RESIDENT CORNER

Dermatology at the University of Maryland

Christian R. Halvorson, MD

ver the next year I will be contributing to the Cutis® online Resident Corner column. Before jumping into my first topic, I would like to introduce myself, offer some details about my program, and explain what one should expect from my future articles. I am currently a first-year dermatology resident at the University of Maryland in Baltimore; I am 1 of 3 residents in my class and 1 of 8 overall. Being a new resident in the 2011-2012 academic year has been busy and hectic but enjoyable and exciting nonetheless. Early on, one of my senior residents warned me that the first 3 months would feel chaotic and overwhelming, but after that "You'll get it." I found truth in this statement, and at this point, my initial nerves during the summer have settled, clinic has become more routine, and the daunting reading list has been somewhat tackled. I imagine many other first-year residents share these same feelings.

Training at the University of Maryland

During our training at the University of Maryland, most of our time is spent in clinic, with time allotted throughout the year for more focused surgery exposure, dermatopathology, and electives. We rotate through a variety of clinical settings, including the outpatient clinics on the university campus, the Baltimore Veterans Affairs Medical Center, a satellite location, and various private practices in the community. We currently have 8 full-time and parttime attendings with more than 20 volunteer faculty members and an ever-evolving clinic schedule that

From the Department of Dermatology, University of Maryland School of Medicine, Baltimore.

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involves general and procedural dermatology, Mohs micrographic surgery, pigmented lesions, and patch testing. Outside of clinic, we maintain a busy didactic schedule with daily morning and lunchtime lectures focused on genodermatoses, pathology, surgery, textbook review, journal club, and Kodachromes. On Fridays, the lunch hour strictly is reserved for a team lunch at our favorite nearby Mexican fast food place. Overall, between these clinical and educational responsibilities, our weeks can be frenzied and nonstop, but this mixture of activities serves our underlying interests well.

Unique Cases at the University of Maryland

By the end of residency, we all hope to feel confident when treating a wide spectrum of general dermatologic conditions and comfortable when performing minor surgical and cosmetic procedures. One of the most important ways that the University of Maryland serves these needs is by maintaining busy clinics that provide a good mix of routine cases with more exotic and bizarre head-scratchers. The most interesting cases are presented weekly at our Grand Rounds conference where patients come from across Maryland, the United States, and occasionally the world for a comprehensive evaluation of their unique conditions. Each case is presented to the group by a first-year resident along with a differential diagnosis that is constructed with the help of our senior residents. A lively discussion follows, which involves our medical dermatologists, dermatopathologists, Mohs surgeons, and community physicians as we try to accurately diagnose and treat these complex cases. During the coming year, I plan to share some of our more notable cases in my columns, along with some useful clinical pearls that I have learned, and of course, some interesting photographs. Additionally, I plan to write about the cases we see that often cannot be diagnosed after a single visit or biopsy and require numerous evaluations to accurately characterize. These



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atypical cases present a remarkable challenge to residents, attendings, and patients, and reminds us that clinical dermatology is difficult to learn.

Looking Ahead

In addition to cases, I hope to spend some time discussing issues unrelated to patient care. One pertinent issue that has received attention recently is the controversial use of "airplane notes" to prepare for the dermatology boards. This practice was first reported by CNN a few weeks ago, approximately 1 month after a similar story was published about the use of recalls by radiology residents.¹ For those who do not know, airplane notes are detailed transcriptions of boards questions that are collectively compiled by test takers immediately after the examination, often on the plane ride home, and later distributed among residents for boards preparation. Although this practice has been around for many years, the story reported on CNN has shed new light on the ethicality and legality of this tradition and whether use of such materials violates our professional standards and

patient trust. Although airplane notes clearly are discouraged by the American Board of Dermatology, the CNN article sparks a number of interesting debates regarding their use and examination itself, which I plan to comment on in a future article.

Conclusion

The topics for my future articles remain a work in progress; however, my goal will always be to provide a concise commentary on challenging cases and pertinent issues, providing a quick and easy read for busy residents. It should be a fun year, and I look forward to sharing my experiences and thoughts with the readers.

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