San Francisco! During the meeting the Residents/Fellows Committee (RFC) met and reaffirmed its mission to effectively represent the concerns and address the issues of dermatology residents and fellows. We have several ambitious goals for 2009 and we would love to hear your input on them. The RFC will look at developing a leadership curriculum for residents. The committee will also investigate new ways to communicate with resident members by updating the Web site and possibly implementing online social networking to connect with residents. In addition, we will further implement tools and resources for transitioning into the workforce and fellowship information.

Educational opportunities for residents, especially at the Annual Meeting, remain one of the top priorities of the RFC. Recent RFC driven educational opportunities that were implemented at the 2009 Annual Meeting include, doubling the number of seats available for the Basic Self-Assessment of Dermatopathology course and the addition of a coding session that was appropriate for residents. The coding session was simulcast, making it available to all residents in case tickets were sold out. We are currently working to address the challenges facing residents during the registration process as well as continuing to try and get more opportunities for residents to register for important courses such as the Basic Self-Assessment of Dermatopathology.

For those of you who missed it, we had a very exciting Resident Transitions Symposium where we heard insightful and invaluable advice regarding future employment from the perspective of a solo private practitioner, a member of a group practice and an academician. We also had a very insightful presentation and Q & A session with the American Board of Dermatology as well as prior test takers. As promised I will follow-up with the ABD to get our remaining questions answered. Please forward your questions to residents@aad.org and stay tuned for your e-mail for their response.

The emphasis of this issue of Directions in Residency is the value of networking. We’re committed to helping to enhance networking opportunities and would appreciate your additional input. How do you network and what can we do to help with this? Send an e-mail to residents@aad.org and share your tips on networking.

Finally, if you are looking for ways to get involved, consider joining the Dermatology Advocacy Network (DAN). DAN is the AADA’s national grassroots program designed to provide members with a structured way to build and maintain relationships with policymakers. To join, visit www.aad.org and select “Government and Advocacy”. Participation is as simple as joining a monthly conference call to hear about what is happening at the state and national level.

We look forward to an exciting and productive year! Please let us know your input, feedback and/or concerns. 

Jennifer Lucas, M.D.