

# Transitioning From an Intern to a Dermatology Resident



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## RESIDENT PEARL

- There is surprisingly little information on what to expect when transitioning from intern year to dermatology residency. Recognizing the unique aspects of a largely outpatient specialty and embracing the role of a specialist will help facilitate this transition.

Despite the more than 500 interns graduating into dermatology residency each year across the United States, there is little insight on what to expect during this transition. The shift from an intern year largely defined by acute generalized inpatient medicine to an outpatient specialty can be challenging, requiring a new framework for patient care and self-study. This article highlights the main contrasts between the intern year and dermatology residency to better prepare dermatology-bound interns as they enter their chosen specialty.

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The transition from medical school to residency is a rewarding milestone but involves a steep learning curve wrought with new responsibilities, new colleagues, and a new schedule, often all within a new setting. This transition period has been a longstanding focus of graduate medical education research, and a recent study identified 6 key areas that residency programs need to address to better facilitate this transition: (1) a sense of community within the residency program, (2) relocation resources, (3) residency preparation courses in medical school, (4) readiness to address racism and bias,

(5) connecting with peers, and (6) open communication with program leadership.<sup>1</sup> There is considerable interest in ensuring that this transition is smooth for all graduates, as nearly all US medical schools feature some variety of a residency preparation course during the fourth year of medical school, which, alongside the subinternships, serves to better prepare their graduates for the health care workforce.<sup>2</sup>

What about the transition from intern to dermatology resident? Near the end of intern year, my categorical medicine colleagues experienced a crescendo of responsibilities, all in preparation for junior year. The senior medicine residents, themselves having previously experienced the graduated responsibilities, knew to ease their grip on the reins and provide the late spring interns an opportunity to lead rounds or run a code. This was not the case for the preliminary interns for whom there was no preview available for what was to come; little guidance exists on how to best transform from a preliminary or transitional postgraduate year (PGY) 1 to a dermatology PGY-2. A survey of 44 dermatology residents and 33 dermatology program directors found electives such as rheumatology, infectious diseases, and allergy and immunology to be helpful for this transition, and residents most often cited friendly and supportive senior and fellow residents as the factor that eased their transition to PGY-2.<sup>3</sup> Notably, less than half of the residents (40%) surveyed stated that team-building exercises and dedicated time to meet colleagues were helpful for this transition. They identified studying principles of dermatologic disease, learning new clinical duties, and adjusting to new coworkers and

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supervisors as the greatest work-related stressors during entry to PGY-2.<sup>3</sup>

My transition from intern year to dermatology was shrouded in uncertainty, and I was fortunate to have supportive seniors and co-residents to ease the process. There is much about starting dermatology residency that cannot be prepared for by reading a book, and a natural metamorphosis into the new role is hard to articulate. Still, the following are pieces of information I wish I knew as a graduating intern, which I hope will prove useful for those graduating to their PGY-2 dermatology year.

### The Pace of Outpatient Dermatology

If the preliminary or transitional year did not have an ambulatory component, the switch from wards to clinic can be jarring. An outpatient encounter can be as short as 10 to 15 minutes, necessitating an efficient interview and examination to avoid a backup of patients. Unlike a hospital admission where the history of present illness can expound on multiple concerns and organ systems, the general dermatology visit must focus on the chief concern, with priority given to the clinical examination of the skin. For total-body skin examinations, a formulaic approach to assessing all areas of the body, with fluent transitions and minimal repositioning of the patient, is critical for patient comfort and to save time. Of course, accuracy and thoroughness are paramount, but the constant mindfulness of time and efficiency is uniquely emphasized in the outpatient setting.

### Continuity of Care

On the wards, patients are admitted with an acute problem and discharged with the aim to prevent re-admission. However, in the dermatology clinic, the conditions encountered often are chronic, requiring repeated follow-ups that involve dosage tapers, laboratory monitoring, and trial and error. Unlike the rigid algorithm-based treatments utilized in the inpatient setting, the management of the same chronic disease can vary, as it is tailored to the patient based on their comorbidities and response. This longitudinal relationship with patients, whereby many disorders are managed rather than treated, stands in stark contrast to inpatient medicine, and learning to value symptom management rather than focusing on a cure is critical in a largely outpatient specialty such as dermatology.

### Consulter to Consultant

Calling a consultation as an intern is challenging and requires succinct delivery of pertinent information while fearing pushback from the consultant. In a survey of 50 hospitalist attendings, only 11% responded that interns could be entrusted to call an effective consultation without supervision.<sup>4</sup> When undertaking the role of a consultant, the goals should be to identify the team's main question and to obtain key information necessary to formulate a differential diagnosis. The quality of the

consultation will inevitably fluctuate; try to remember what it was like for you as a member of the primary team and remain patient and courteous during the exchange.<sup>5</sup> In 1983, Goldman et al<sup>6</sup> published a guideline on effective consultations that often is cited to this day, dubbed the "Ten Commandments for Effective Consultations," which consists of the following: (1) determine the question that is being asked, (2) establish the urgency of the consultation, (3) gather primary data, (4) communicate as briefly as appropriate, (5) make specific recommendations, (6) provide contingency plans, (7) understand your own role in the process, (8) offer educational information, (9) communicate recommendations directly to the requesting physician, and (10) provide appropriate follow-up.

### Consider Your Future

Frequently reflect on what you most enjoy about your job. Although it can be easy to passively engage with intern year as a mere stepping-stone to dermatology residency, the years in PGY-2 and onward require active introspection to find a future niche. What made you gravitate to the specialty of dermatology? Try to identify your predilections for dermatopathology, pediatric dermatology, dermatologic surgery, cosmetic dermatology, and academia. Be consistently cognizant of your life after residency, as some fellowships such as dermatopathology require applications to be submitted at the conclusion of the PGY-2 year. Seek out faculty mentors or alumni who are walking a path similar to the one you want to embark on, as the next stop after graduation may be your forever job.

### Depth, Not Breadth

The practice of medicine changes when narrowing the focus to one organ system. In both medical school and intern year, my study habits and history-taking of patients cast a wide net across multiple organ systems, aiming to know just enough about any one specialty to address all chief concerns and to know when it was appropriate to consult a specialist. This paradigm inevitably shifts in dermatology residency, as residents are tasked with memorizing the endless number of diagnoses of the skin alone, comprehending the many shades of "erythematous," including pink, salmon, red, and purple. Both on the wards and in clinics, I had to grow comfortable with telling patients that I did not have an answer for many of their nondermatologic concerns and directing them to the right specialist. As medicine continues trending to specialization, subspecialization, and sub-subspecialization, the scope of any given physician likely will continue to narrow,<sup>7</sup> as evidenced by specialty clinics within dermatology such as those focusing on hair loss or immunobullous disease. In this health care system, it is imperative to remember that you are only one physician within a team of care providers—understand your own role in the process and become comfortable with not having the answer to all the questions.

## Final Thoughts

In a study of 44 dermatology residents, 35 (83%) indicated zero to less than 1 hour per week of independent preparation for dermatology residency during PGY-1.<sup>3</sup> Although the usefulness of preparing is debatable, this figure likely reflects the absence of any insight on how to best prepare for the transition. Recognizing the many contrasts between internal medicine and dermatology and embracing the changes will enable a seamless promotion from a medicine PGY-1 to a dermatology PGY-2.

## REFERENCES

1. Staples H, Frank S, Mullen M, et al. Improving the medical school to residency transition: narrative experiences from first-year residents. *J Surg Educ.* 2022;S1931-7204(22)00146-5. doi:10.1016/j.jsurg.2022.06.001
2. Heidemann LA, Walford E, Mack J, et al. Is there a role for internal medicine residency preparation courses in the fourth year curriculum? a single-center experience. *J Gen Intern Med.* 2018; 33:2048-2050.
3. Hopkins C, Jalali O, Guffey D, et al. A survey of dermatology residents and program directors assessing the transition to dermatology residency. *Proc (Bayl Univ Med Cent).* 2020;34:59-62.
4. Marcus CH, Winn AS, Sectish TC, et al. How much supervision is required is the beginning of intern year? *Acad Pediatr.* 2016;16:E3-E4.
5. Bly RA, Bly EG. Consult courtesy. *J Grad Med Educ.* 2013;5:533-534.
6. Goldman L, Lee T, Rudd P. Ten commandments for effective consultations. *Arch Intern Med.* 1983;143:1753-1755.
7. Oren O, Gersh BJ, Bhatt DL. On the pearls and perils of subspecialization. *Am J Med.* 2020;133:158-159.