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Merz proudly supports the American Academy of Dermatology and the Young Physician Focus newsletter.
GETTING INVOLVED IN ADVOCACY AT THE LOCAL AND STATE LEVELS

Active participation is catalyst for change
By Steve Deliduka, MD

I’ll admit that there was nothing intentional about my initial membership in my state dermatology and medical societies. I was automatically registered for membership in the Illinois State Medical Society (ISMS) as part of my employment, and being a member of Illinois Dermatological Society (IDS) was a default when I became a member of the Chicago Dermatological Society. But my decision to actively participate in the advocacy efforts of both organizations was deliberate and has been very rewarding.

Local and state dermatology and medical societies are often desperately seeking increased participation by physicians. It was my experience, and those of several dermatologists that I’ve spoken with, that just showing up to a meeting is often the nidus for obtaining an officer or committee position. Participation in these societies can provide valuable learning experience, facilitate professional networking, and serve as a launching pad to national organizational involvement (AAD or other). Here are my suggestions for how you can get involved in your local and state societies.

1. Reach out

State societies are actively seeking young, energetic dermatologists to be involved — an infusion of new, young blood is always welcomed. You can find names and contact information for administrative staff and physician leaders of most state and local dermatology societies through the AADA advocacy website at www.aad.org/members/aada-advocacy/state-affairs. Contact them today!

2. Don’t limit yourself to dermatology societies

County and state medical societies aim to have representation from a diverse group of specialties, and state medical societies also try to balance physician membership based on geographic location. As a dermatologist, you can provide a unique perspective that other physicians may not appreciate (truth in advertising, outpatient surgery, non-hospital based care). When you participate in non-dermatology medical societies, you can be the “canary in the coal mine” for potential bad legislation and sound the alarm to the local, state, and national dermatology organizations. Contact information for state medical societies can be found at the AMA’s state medical society website at www.ama-assn.org/ama/pub/about-ama/our-people/the-federation-medicine/state-medical-society-websites.page.

3. Decide what issues are important to you

You have to love what you do and firmly believe in your purpose to be successful in any realm. Identify what issues in dermatology and in the practice of medicine are most important to you, and then commit to changing and improving the circumstances surrounding these issues. Issues that I have dealt with through IDS and ISMS include scope of practice for advanced practitioners, medical state licensure fees, anatomic pathology, tanning bed legislation, and truth in advertising.

4. Educate yourself on the issues

The AAD identifies what it believes are the most crucial state policy priorities; current state

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Steven B. Deliduka, MD, is a dermatologist in the department of dermatology at Elmhurst Clinic, in Elmhurst, Ill.

Pearls from page 1

Phone is not secure, nor is a cloud-based service such as iCloud or Picasa Web Albums. Consider using your EMR (if possible) or storing your photos on a secure work-based computer where other sensitive information is stored safely,” Dr. Lio said.

MOC and more

Melissa Piliang, MD, who specializes in dermatology and anatomic pathology at Cleveland Clinic in Cleveland, Ohio, provided practical tips on completing MOC requirements.

Dr. Piliang, who is also dermatology residency associate program director and a dermatopathology fellowship director, reminded attendees that the best source of information for all MOC requirements and questions is the American Board of Dermatology. Visit the website abderm.org and click on the maintenance of certification tab. Review your profile at abderm.org annually to ensure you are meeting all requirements in a timely manner.

Peter A. Lio, MD: “When selecting an electronic medical record, take your time and research it thoroughly.”

Roopal Kundu, MD: “When delivering your key messages ... remember to “KISS,” or keep it short and simple.”

“The MOC schedule is designed so that it is broken up into manageable chunks. To avoid feeling overwhelmed and overburdened, keep up with the requirements,” Dr. Piliang suggested.

Steven B. Deliduka, MD, is a dermatologist in the department of dermatology at Elmhurst Clinic, in Elmhurst, Ill.
THE LONG-DISTANCE MENTORSHIP EXPERIENCE IS REWARDING, BENEFICIAL

By Caroline C. Kim, MD

Why mentors matter

In the first years after completing residency and training, there are many emotions you’ll likely face. Along with the feeling of accomplishment and excitement about finally being able to practice medicine, you may face challenges navigating the nuts and bolts of clinical practice, managing personal dynamics at the office, balancing work and life demands, and building a career. Whether you are in solo or group private practice, or in an academic practice, there are distinct challenges that young physicians face at the start of their careers.

In dermatology, where practices and departments may be small, even with supportive colleagues and chairs, one can sometimes feel isolated and alone in facing these challenges. An outside mentor can be as valuable as gold, as they may be able to offer impartial guidance and a different perspective. The proof lies in the studies: physicians who have had mentors report having more career satisfaction and believe that the relationship has positively affected their job experience and promotions in their field.

However, multiple studies have documented that a significant number of young physicians report not having a mentor through training or the early stage of their career. I was fortunate to have a long-distance mentor through the Academy’s Academic Dermatology Leadership Program (ADLP). Finding and having a successful mentor-mentee relationship outside of one’s institution can greatly benefit your journey as a young physician.

An inspiring beginning

As I began my career at Beth Israel Deaconess Medical Center, Harvard Medical School, I felt lucky to be surrounded by a supportive chief and colleagues. I had an interest in pigmented lesions and melanoma and remember feeling like it took me a while to get my feet on the ground, seeing patients, and fine-tuning my clinical practice, not to mention think about growing my career. I had heard wonderful things about the ADLP and was fortunate to be selected to participate in the program and matched with Ilona Frieden, MD, University of California San Francisco, and chair of the AAD’s Scientific Assembly Committee. At the time, I could not have imagined what a tremendous impact the mentorship program would have on me.

Despite the fact that Dr. Frieden had clinical expertise in pediatric dermatology and infantile hemangiomas, which was different from my own interests, I was inspired by her clinical expertise, ground-breaking research, energy in working with others, and her generosity exemplified by her caring relationships with her mentees and fellows. Over the next year, we had monthly telephone conversations about relevant topics of interest and met in person twice — I looked forward to every conversation. Through these interactions, Dr. Frieden shared her own relevant experiences with me, helped me crystallize my own goals, and was a patient, inquisitive, and listening ear to any issues. She offered me perspective, advice, bolstered my courage, and helped me think through ways I could reach my goals, including other people I could connect with. My world opened in ways I would never have expected as I started to meet new colleagues and collaborators interested in similar work. I am still astounded by how someone as established and successful (and busy!) as Dr. Frieden made time for me and showed genuine interest in my development.

Mentors abound in the field

There are many mentorship opportunities and programs available not only within the Academy’s ADLP, but also other within other organizations such as the Women’s Dermatological Society, the Society for Pediatric Dermatology, and the American Society for Dermatologic Surgery. We are lucky that within our relatively small field of dermatology, there are so many potential mentors among us. One can email or call a prominent dermatologist, and it is very likely that you will hear back. Although my formal ADLP mentor-mentee relationship with Dr. Frieden came to an end a couple years ago, we still stay in touch, and she remains a valuable source of feedback when I need it.

Paying it forward

The best way I can thank Dr. Frieden, as well as all of the fantastic mentors I have had throughout my education and training, is by paying it forward as I mentor others and care about other dermatologists’ career development. If I am lucky, perhaps I will be able to open someone else’s world even just a little, or support and encourage them to reach for their goals. The following are pearls that my colleagues and I have learned through the ADLP, which were recently published in JAAD.

Pearls for a successful mentor-mentee relationship:
- When seeking a mentor, ask trusted and senior colleagues for suggestions about who might be a good fit in terms of interest or career path.
- Reach out to a mentor with a proven commitment to mentoring, good communication skills, and someone who enjoys making connections with junior faculty. Choosing a mentor who has a slightly different career interest may still have the potential for great success.

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“The sickest patients get the welllest the fastest.” That was what the director of our surgery rotation told us in medical school, trying to sell the field to a group of bright-eyed medical students. While I did not choose that field, I do remember those words. As part of my current job as a dermatology hospitalist and course director for the dermatology elective, I am often introducing medical students to inpatient dermatology — and I use similar words. Inpatient dermatology is not what most people think of when they think of our field. Hospitalized patients can suffer from rashes ranging from mild skin lesions unrelated to their primary problem to devastating skin problems or cutaneous manifestations that can be a critical clue in unlocking a multisystem medical mystery.

Hospitalized patients and skin conditions

Over the past three decades, changes in reimbursement models and health care delivery have led to a dramatic decrease in the number of dedicated dermatology inpatient wards, with fewer patients admitted for primary dermatologic conditions and an overall significant decrease in inpatient dermatology activity. The rise of the hospitalist model has led to non-dermatologist physicians primarily managing patients admitted for skin conditions or with cutaneous manifestations that can be a critical clue in unlocking a multisystem medical mystery.

Regardless of how inconvenient it is or whether the problem represents an emergency or not, if the primary doctor caring for a hospitalized patient is unable to identify and treat their skin condition, it is our responsibility as dermatologists to stand ready to aid. While it may be irritating to leave a busy practice at the end of the day and travel to the hospital only to find that what the consulting team thought was Stevens-Johnson Syndrome was really miliaria, think of the impact that your expertise can make — 30 minutes of your time means the patient can stay on critical medications, avoid unnecessary treatments, and even feel better from a simple topical therapy. How many of us have experienced the consult for cellulitis in a patient hospitalized for a week but not improving on IV antibiotics, when in reality the patient clearly had bilateral edema and erythema from stasis dermatitis and could have been discharged that same day?

Why don’t dermatologists perform inpatient consults? I urge you to ask yourself this same question. The answers discussed in the literature range from “inconvenient,” “the dermatologic problems can be handled after discharge,” “seeing one consult will open a floodgate,” to concerns over low reimbursements and inefficient use of time, or reservations about how medically complex the patients are, how complex certain hospital-based electronic medical records systems may be, and medical-legal concerns. I would argue that all of these can, and should, be counterbalanced by the reason that drove each and every one of us to pursue medicine as a career. We are doctors, and it is our duty to care for the sick.

To be hospitalized in 2013, a patient must be truly unwell.

Misha Rosenbach, MD, is an assistant professor of dermatology and internal medicine at the University of Pennsylvania, where he manages the inpatient consult service and the urgent access clinic, and has an outpatient practice focused on complex medical dermatology, particularly sarcoidosis and granulomatous diseases.

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Mentoring from page 4

- Prior to starting a mentor-mentee relationship, both parties must be able to make a time commitment to the relationship. For example, this could be a 30 to 45 minute monthly telephone meeting for a set number of months.
- Prior to each session, it is extremely helpful to have specific questions or topic areas to discuss, allowing time to reflect and prepare for the discussion. Schedule or confirm the next teleconference at the end of each phone conversation.
- Keep what is discussed confidential. Private professional and personal information may be shared with one another. Trust is extremely important in the mentor-mentee relationship. At the same time, be open and agree on any issues that may be off-limits for either the mentee or mentor.
- Examples of common issues that can be explored in the mentorship relationship may include: career path guidance, developing a niche, negotiations, work/life balance, time management, preparing for teaching/lectures/mentoring others.
- If the mentoring relationship has been successful, it may continue as an informal relationship, even evolving into collaboration or friendship, but this should not be an automatic assumption by either party.
- Occasionally, a mentor-mentee relationship may not be successful. Common reasons may include lack of communication about goals, lack of time or desire to commit to the relationship, or lack of chemistry. This should not discourage either the mentee or mentor from trying to establish a different, better relationship at a future time, but it is important to reflect on why the relationship did not succeed in order to avoid making the same mistakes in future relationships. The option of a “no-fault” termination if the relationship is not working should be available to avoid hard feelings.
- The model of external mentorship structured by the ADLP can be applied to any mentor-mentee relationship in any kind of practice and within any kind of subspecialty. I’ve experienced first-hand how a successful mentor relationship can positively influence a physician’s career path, and so I encourage all young physicians to explore the many mentorship programs available to you.

References

Advocacy from page 3

Policy priorities include indoor tanning, medical spa standards of practice, truth in advertising, and cosmetic medical procedure taxes. You have to educate yourself before you can educate others, and advocacy involves providing a significant amount of information to policymakers at all levels. State medical society websites are an excellent source of information on policy priorities, representative contact information, and other advocacy items.

5. Focus on policy

Advocacy involves providing education about and promoting policies that best serve the interests of the specialty and our patients to policymakers regardless of their political affiliation. You’ll need to communicate with both sides of the political aisle. By focusing on policy issues, you can leave the politics to the politicians and lobbyists.

6. Think big, but start small

You can think big, but start small. Think local. For example, tanning bed legislation had little traction at the state level in Illinois until Chicago and Springfield passed local ordinances banning indoor tanning access to minors. What issues matter to you that you can begin to bring to wider attention?

7. Build relationships with your representatives

You should identify and meet your local, state and federal representatives. It is beneficial to cultivate relationships over time with your representatives (and don’t forget their staff). Introductions can occur in the most unsuspecting circumstances. The “canvassing volunteer” I met while weeding our flower garden prior to the November election happened to be the campaign manager for my state senator. After a five minute conversation, I had secured the candidate’s support for tanning bed legislation. Contact information for your state and federal representatives can be found at www.usa.gov/Contact/Elected.shtml.

8. Do your homework

Study your representative’s website. Identify their legislative agenda and achievements; knowing their professional history and interests builds your credibility. A simple example — recognizing and thanking a staff member for the congressman’s federal support of a local health clinic resulted in a one-on-one meeting between me and the congressman during an AADA legislative conference in Washington, D.C.

9. Ask what you can do for them

Ask what you can do for your representative and their constituents. Offering to perform a free skin cancer screening at the next local health fair is a simple way to positively increase visibility and demonstrate your commitment.

10. Build your advocacy skill set

Take advantage of the many resources offered by the AAD/AADA. Participate in Leadership Institute courses at the Academy’s annual and summer meetings. Participate in the mentoring program at the Legislative Conference held annually in Washington, D.C. This year’s conference will take place September 8–10. To learn more and register for the AADA Legislative Conference, go to www.aad.org/LegislativeConference. Acknowledge that advocacy involves a learning curve — some skills are best developed during on-the-job training, so take a leap and get involved!
overnight working in the hospital. As I tell our residents rotating on the consult service, however late they end up leaving the hospital — the patients are staying there overnight because they are too sick to be at home, and they need our help. Even if traveling to the hospital adds an hour at the end of the day, the impact a skilled dermatologist can make on the care of a hospitalized patient is enormous. When you are asked to consult on a hospitalized patient, it is a request from a physician colleague who is trying their best to care for a sick patient, and who simply does not have the same expertise with skin diseases that we as dermatologists possess. When our colleagues call for our help, we are obligated to help answer those requests. There is also no better way to build rapport and relationships with other physicians in your community, and strong relationships with hospitals can generate an enormous number of outpatient referrals to build your practice.

Inpatient from page 5

Dr. Rosenbach teaches inpatient consults at University of Pennsylvania.

Helping patients, keeping the specialty visible

In the current era of cost containment and with the plethora of changes that the field of medicine is facing, it is imperative that our specialty is viewed as a critical branch of medicine. Vanishing from sight and migrating away from the hospital to the outpatient setting risks breaking our bonds with the rest of our field, and makes dermatologists an easier target for reimbursement cuts. Furthermore, as accountable care organizations grow, dermatologists may in fact be required to perform inpatient consultations.

The real reason to do inpatient consults is the same reason that people become doctors in the first place. You get to take care of sick patients, and have a real impact on their lives. It is incredibly challenging seeing emerging diseases, new therapies and their cutaneous side effects, and caring for patients with multisystem diseases that affect their skin. It is also absolutely the most rewarding feeling to have a positive impact on a seriously ill patient, to work with brilliant colleagues in other fields and collaborate to solve medical mysteries, or recognize severe adverse drug reactions and intervene before they harm patients.

While our field will always remain predominantly office-based, I would encourage everyone to join a hospital and find a way to serve as an on-call consultant, at least part of the time. Caring for the sickest patients with skin disease is our responsibility, and helping to diagnose, fix, and comfort those patients is how we will ensure that the rest of the medical world continues to recognize the key role that dermatologists play in the care of patients and the practice of medicine.

References

2013 AAD election

Congratulations! I’m proud to announce that 28 percent of eligible young physician Academy members voted in the recent AAD election! This is the highest rate of voting in the past five years, far surpassing the 2012 voter participation rate of 22 percent. There is still work to do, however; young physicians comprise 21 percent of the AAD membership, but we only represented 17.6 percent of the voting population in this year’s election (with 34 percent of the entire AAD membership voting in the election). We can and must do even better to keep our voice strong. To open that conversation, please email me (address above) to tell us why you voted — or did not vote. We need to know more about your perceptions of the process in order to work toward an even better voter response.

Industry Summit

The AAD Industry Summit, held in April, served as an opportunity for representatives from industry to discuss topics of mutual interest with Academy leaders. This year’s summit focused on how health care reform is affecting practice, the workforce shortage, access to drugs and devices, and … programs for young dermatologists. Discussion focused on how industry representatives and the Academy can best identify and serve the needs of young physician dermatologists. Interestingly, several industry representatives stated that they often had an easier time establishing rapport and communicating with physician extenders (NPs, PAs) than with young dermatologists in the first five years of practice.

To provide the most advanced and comprehensive care to our patients, we will need to partner effectively with industry, and we’ll continue to discuss and develop programs on how best to facilitate this collaboration.

The state of the ‘house of medicine’

How do our medical colleagues view us as physicians and members of the “house of medicine”? To address this issue, senior staff members (physicians and non-physicians) and Board of Director presidents for 13 physician organizations were interviewed by an independent research firm contracted by the AAD in 2011. Although the interviews were admittedly limited in their scope of audience, resulting qualitative data showed that dermatologists are perceived as valuable colleagues and assets to the medical community, but also identified some areas for improvement. The Academy is taking action, through the Perceptions of Dermatology Task Force chaired by Lisa Garner, MD, to devise innovative solutions to enhance dermatology’s perception within the house of medicine. Look for a more in-depth discussion of the perception of dermatology in the fall issue of *YP Focus* and the September issue of *Dermatology World*.

Take time to enjoy your summer, and I look forward to seeing many of you at the Summer Meeting in New York in August!