AAD 1938 American Academy of Dermatology

Directions in Residency

Winter 2012

Official Publication of the Residents/Fellows Committee, American Academy of Dermatology

Flight risk

Airplane notes are a part of resident life. But there are more facts you need to know.

By Dean Monti, AAD managing editor, special publications

A resident sweats through a rigorous exam, one that has been awaiting him his entire academic career. Upon completion of the test, the examinee boards an airplane to go home. Rather than celebrating or watching an in-flight movie, the examinee is trying to write down everything he experienced from memory, intending to share this information with future exam takers, risking his own career and the future of others. This is not an isolated incident, but one that has been going on for decades. Why? Directions *recently examined the phenomenon and spoke with Jane Grant-Kels, MD, who co-authored an article in* JAAD *about the topic.* Directions *also asked residents to weigh in (anonymously) about their own experiences with airplane notes.*

Dr. Grant-Kels, along with Barry D. Kels, JD, MD, wrote about airplane notes (also called "recalls") in the August 2012 *Journal of the American Academy of Dermatology* (*JAAD*). The article, which should be required reading for all residents, presents a case scenario that asks the reader to decide the best response when it comes to the question of whether to accept or reject airplane notes. Not accepting the notes is given as the best — and most obvious — solution.

For those with a strict moral and ethical compass, the best solution may be a no-brainer. Fact: Airplane notes are considered taboo by the American Board of Medical Specialties (ABMS) and the risk involved is considerable. If a student is caught participating, he or she may face what the *JAAD* article referred to as the "death sentence." This means residents may never be permitted to take the board exam again, preventing them from ever becoming board-certified in dermatology. As Dr. Grant-Kels cited in *JAAD*, the ABMS position is hardly equivocal:

"Since all test takers are required to sign an affidavit that states they will not provide these kinds of notes, it is clearly unethical and technically illegal to share airplane notes," Dr. Grant-Kels said. "If one believes that lying is immoral, then signing this affidavit and then sharing airplane notes with others is immoral, too."

Unethical, illegal, and possibly immoral? You might imagine this would be enough of a deterrent for anyone, let alone a promising young dermatology resident. Getting caught using airplane notes = end of dermatology career = bad news. Ergo, stay away.

And yet … airplane notes persist. Furthermore, it does not appear that they represent an anomaly of medical student life. They are also nothing new. Dr. Grant-Kels remembers first hearing about them in the 1970s, and one can likely guess their history is much longer The appeal to those who would partake in the practice is obvious, Dr. Grant-Kels said.

"If you see a question on the exam that you have seen before, it is a slam dunk and you can quickly move on to the next question. In a competitive environment like the dermatology boards, this can be an advantage," she said.

The story of airplane notes rose to national notoriety after the publication of a CNN story earlier this year that blasted the headline: "Exclusive: Doctor cheating warnings expand to dermatology," (CNN, Feb. 6, 2012).

The article reported on an email sent to the American Board of Dermatology (ABD) in 2008 from an anonymous resident who claimed there was "an organized effort year after year to, by verbatim, reproduce each and every question of the official ABD certifying examination minutes after its completion. [Airplane notes] are well known to dermatology residents and are compiled, typed up, and quietly distributed among residency programs across the country."

The resident further described to the ABD a process by which "a feverish and collective effort is made by examinees from many programs to reproduce on paper as many questions as they can — verbatim — that they had just encountered. This is then integrated into an updated 'airplane notes,' which then has questions from the year before, and the year before that, etc., in an organized fashion. These are even professionally bound at Kinko's at times."

How does this fly?

Examining the factors that motivate airplane notes involves looking at two groups: those

See ***FLIGHT RISK*** on p. 2

Inside *this* issue

FLIGHT RISK from p. 1

who provide the notes and those who partake. One might flip an old axiom on its end and ask, "is it worse to give or to receive?"

Residents can ask themselves this question, however, the ABMS does not make a distinction between the givers and the takers, stating, "whether someone is providing or using test questions, ABMS Member Boards enforce sanctions that may include permanent barring from certification, and/or prosecution for copyright violation." The ABD concurs with the position of the ABMS on the topic of airplane notes.

One motivation for test takers to use airplane notes is its perceived acceptability. Some residents reported that they believe many of their peers don't see airplane notes as cheating, but as something "everyone does."

But perhaps more disturbing is the assertion made by some residents and faculty that taking and distributing airplane notes is following a "tradition," and perhaps a misguided sense of "giving back."

When asked about what motivates the proliferation of airplane notes, Dr. Grant-Kels said she believed it involved a certain amount of "collegiality" and "the sense that it was done for them and so they should do it for others."

Residents may be motivated to share information when they themselves have benefited from them in order to maintain the tradition for future generations. This creates a self-perpetuating problem for incoming residents. If residents know or hear that others are using airplane notes, it may make them more inclined to use the notes themselves, creating an academic cultural environment that condones illegal behavior in order to compete against those who use airplane notes.

It's conceivable that some residents prefer to believe they are simply following the crowd to help justify poor decisions.

But if one accepts that "collegiality" and "tradition" motivate residents to provide recall notes for the next generation of test takers, it's more likely the test takers are motivated by other factors: namely fear, pressure, and desperation.

"The boards are very minutiae-oriented," Dr. Grant-Kels said. "In addition, everyone is aware that residents taking the boards are the best of the best. Therefore, there is a sense of insecurity and competitiveness. And since a certain percentage of the test takers fail ever year, there is a tremendous fear factor."

Some residents believe a major shift in the status quo will be required to obviate the need for recall notes, but opinions differ on what that shift might look like.

"Airplane notes are so-called because residents write down as much as they can remember on the plane after taking the test."

One resident suggested "a change in the approach to testing, i.e., instead of asking esoteric facts, such as questions based on single case reports, the board would instead focus on relevant information that residents could in turn study for without having to resort to airplane notes."

Some dermatology residents extended this idea further, suggesting there should be an overall new approach to learning and studying, saying that dermatology education should focus more on everyday knowledge accumulated through clinical practice.

One resident shared the following opinion:

"Testing on esoteric facts is irrelevant to anyone intent on being a good clinician and only creates an environment in which residents feel the need to rely on airplane notes in order to pass the exam. Therefore, increased transparency and improved resources issued directly by the ABD would eliminate the need for residents to rely on information passed down from their peers."

No easy answers

There is no consensus on how to address the dilemma of airplane notes, and like the ABD Board exam, it appears there are no easy answers to the problem.

At various times, residents have requested more board study guides, release of previous year's board exams, and in-service exams with answer keys as a study resource for residents. Some suggest the ABD should sell old questions to residents.

A more effective option may be to aviod repeating questions that have appeared on previous tests. As Dr. Grant-Kels reminded, "If there were no reused questions, airplane notes would likely cease to be useful." Eliminating reused questions would put a quick end to airplane notes, but it still leaves residents yearning for improved, legitimate options to prepare for the biggest test of their lives.

Some suggest more transparency and guidance about the ethics and legaity of recall notes during residency, saying residency programs should educate residents about the practice of airplane notes at the outset of training and frame it clearly in the context of cheating. Informing residents early about airplane notes and the harsh realities of getting caught being involved with them could help decrease the perception that airplane notes are "tradition," "what have always been done," or "what everyone is doing."

There is (literally) no telling how many attending dermatologists have passed the boards with the assistance of airplane notes, and unfortunately some residents may be getting tacit approval from their own attending physicians in teaching institutions. If so, this only compounds the complexity of the issue.

As long as airplane notes continue to be a part of resident life, residents need to know two things:

1.) Regardless of whether you personally dread the exam, find

See **FLIGHT RISK** on p. 3

FLIGHT RISK from p. 2

fault with it, or are feeling confidently prepared for it, there's no avoiding it. The board exam lies ahead and it is an important element of your future. Get ready.

2.) Whether or not you personally define airplane notes as cheating, and regardless of what you think of those who use them, the fact is, the risk associated with using them is extraordinarily high. The consequences if caught are grave, and so the risk should be taken very seriously.

The good news

A conspiracy of silence has characterized the use of recall notes for decades. But now that the airplane is out of the hangar, residents are beginning to talk about the problem — both among themselves and with faculty members in universities. Dr. Grant-Kels said she was prompted to write her article for *JAAD* after the

CNN story sparked questions from her own residents. Perhaps more conversations about the 10,000 pound airplane in the room will lead the way to new ideas, and solutions will be put in place that will preclude the dangers and stigma of cheating.

It's also worth noting that there are now more board study materials and ways to access them than ever before, both in print and on the Web, within this publication and at the ever-growing AAD website and beyond. With legitimate study materials on the rise, perhaps the day will come when resorting to questionable material will cease to be a part of the equation because residents simply won't need them.

Residents don't cheat to get into medical school, they shouldn't have to resort to cheating to get out. When all parties agree on the best way to accomplish this, real progress will be made. In the meantime, continue studying. Hard. And next time you're in an airplane, try an in-flight movie. DR

References

JAAD, Aug. 2012. Vol. 67, No. 2, p 276-278.

CNN, *Doctor Cheating Warnings Expand to Dermatology*, http://www.cnn.com/2012/02/03/health/doctor-cheating-dermatology/index.html

The comments in this article do not necessarily represent the opinions of the AAD or the Residents/Fellows Committee.

Two views of the Hill: Residents discover politics can shape the future of dermatology

Jeannette Jakus, MD, MBA, third-year resident at SUNY Downstate, Brooklyn

Admittedly, I was a skeptic. I am not a political person, but with the upcoming election and the heated debates about the Affordable Care Act, I was eager to learn more. When I signed up to attend the 2012 AADA Legislative Conference in September, I didn't really know what to expect. On the first day of the conference, I attended lectures on the impact of political action committees (PACs) and how important a persuasive PAC is to the specialty of dermatology. The day ended with an entertaining dinner in which our keynote speaker, Mark McClellan, MD, PhD, senior fellow at the Brookings Institution, gave a lightening-speed synopsis of our health care system and current trends. Day two focused on learning the ins and outs of advocacy, including staging mock one-on-one sessions to learn how to communicate with politicians.

We were familiarized with key legislative priorities identified by the American Academy of Dermatology Association's advocacy group as most important to our profession, including laws related to indoor tanning, physician payments, and national research funding. Over the two days, I met with my assigned mentor as well as many other active leaders in dermatology, all of whom were there for a common cause — to fight for our profession and our patients. It was an enlightening experience and one that reminded me of how even one person can make change in our political system. I left the conference ready to take on the Hill and our opposing special interest groups. I realized that being political is essential to the health of our profession.

Gopal Patel, MD, third-year resident at the University of Texas Southwestern, Dallas

Lobbying on Capitol Hill can be an intimidating experience. The AADA Legislative Conference and AADA website have all the necessary tools to prepare dermatologists to advocate for our patients and profession. After two eye-opening days at the conference, I was equipped with talking points on research funding, tanning law, and physician payments. The dermatologist attendees were separated by state and district to personalize meetings with respective representatives. With a large showing from Texas, we were lucky to cover wide ground. The morning of our visit, I walked into the Russell Senate Office Building, immediately awed by its rich history, humbled by the decisions made within these walls, and excited that we were here, directly impacting that process.

Sen. Kay Bailey Hutchinson was our first stop. We sat with Hutchinson's young but informed legislative aids to present our action points. We left them with specific "asks" or requests to vote yes or no on individual legislation. I also had the privilege to meet one of the few physicians in Congress, Michael Burgess, MD, an obstetrician/gynecologist. He

See ***VIEWS OF HILL*** on p. 7

Jeannette Jakus, MD, MBA, third-year resident at SUNY Downstate, Brooklyn

Gopal Patel, MD, third-year resident at the University of Texas Southwestern, Dallas

CTD Antibody and HLA Associations

by Todd Mollet, MD, and Adrienne Lam, MD

CONNECTIVE TISSUE DISEASE-SPECIFIC ANTIBODIES	
Lupus Erythematosus	
ANTIBODY	**ASSOCIATION**
C1q	Severe LE; urticarial vasculitis
dsDNA	Also referred to as nDNA (native DNA); High levels confirm diagnosis of SLE; Low levels seen in RA, Hashimoto's, Grave's, Waldenstrom's macroglobulinemia, MCT, SSc, liver disease, SjS; correlates with disease activity
Histone	Drug-induced LE if negative for other antiodies
Phospholipid	Primary APA syndrome; SLE (50% of patients); Drugs (cocaine, interferon α, procainamide, hydralazine, phenothiazines, quinine, quinidine, fansidar, phenytoin); chronic infections (syphilis, mononucleosis, TB, leprosy, leptospirosis, malaria, typhus, trypanosomiasis, schistosomiasis, filariasis, CMV, HIV, HCV)
Ro	SCLE; Neonatal LE
rRNP	CNS disease
Sm	Most specific antibody for SLE
ssDNA	Low diagnostic value; SLE in DLE patients; Linear morphea in children
U1RNP	MCTD; SLE
Dermatomyositis	
ANTIBODY	**ASSOCIATION**
155 kd/Se	Amyopathic DM; cancer
Jo-1 (anti-histidyl tRNA synthetase)	Interstitial lung disease; anti-synthetase syndrome; mechanic's hands
Mi-2	Skin involvement only; good prognosis
SRP	Fulminant DM; Cardiac involvement
Sjogren's Syndrome	
ANTIBODY	**ASSOCIATION**
αFodrin	
La (SS-B)	
Ro (SS-A)	Annular erythema of SjS
Systemic Sclerosis	
ANTIBODY	**ASSOCIATION**
Centromere	CREST
Fibrillin-1	Localized SSc
Scl-70 (anti-topoisomerase-I)	Diffuse SSc

DISEASE	ANTIBODY	TARGET
Wegener's granulomatosis	cANCA	Proteinase 3
Microangiopathic vasculitis	pANCA	Myeloperoxidase

ANA patterns		Target
SLE	Peripheral	DNA
SLE	Homogenous	DNA, histones
SSc, SLE	Nucleolar	RNA
CREST	Centromere	Kinetochore
MCTD, SLE, SSc, SjS	Speckled	Ribonucleoproteins

HLA ASSOCIATIONS	
DISEASE	**ASSOCIATED HLA(s)**
Abacavir induced hypersensitivity syndrome	- B*5701
Actinic prurigo	- DR4 (DRB1*0401), -DRB1*0407
Acute generalized erythematous pustulosis	- B5, -DR11 and -DQ3
Allopurinol induced SJS/TEN - Han Chinese	 - B*5801
Alopecia Areata - all types - severe alopecia totalis/universalis	 - HLA-DQB1*0301 (DQ7), HLA-DQB1*03 (DQ3), and HLA-DRB1*1104 (DR11) - DRB1*0401 (DR4) and HLA-DQB1*0301 (DQ7)
Behçet's disease	- B51
Bullous pemphigoid - Caucasians - Japanese	 - DQB1*0301 - DRB1*04, DRB1*1101 and DQB1*0302

Todd Mollet, MD, PGY3, University of Oklahoma Department of Dermatology

Adrienne Lam, MD, PGY3, University of Oklahoma Department of Dermatology

CTD Antibody and HLA Associations (continued)

by Todd Mollet, MD, and Adrienne Lam, MD

HLA ASSOCIATIONS	
DISEASE	**ASSOCIATED HLA(s)**
Carbamazepine induced SJS/TEN	
- Asians and East Indians	- B*1502
- Europeans	- A*3101
Chronic urticaria	- DR4, -DQ8
Dermatitis herpetiformis	- DQ2, -B8
Dermatomyositis	
- Juvenile	- DR3, -B8
- with anti-JO antibodies	- DR52
- with anti-Mi-2 antibodies	- DR7, -DRw53
- adults with dermatomyositis overlap	- B14, -B40
- Japanese with juvenile dermatomyositis	- DRB1*15021
Epidermolysis bullosa aquisita	
- Caucasians and African Americans	- DRB1*1501, -DR5
- Koreans	- DRB1*13
Erythema dyschromium perstans	
- Mexican patients	- DR4
Erythema multiforme	- DQw3, DRw53, and Aw33
Generalized granuloma annulare	- Bw35
Henoch-Schonlein Purpura	
- With renal disease	- B35
Juvenile idiopathic arthritis	
- Type II Oligo/pauciarticular arthritis	- B27
- Enthesitis-related arthritis	- B27
Leprosy	
- Lepromatous form	- DQ1
- Tuberculoid form	- DR2, -DR3
Lichen planus	
- Oral and cutaneous	- DR1
- Oral	
- English patients	- B27, -B51, -Bw57
- Japanese and Chinese patients	- DR9
- HCV Patients	- DR6
Lichen sclerosus	- DQ7, -DRB1*12
Mixed connective tissue disease	- DR4, -DR1, -DR2
Mucous membrane pemphigoid	- DQw7
Pemphigoid gestationis	- DR3, -DR4
Pemphigus vulgaris	
- Caucasians	- DRB1*0402, DRB1*1401 and DQB1*0302
- Japanese	- DRB1*14 and DQB1*0503
Psoriasis	
- Early onset	- Cw6 (also in late-onset), -DRB1*0701/2
Relapsing polychondritis	- DR4
- Negatively associated w/ organ involvement	- DR6
Rheumatoid Arthritis	- DR1, -DR4, -DRB1
Sacroiliitis	- B27
- Psoriasis	
- Crohns	
- UC	
- SAPHO	
- Reactive arthritis	
Sarcoidosis	- 1, -B8, -DR3, -DRB1, DQB1
Stevens- Johnson Syndrome	
- With ocular complications	- DQB1*0601
Still's disease, Adult-onset	- B14, -B17, -B18, -B35, -Bw35, -Cw4, -DR2, -DR7, -DR4, -Dw6
Subacute cutaneous lupus erythematosus	- B8, -DR3
Systemic lupus erythematosus	- A1, B8, DR3
Wegener's granulomatosis	- DPB1*0401

References:

1. Bolognia JL, Jorizzo JL, Schaffer JV. *Dermatology.* 3rd Edition. Elsevier; 2012.

Note:
New submission guidelines for Boards' Fodder. *See page 7.*

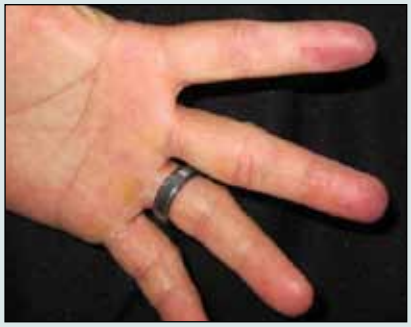
Need more Boards' Fodder? Visit the Directions in Residency *archive listed under "Publications" at www.aad.org.*

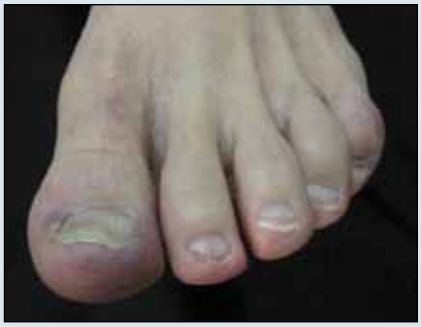
Dermed if I know

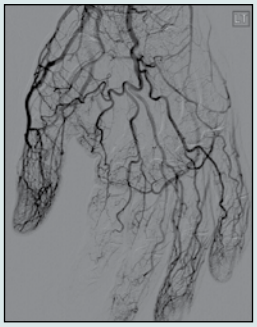
We all know hands and feet become wrinkled after a spell in the bathtub, but why don't other body parts prune up? Scientists believe it's likely due to the abundance of dead keratin cells on the hands and feet. Did you learn something interesting this week? Send it to dmonti@aad.org and if we publish it, we'll give you a shout out.

Race for the Case

By Markus Boos, MD, and Karolyn Wanat, MD







37-year-old male presents with three weeks of numbness in his left index finger and great toe. He also complains of purple discoloration. He also has new onset calf claudication. He has no systemic symptoms. He reports a remote history of IV drug use, alcohol abuse, and a 25 pack-year smoking history.

1. What is the diagnosis?
2. What feature of his history is most associated with this disease?
3. What demographic is most commonly affected with this disease?
4. What is the treatment?

Respond today with the correct diagnosis to Allison Evans, staff editor, at aevans@aad.org, and be a part of our drawing for a Starbuck's gift card and your photo in *Directions*!

Running away with the win

Rayna Dyck, MD, is a third-year dermatology resident in the research track at Cleveland Clinic. Her hobbies include cooking, thrift store shopping, making frequent trips to her home state of Alabama, and running (she completed the Disney and Chicago marathons this year). She also loves singing and karaoke and was once approached after performing to sing for an artist she'd never heard of. She declined the offer only to see that artist on Jay Leno a week later. Although she kicks herself for that from time to time, she is sure she didn't miss her calling as she loves dermatology!

Rayna Dyck, MD

Answers to Race for the Case, Fall 2012

A 44-year-old woman presented to a community STD clinic with an asymptomatic but growing lesion that occurred after shaving in the suprapubic area. She was otherwise completely healthy. A biopsy was performed.

1) What is the diagnosis?
   Verruciform xanthoma
2) What is the most important histopathologic feature (which is shown)? *Foam cells in the dermal papillae are most distinguishing feature although papillomatosis, parakeratosis and associated neutrophils are often seen*
3) Are there any laboratory abnormalities in these patients?
   Verruciform xanthomas are not associated with increased serum lipids.

4) What genodermatoses can these be associated with?
   Congenital hemidysplasia with ichthyosiform erythroderma and limb defect (CHILD syndrome) and recessive dystrophic epidermolysis bullosa.

Ready to race?

We want to ramp up our archives of Race for the Case in print and online in 2013 and feature more resident contributors in this publication. Perhaps you have a clever quiz and a trio of photos you feel would fit in nicely on this page?

If you would like to contribute, contact Allison Evans, aevans@aad.org for details on submission. If we use your submission, we might even be able to squeeze out a gift card for you. We have a limited budget, but our appreciation knows no bounds.

The American Academy of Dermatology is holding its 71st Annual Meeting in Miami Beach, March 1-5, 2013. Early registration opened for residents **Tuesday, Nov. 20**. In addition to the many wonderful sessions and educational opportunities for residents, put these must-attend events on your calendar!

Thursday, February 28

Dermatology in Action
Through Hands On Broward, the AAD will partner with the Miami Beach Police Athletic League (MBPAL) in a beautification project to enhance their community center. For more information visit www.aad.org/dermatologyinaction.

Friday, March 1

Sharing Mentoring Experiences Breakfast, 7:30 a.m., Poinciana 1 & 2 Ballroom at the Loews Miami Beach Hotel. Co-chairs: Lindsay Ackerman, MD, and Bethanee Schlosser, MD, PhD

Designed to give early career dermatologists insight and ideas to develop the skills needed to further their career. Please register for event in the "Programs" section at www.aad.org/leadership.

CO3A Basic Self-Assessment of Dermatopathology, 7 to 9 a.m.

CO3B Basic Self-Assessment of Dermatopathology, 9:30 – 11:30 a.m.

Resident's Reception, sponsored by Amgen Pfizer, 5 to 6:30 p.m., Americana 2 at the Loews Miami Beach Hotel.

Resident Jeopardy (S004), 9 a.m. to 12 p.m.
Director: April W. Armstrong, MD, MPH

Saturday, March 2

Boards and Beyond (F040), 10 a.m. to 2 p.m.
Director: Nazanin A. Saedi, MD

High-Yield "Power Hour" for Residents (F058), 1 to 3 p.m.
Director: Harley A. Haynes, MD

Sunday, March 3

Volunteering Abroad: Nuts and Bolts (U038), 7 to 8 a.m.
Director: Amit G. Pandya, MD

Residents and Fellows Symposium (S029), 11 a.m. to 2 p.m.
Director: Edward W. Cowen, MD

Boards Blitz (S034), 2 to 5 p.m.
Director: Jennifer Lucas, MD

CO18 Volunteers Abroad Course: Beginner, 2 to 5 p.m.
Director: Camille E. Introcaso, MD

Monday, March 4

CO19 Volunteers Abroad Course: Advanced, 9 a.m. to 12 p.m.

VIEWS OF HILL from p. 3

was strongly supportive of the dermatologist perspective, though we were still able to educate him on the addictive and damaging properties of tanning. He left enlightened and also left me with an autographed copy of his recently published book, Doctor in the House. Looking back, my time on the Hill was empowering and motivating. We need to embrace our expertise and recognize that legislators have no clue as to the care dermatologists provide. As residents we can start early, advocate for our patients locally and nationally, and decide our own fate before Congress does so for us.

American Academy of Dermatology Association's Legislative Conference was held Sept. 9-11 in Washington, D.C. Highlights can be viewed online at www.aad.org/highlights.

New Boards' Fodder submission policy

Wow. It seems we've been discovered. We've received an unprecedented number of Boards' Fodder submissions and suggestions in the past six months. Thank you for your interest. We appreciate your commitment to helping other residents with your submissions. Currently, we have more Boards' Fodder submissions than we can publish. In 2013, however, we will be looking at ways to bring you more Boards' Fodder via email and the Web.

For 2013, your submission will be reviewed by the Residents/Fellows Committee and selected Boards' Fodders will be chosen for the quarterly publication. Other Boards' Fodder submissions may be chosen for special emails and Web content. The RFC will choose the best Boards' based on content, high yield, or other distinguishing factors.

Guidelines for submission:

- Submit your Boards' Fodder in a Word document; word count not to exceed 850 words.
- Photo (headshot or any high-quality head and shoulder photo).
- A brief statement about why you think your Boards' Fodder is important (i.e., high-yield information, or unique in some way?).
- Do you have any objection to your Boards' Fodder appearing in electronic version (online as opposed to print)?

These new submission guidelines are designed to bring readers the best of the best — and more of it.

If you have questions or a new submission, contact Dean Monti, editor of Directions, dmonti@aad.org.

Message from the Chair

Jeremy Brauer, MD

Last month the East Coast, in particular, areas of New York, New Jersey, and Connecticut, were devastated by unprecedented storms and severe weather. I am sure most of you have seen the images and watched the nightly news reports. I am also sure some of you were directly affected by these storms — I, the RFC, and AAD wish you and your families well during these trying times. As a resident of Manhattan, my family and I feel extremely fortunate to have fared as well as we did, but others we know were not as lucky. Loss of power, loss of homes, and even loss of life became part of daily conversation amongst family, friends, and colleagues. Despite the location of our office, directly around the corner from NYU, an area hit hardest during the storm surge, we stayed open for the remainder of the week for patients needing routine or emergency wound checks. Evaluating these wounds by natural sunlight and flashlights was a surreal experience, but not nearly as surreal as one story from a staff member who described waking up to "jellyfish hanging out on my couch."

The Academy is providing financial assistance for member dermatology residents who sustained physical damage to their property; information is provided below.

The effects of Sandy and Athena will continue to be felt for months and even years to come. We truly hope this was and will be a once-in-a-lifetime experience, but the fact is, nature can be unpredictable and sometimes cruel, and we can never be sure what may lie ahead. But these are also times when we are shaken from our comfort zone and realize we're all in this together and must work as a community to help out — wherever and whenever. DR

Academy provides relief to residents affected by Superstorm Sandy

The American Academy of Dermatology is offering financial assistance for member dermatology residents who sustained physical damage to their property from Superstorm Sandy. Low-interest loans are available through a special fund the Academy has established for damage that is not covered by insurance, other forms of financial assistance, or other financial resources available to the resident.

The relief will be offered in the form of a low-interest demand loan with a rate not to exceed 3 percent per year, for no longer than one year following graduation, and for an amount not to exceed $5,000.

To apply for assistance, fill out the member dermatologist resident form on the Academy website at www.aad.org/sandy. DR

American Academy of Dermatology Association
P.O. Box 4014
Schaumburg, Illinois 60168-4014

AAD Directions in Residency

Winter 2012