

Back to Residency

Special Edition, Summer 2016



Thrive, Not Just Survive, In Residency



Featuring an exclusive article on *How to Survive and Thrive as a Dermatology Resident* by **Daniel Zahgi, MD, MS**. Plus our most-read online articles from 2015 include expert advice from Next Steps Associate Editor **Richard G. Fried, MD, PhD** and dermatology thought leader **Doris Day, MD**.

For these and more articles about Thriving in Residency, visit NextStepsInDerm.com/BestOf

From the Editor:

Whether this is your third year of residency or your first, this Back to Residency Special Edition is focused on helping you THRIVE, not just survive, in residency. In an exclusive article, Daniel Zahgi, MD, MS, FAAD, a recent graduate and successful new practitioner, shares insight on how to treat your resident years as a marathon—not a sprint—by choosing a sub-specialty, textbooks that are key to success, and critical areas to hone in on while studying for the Boards. This issue also features popular articles that share advice from seasoned practitioners Richard G. Fried, MD, PhD and Doris Day, MD.

Next Steps in Derm has also compiled more “Best Of” articles that will help you THRIVE in residency in a special web section. Continue your journey at NextStepsinDerm.com/BestOf to read more original articles, and make sure to take a look at our very popular “I Wish I Had Known” series, written for residents by residents, as well as practitioners with years of experience under their belt!

Visit NextStepsInDerm.com/BestOf for more popular articles to help you Thrive in Residency, including:

- **The Importance of Networking in Dermatology**, by Paul F. Lizzul, MD, PhD, MPH, MBA, FAAD
- **Starting Off**, by Amanda Abramson-Lloyd, MD
- **Networking Within and Beyond Your Dermatology Interest Group; Starting a Derm Interest Group; Promoting a Derm Interest Group - A Three-Part Series**, by Laura Jordan, DO, MS, MA, MLS
- **I Wish I Had Known: Every Cloud Has a Silver Lining, Especially The Black Ones**, by Jeff Bracken MD
- **I Wish I Had Known: Finding the Right Fit Post-Training**, by Kathleen Sikora Viscusi, MD
- **I Wish I Had Known: Questions to Ask Yourself**, by Elizabeth Grossman, MD, MBA
- **I Wish I Had Known—Food for Thought: Two Ideas to Contemplate at the End of Residency**, by Amanda Abramson-Lloyd, MD

We are pleased to allow you to benefit from the perspectives and wisdom of others before you who have walked in your shoes. Enjoy this Special Edition!

Daniel M. Siegel MD, MS, FAAD, Senior Editor



Table of Contents:

EXCLUSIVE: Dermatology Residency: How to Survive and Thrive	3
Weighing Your Values: Time vs. Money	5
I Wish I Had Known: How to Survive After Residency	6

Your Dermatology Residency Years



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How to Survive and Thrive

Acceptance into a dermatology residency is widely recognized as extremely difficult, but the greater challenge is what follows the acceptance. A dermatology residency is challenging. Your time, personal relationships, stress tolerance, and even your emotional health may all be challenged individually and simultaneously throughout all three years. The good news is, nearly everyone survives to be a board-certified dermatologist; but not everyone thrives. I wrote this article and the advice therein, gleaned from my own personal experience and those of my peers, with the mindset of helping you thrive during your residency.

It's a Marathon, Not a Sprint

Of all of the topics discussed, this is perhaps the most important. Dermatology residents are often deluged with new terms, images, and seemingly endless minutiae. The temptation to neglect yourself and seclude yourself in your books is tremendous, but don't do it! You'll do great for a few months, burn out by the sixth month mark, and then spend months recovering and miserable. Instead, pace yourself. How? Here is what worked for me: approximately two hours of reading Monday through Friday. I took one weeknight off to do anything I wanted! I hung out with family or friends, visited a nice restaurant, vegetated in front of the TV—I did anything but dermatology. On

the weekends, I studied seven hours, which was divided based upon the activities I had planned. Want something more flexible based on your year in residency? Here is a formula a very accomplished senior resident shared with me that makes a lot of sense: **shoot for 10-15 hours per week as a first-year, 5-10 as a second-year, and 5-15 as a third-year resident.** If you avoid the temptation to neglect yourself and stay on a measured pace, you'll be happier, learn more, remember more, and be a better dermatologist.

The Know-It-All Resident

You probably know such a resident. You can find one in most programs. This is the resident who secretly, and sometimes openly, loves to show you and others how much they know. You feel inferior, even resentful, and who could blame you? However, try not to view this resident as a nuisance and respond with avoidance or even passive aggression. You won't slow him or her down and will only make yourself upset. Instead, befriend him or her. Why? As painful as it may feel to befriend a know-it-all, the rewards are great. First, you will likely learn a lot, from mnemonics and study aids to high-yield clinical pearls. Also, derm residency is hard enough without additional tension between you and another resident. And if you must take solace in this fact, go ahead—

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truly, the know-it-all resident, like you, also feels anxiety or insecurity because you simply cannot know it all in dermatology. So, as much you may think they know it all, they really do not.

Subspecialties: How to Choose One

Depending on your program, you may get ample, moderate, or limited exposure to the subspecialties. Therefore, in addition to making the most of the exposure afforded to you by your program, consider using your elective or even vacation time to rotate with the subspecialty field that interests you. A variety of professional societies can help you do just that. For instance, did you know that the Women's Dermatology Society (<https://www.womensderm.org>) offers stipends for female or male dermatology residents to study under a mentor? The American Society for Dermatologic Surgery (ASDS) and the American Society for Laser Medicine and Surgery (ASLMS) have similar opportunities to learn from leaders in the field. Start your exposure as early as possible since you will need to know by the middle of your second year which subspecialty you would like to pursue in order to apply on time.

Textbooks: There are So Many! Which Should I Use?

Thankfully, the decision for genodermatoses and dermatologic drugs is relatively straightforward: Spitz and Wolverton, respectively. However, for general dermatology you have many options. You can start with your program's recommendations and try to keep its weekly reading schedule. As a general rule of thumb, Bologna is a great first-year book, though the reading is unnecessarily verbose at times. Andrews is nearly impossible for first-years since it is designed as a review book. Start this book your second or third year. Nearly every sentence is high yield and the reading is impeccably condensed yet thorough. My

personal feeling on Fitzpatrick is that it is just as verbose as Bologna, but without the superb diagrams, so I would use it for the clinical pictures only.

The Boards. The Boards! The Boards!!!

The boards are a constant source of stress for the dermatology resident, a stress that may crescendo during your third year. Ask 10 people what technique or books they used and you will have 10 different answers. Instead, ask just a few of your senior residents and then stop asking. The variety of resources used and techniques can be absolutely overwhelming and leave you feeling panicked and unsure which of the many approaches to take.

I will share my technique, which is also one that my junior residents have found helpful. In my first year, I kept up with the weekly reading in Bologna and did nothing else for the Boards. In my second year, I kept up with the weekly reading in Bologna, frequented the Derm In-Review (DIR) binder, and began to write notes and high-yield pearls from my DIR and weekly reading into the pages of my Sima Jain's Dermatology review book. I can't recommend this technique enough. During my third year, I read Andrews for the weekly reading, reviewed any kodachromes I could get my hands on (PowerPoints from residency and pictures in Andrews, Bologna, and du Vivier), and continued writing notes and high yield pearls in the margins of my Jain. In the last six months before my Boards, I attended the University of Florida review course, reviewed every page of my Jain, and did nothing else. This measured and pragmatic technique kept me focused, on pace, and spared me the panic of reviewing far too much information in far too little time during the last six months. Remember, you CANNOT cram for this exam! It is impossible. So, if you would like to borrow my technique or amalgamate

your own, that's fine so long as the approach is measured and consistent.

Lastly, do not freak out. The American Board of Dermatology (ABD) does not publish their pass rates, but will release the information if requested from a diplomate. I requested the pass rates in late 2015 and they are as follows: "The pass rate for 2013 and 2014 was 97% and for 2015 96%." That's a direct quote from the ABD. Dermatology has one of the lowest fail rates of all of the medical specialties. So stay calm, read on, and enjoy these fleeting years of your dermatology training!

What Happens Next?

After residency, you will be free of many of these stressors. However, new challenges will emerge as you decide which practice to join, how to review a job contract, how to market yourself, and how to recruit and keep talented staff. For these challenges, appreciate that someone else likely has faced a similar or identical dilemma and can provide invaluable guidance. First, turn to your friends, mentors, former residents, former attendings, co-workers, and loved ones - even if they are not in the medical profession. If they cannot provide advice they may be able to refer you to someone else who can, or perhaps just lend a sympathetic ear.

Another great resource is Next Steps in Derm (<http://nextstepsinDerm.com>). Next Steps in Derm is designed for new practitioners and includes thoughtful and practical advice from experts in dermatology on a wide variety of subjects. I know it has helped me a lot.

While challenges and stress will continue after residency, appreciate that some degree of stress provides the impetus for improvement. As Greek philosopher Heraclitus said, "Change is the only constant in life."

STUDY RESOURCES

"Dermatology: Edition Three"

By Jean L. Bologna MD, Joseph L. Jorizzo MD, Julie V. Schaffer MD

"Andrews' Diseases of the Skin: Clinical Dermatology, 11th Edition"

By William D. James MD, Timothy Berger MD, Dirk Elston MD

"Dermatology: Illustrated Study Guide and Comprehensive Board Review, 2012th Edition"

By Sima Jain

"Fitzpatrick's Dermatology in General Medicine, Eighth Edition, 2 Volume Set 8th Edition"

By Lowell Goldsmith, Stephen Katz, Barbara Gilchrest, Amy Paller, David Leffell, Klaus Wolff

Derm In-Review, www.derminreview.com,
C. William Hanke, MD, MPH, FACP,
Senior Editor

Weighing Your Values: Time vs. Money

By DORIS DAY, MD

"Best Of" Next Steps Online
from April 10 2015

No one I know decided to become a physician to be rich or famous. It's a calling and a passion and we're fighting hard to keep it that way. Being a dermatologist is a little different than many other fields of medicine because we also have a subset of us that practice aesthetic medicine as part or all of our area of expertise. The draw to aesthetics, selling products, and performing procedures can have a strong pull because of the financial potential, but every treatment or product has a consequence and your reputation rides on your honesty and ability to deliver on what you promise.

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You'll have pressure from all sides. Patients will pressure you to do more—bigger lips, bigger cheeks, more frozen faces. They may say they want to look “natural,” but they keep asking for more. This is where saying “NO” is very important. There's no amount of money you can make that's worth compromising your integrity or aesthetic vision. Companies will pressure you to buy their device. They'll woo you with return on investment (ROI) numbers, tell you everyone asks for their product by name, and make you feel like it's a can't-live-without device. It's very important to do your due diligence before investing in any device so you know what you're getting, the carrying costs, consumables, and type of support you'll receive from the company.

I find that a simple rule that will never fail you is to follow your instincts. You have to filter out all the other factors and know from within yourself if it feels right or wrong and never cross that line. Never do something because of the money or patient pressure or for your ego. If you filter those out and follow with a healthy degree of skepticism about every new product or treatment and wait for proof of efficacy, you may not be the wealthiest of doctors but you will be the most successful. You will do more than just fine financially-speaking and your reputation will grow from your honest work and results.

I Wish I Had Known: How to Survive After Residency

By RICHARD G. FRIED, MD, PHD
“Best Of” Next Steps Online
from January 5, 2015

The completion of a residency program represents the culmination of well more than a decade of arduous and even tortuous intellectual, physical, and emotional effort.

You have finally earned and can safely experience that long-awaited sigh of relief. You made it. The demands, commands, obstacles, grades, ratings, competency logs, and grandiose attending physicians are behind you. You are finally liberated from the educational system and bureaucracy that has enslaved you for so many years! It is your time to shine. It is your turn to show off your freshly acquired knowledge base and technical skills. No higher numeral PGY resident can steal your great case. Those patients - they are all yours!

Yup, they are all yours. The good, the bad, and the ugly. The happy and grateful patients. The unhappy and demanding patients. The skeptical patients. The “my daughter is a doctor” and the “I read on the Internet” patients. The “I want my money back” patients. The “I'm going to sue you” patients. Oh, and let's not forget your medical assistant, office manager, front desk staff, medical director, CEO, COO, and medical colleagues. Oops, and your family, significant others, and friends.

Figuratively, this real-time interactive collage of faces and faceless individuals constitute your daily and ever-changing interactive emotional roller coaster ride.

Quite a bit to handle, huh? Individually and collectively, they are likely to elicit quite a few uncomfortable feelings and emotions, such as tension, anxiety, embarrassment, fear, terror, inadequacy, stupidity, anger, and despair. Not what you expected when embarking on the pre-med path and certainly not “what the doctor ordered” when arriving at the destination. You need not let this harsh reality taint the deserved euphoria you expected to accompany your “educational deliverance” as you enter clinical practice.

Thankfully, these negative feelings and emotions are balanced by feelings of happiness, excitement, exhilaration, triumph, conquest, euphoria, satisfaction,

and pride; the intellectual and emotional satisfaction of a great diagnosis, excellent clinical-surgical result, positive KOH, or incision and drainage of an inflamed purulent cyst all bring pride, fun, and satisfaction; the obvious relief and euphoria evident on the face of a follow-up biopsy that proved to be a benign nevus rather than the melanoma feared by the patient; the gratitude and relief of the asteatotic eczema patient who returns after three weeks of triamcinolone relieved of both his itch and the associated fear of cancer or infestation associated with it. These are but a minute sampling of the litany of good deeds and life-changing effects of our day-to-day clinical practice.

However, I wish someone had told me that each and every day of our professional practice would be a ridiculously erratic and sometimes chaotic array of tension, anxiety, fear, anger, and despair intermixed with feelings of inadequacy, stupidity, excitement, embarrassment, conquest, triumph, victory, euphoria, satisfaction, and pride.

Let's be specific.

Tension and anxiety are the free-floating, uncomfortable, disquieting, and sympathetically-activating sensations that often occur in the absence of identifiable eliciting events. The inability to "link" these unpleasant, uncomfortable, and sometimes debilitating experiences to identifiable external life events can make them particularly troublesome. Fear is feeling terrified when you can see the hungry tiger. In contrast, anxiety and tension are similar reactions when you can't find the tiger. This can lead to a state of distractibility and hyper vigilance.

Fear, anger, and despair occur more commonly in response to real-time or anticipated events. Intensity and intrusiveness vary, sometimes predictably by the gravity of the situation and other times, ridiculously out of proportion to the

seriousness of the situation. And, so is the nature of all of us!

Feelings of inadequacy and stupidity "come with the territory." Physicians are high-driving, high-striving individuals accustomed to achieving command and mastery of subject matter and situations. Unfortunately, medicine can be a cruel master leaving us in doubt or even clueless regarding diagnosis and etiology of presenting symptoms. Learning to manage the inevitable resultant feelings of self-doubt and self-depreciation is key to proceeding through the clinical day and the clinical years.

So, we are ever-thirsty for the balance. Hunger for the morsel of food, the Pavlovian treat that keeps us going. They are ever-present: the objective great diagnosis, objective fine clinical outcome, subjective knowledge that we "did good" and made a difference in another human being's life. Any and all of these can culminate in feelings of excitement, embarrassment, conquest, triumph, victory, euphoria, satisfaction, and pride.

I wish someone had told me about the ongoing duality of joy and misery. I wish I had known that it gets easier and harder at the peaks and valleys of medical practice and life. I wish I had known that it is the intensity of the joy and the angst of the misery that fill our treasure chest of experiences, memories, stories, and meaning.

Clinical practice devoid of this duality of emotion—the yin and yang—would be little more than a daily drone of monotony. On a fairly regular basis, remind yourself to take a fresh look at the skin and human being before you. Inhale deeply and slowly episodically throughout the day allowing yourself to savor the special moments. Try your best to believe that the difficult, stressful, and painful experience will ultimately add richness and perspective to your personal and professional lives.

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