



# Harbor-UCLA Medical Center's Dermatology Residency

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As residents, we become experts in how our own institution functions, but we have little exposure to how other programs operate. This awareness is important because our formal training guides how we practice in the future. Same as you, I love what I do and I feel privileged to be working in dermatology with a unique patient population. Even so, it is hard not to be curious about what kind of dermatologist I would be if I had a different training experience.

Just as 5 attendings may manage the same patient differently, there are many ways to run a residency program and still achieve good outcomes. Vashi and Latkowski<sup>1</sup> recently described a study on dermatology training programs (N=127). Using a survey, the study gathered information on the faculty size, resident size, number of faculty-run versus resident-run lectures, and more. It was interesting to see how the majority of programs (based on this survey response) were structured; for example, 73.6% of respondents saw 7 to 12 patients per clinic, 44.8% had 6 to 10 full-time attendings, 80.8% had 0 to 3 faculty-led lectures per week, and 59.2% had 0 to 3 resident-led lectures per week. Interestingly, despite variations, 93% of respondents felt somewhat or very comfortable prescribing medications that require laboratory monitoring and 89% prescribing biologics.<sup>1</sup> Ultimately, programs vary in what they can provide their residents. If enough of us share our experiences, we can learn from one another to make small changes that improve our education and make us better dermatologists for our patients.

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## Harbor-UCLA Dermatology

“Harbor” as we like to call it, is a small program whose name often gets confused with our more famous counterparts such as Harvard University (in Boston, Massachusetts) or even UCLA Dermatology (part of the private UCLA Health System in Los Angeles, California, and therefore totally separate). Although we are the lesser known of the 3, our unassuming and humble program has a wealth of unique features that make it special and important.

## Teaching

If you spent time with us, you would meet 5 residents (2 third years, 2 second years, and 1 first year), 1 full-time Harbor faculty member, 8 full-time Kaiser Permanente faculty, and an army of fiercely loyal volunteer faculty. Tuesday mornings are devoted to didactics. They start with dermatopathologist Paul Shitabata, MD, who presents text review–relevant slides and challenges us with unknowns. Then residents run text review. Finally, the morning is topped off with Interim Program Director Neal Bhatia, MD, who leads Kodachromes and fine-tunes our dermatology morphology descriptions. This standard schedule is supplemented by surgery text reviews with Mohs surgeon Lisa Chipps, MD, MS, and lectures by other volunteer faculty.

## The Clinics

I firmly believe that one of the strengths of our program is clinical exposure to a wide range of patient populations and the opportunity to practice in multiple health care provision systems, each with its own payment scheme.

*Harbor-UCLA*—Harbor-UCLA Medical Center, a public teaching hospital in Torrance, California, is our home. The main hospital is an 8-story

building surrounded by former army barracks that have since been converted to clinics, laboratories, and offices. The dermatology clinic is in one of these remodeled barracks.

Here we have 4 half-day clinics a week to see general dermatology or surgery patients, mingle with our pathology colleagues at weekly dermatopathology sign-outs, hold monthly Grand Rounds, and see hospital consultations. At Harbor, at least 50% of our patients prefer to communicate in Spanish and a large proportion of the population is below the poverty line. Consequently, when we look at the bottom right-hand corner of our patients' progress notes, we are usually informed that he/she is insured by Medi-Cal, Medicare, ORSA (Outpatient Reduced-Cost Simplified Application Plan, an outpatient payment plan for low-income patients who do not qualify for Medi-Cal), or no one and must pay \$80 out-of-pocket per visit.

Similar to other dermatology residency colleagues, we see impressive and advanced disease pathology, from a 4.0×3.0-cm ulcerated pilomatrixoma that had been present for years to erythrodermic eczema to disseminated *Strongyloides stercoralis*. Often, our patients present this way because financial limitations prevent them from seeking care. As a county hospital, Harbor-UCLA is an indispensable safety net. However, patients also can fall through the cracks. As such, we develop a natural tendency to become our patients' strongest advocates. This role often unveils the difficult realities that make it not reasonable but understandable for our patients to ignore the obvious warning signs of severe disease, such as postponing melanoma surgery because your son was kidnapped in Mexico. (Notably, this patient's resident followed closely and made sure the lesion was excised when the patient returned to the United States.) These clinics are staffed by our tireless Interim Chief of Dermatology Ron Birnbaum, MD, and volunteer attendings.

Being a county hospital, we have one nurse but otherwise have few ancillary staff. We do all our own procedure setup, cleanup, and paperwork. You feel as if you are in the trenches. Some days it is a great feeling; some days it is simply overwhelming.

We have the benefit of a formulary that offers our patients medications at discounted rates. The formulary is not 100% comprehensive, but we try to have at least one version of a medication from each class. As a result, I have never had to write a prior authorization or fill out a medication appeal. Our patients with psoriasis can get their biologics for free and those who need tacrolimus pay \$33.60 for their 30-g tube rather than \$100.

Overall, we see many patients and do extra work, but it makes us independent and resourceful,

and if the work helps our patients, it is always worth it.

*Willow Urgent Care*—Every week we spend 2 half days at a freestanding outpatient clinic in Signal Hill, California. In addition to performing Mohs micrographic surgery at Harbor, our Willow clinic offers at least 1 full day of Mohs per month as well as general surgery clinics. Of note, at both of these clinics all residents, regardless of year, have an equal chance to operate. At Willow, the patient population is predominantly middle to upper middle income, entirely insured, and 99% English speaking. Although at Harbor you will find us frantically printing out patient consent forms, stamping specimen labels, and dashing quickly through the halls with our arms full of biopsy materials, at Willow we have 2 medical assistants who anticipate our needs and whose help substantially improves work flow and efficiency, and decreases patient wait time.

*Kaiser Permanente South Bay Medical Center*—Three to 4 months of the year, 2 residents will spend 2 half days at the Kaiser Permanente South Bay Medical Center in Harbor City, California. The center is completely paperless, allowing physicians seamless access to a patient's entire medical record, prior dermatologic and nondermatologic visits, laboratory results, and even paperless prescriptions to any pharmacy within the Kaiser system. Working at Kaiser showcases the magic and benefit of a comprehensive, fully integrated health system that prioritizes efficiency. The residents also have the assistance of a medical assistant. In fact, I was shocked when my attending was able to communicate he needed assistance by simply pressing a blue button situated by the patient's door. He did not skip a beat as we counseled the patient and it saved an enormous amount of time. With this extra time, residents are able to discuss every case in depth and at leisure with our attending. Importantly, both at Kaiser and at Willow we are given the chance to use medications we do not usually prescribe at Harbor because they are not on formulary.

*Children's Hospital Los Angeles*—Two or 3 months of the year, a resident spends 1 full day a week at the Children's Hospital Los Angeles. This clinic, which is primarily associated with the University of Southern California (USC), enables us to work with our fellow residents at USC and learn under the preceptorship and expertise of Stefani Takahashi, MD, a USC pediatric dermatologist, as well as other highly experienced volunteer pediatric dermatologists. Although we see pediatric patients at Harbor, putting your mind in the "pediatric zone" is beneficial to the learning process and we are privileged to see rare cases such as juvenile dermatomyositis, PHACE syndrome, and

lamellar ichthyosis all in 1 day. Because of the nature of the clinic and its population, we learn quite a lot about the limitations of many insurance plans. It is humbling when you have to postpone a potentially important biopsy or procedure because the patient needs prior authorization from their insurance company or when a prescription for fluocinolone acetonide 0.01% body oil is rejected because it is not covered in a patient's plan.

### **Struggles**

Unlike larger institutions, we lack dedicated specialty clinics and formal rotations under experts in those fields. To replicate this environment, we try to group patients with similar conditions (ie, hair disorders, nail disorders, psychocutaneous medicine) on the same day once a month. On those days, a volunteer

specialist joins us. The other challenge is that we lost our 2 main faculty members during the 2011-2012 academic year and are a program in transition. However, thanks to the continued support of our loyal faculty members, we continue to learn, thrive, and serve our patient population.

### **Conclusion**

Hopefully this information on Harbor has given you a newfound appreciation for your own program or a temporary satiation of your curiosity about alternate residency universes.

### **REFERENCE**

1. Vashi NA, Latkowski JA. The current state of dermatology training: a national survey of graduating dermatology residents. *J Am Acad Dermatol*. 2012;67:1384-1386.