

Learning From a Leader: An Interview With Jean L. Bologna, MD



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Jean L. Bologna, MD, fulfills an important role in educating dermatologists in all phases of their careers. The textbook Dermatology, for which she served as senior editor, is highly regarded as a comprehensive work covering the breadth of our field with outstanding illustrations, tables, and schematics that facilitate understanding for our visually geared specialty. When Dr. Bologna visited the State University of New York at Stony Brook to speak at our Grand Rounds, I took the opportunity to glean valuable insights about the book as well as pearls for dermatology residents from an accomplished academic clinician.

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As senior editor of the current seminal textbook in dermatology, *Dermatology*, Jean L. Bologna, MD, has a special place in the hearts and minds of dermatology residents, both past and present. Early on in our training, we learn that a surefire way to quickly win a debate is to start your counterargument with, “Well, Bologna says. . .” This respect is well garnered, as Dr. Bologna’s book has helped elucidate difficult diagnostic and therapeutic concepts to dermatology trainees with coherent diagrams and clearly written text. It is a must-read during one’s formative education. Dr. Bologna currently serves as professor in dermatology and vice chair of clinical affairs at Yale University in New Haven, Connecticut. During her visit to the State University of New York at Stony Brook (Figure), I sat down with Dr. Bologna for an interview.

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BRONFENBRENER: The dermatology textbook is broad and expansive. What inspired you to start this project?

BOLOGNIA: I’ll divide my answer into 2 parts: why I thought a new textbook was needed and how it came to be. At the time, I felt that many of the current comprehensive textbooks were too daunting for a first-year resident. I felt that in order to teach skin biology, for example, you needed to simplify it. The goal was simplification, at least in terms of how the content was explained to the novice reader, without sacrificing sophistication. I do believe that you need to understand basic science in order to understand the breakthroughs that will occur during your career. However, if the content is confusing or too many



State University of New York at Stony Brook residents with guest lecturer, Jean L. Bologna, MD (left to right): Daniel Lozeau, MD; Nika Finelt, MD; Roman Bronfenbrener, MD; Jean L. Bologna, MD; Sara Moghaddam, MD; Yoojin Lee, MD; Antonia Fthenakis, MD; and Lisa Anthony, MD.

details are presented without schematics, at the end of the reading you are not learning. So, I wanted to teach concepts à la *Scientific American*, where an initial review of the schematics then makes the text much easier to understand. I thought that was a very important way to teach skin biology.

As for my early involvement in the book, I had previously organized a Web-based curriculum for medical students for the American Academy of Dermatology, which was divided into approximately 20 disease chapters, each 2 to 3 pages in length. I made sure the templates were simple and straightforward so that the authors could complete the assigned task within 2 to 3 hours. My invitation to be an editor came from the publisher based upon recommendations from some of those authors. Of note, that medical student curriculum has since been revised and is now much more refined than the original—we were version 1.0!

A few months earlier, Ron (Ronald) Rapini had approached [the publisher] with an outline for a comprehensive dermatology textbook and the publisher became interested in pursuing such a project. Joe (Joseph) Jorizzo was then asked to be the third editor. However, there was stiff competition, as we were going up against the established *Fitzpatrick's* textbook. It was important to have a different approach and I was lucky that Julie Schaffer was a dermatology resident in our program at that time and she provided great critiques of the chapters.

BRONFENBRENER: When did you first realize the book was a hit?

BOLOGNIA: Well, it was fairly easy; I knew the sales numbers! That said, I think people were looking for something new and fresh. I remember one of the early reviewers likening us to *USA Today*! I think the Key Features were very important in making the book a success because they give first-year residents a sense of control when reading about a disease they have never heard about before. The first 6 months of dermatology residency are incredibly difficult because you need to incorporate words you never used before to talk about diseases you've never heard of before. I think one of my most meaningful experiences was when I visited South Africa and a young resident approached me who had photocopied the entire book and put it into individual binders so as not to desecrate his pristine original copy by writing in the margins, or underlining and highlighting. Something else I am proud of is that even if you are in a resource-poor country, you can read the book and can be on equal footing with any dermatologist from countries around the world, including ours. In other words, it is an educational equalizer.

BRONFENBRENER: What first inspired you to go into dermatology?

BOLOGNIA: I was a third-year medical student and had just finished a rotation in the neonatal intensive care unit, which was particularly demanding; I think you had more clinical responsibilities back then. I was sitting at dinner with some classmates looking for an elective to do, and they all pushed me towards dermatology. It was just what I needed, they said; you only really worked 4 days a week, and the hours were so civilized! My first Friday on the rotation I borrowed Irwin Braverman's book *Skin Signs of Systemic Disease* from the clinic and read a good portion of it over the weekend. It struck a chord with me because of its multiple links to internal medicine. The next week I was in dermatology Grand Rounds, and back then the medical students were the first to present their differential diagnoses, prior to and without talking with the residents. It was a bit of sport to hear the rather imaginative diagnoses generated by the students. So when called upon, I stated that I thought my patient had histiocytosis X, and less likely dermatitis. The attending running Grand Rounds questioned me: What could possibly make me think that it was this rare entity histiocytosis X? I told him it looked just like the picture in Dr. Braverman's book! Everyone got a chuckle out of my answer, but believe it or not, the patient actually *had* histiocytosis X. Nowadays I would never put histiocytosis above more common entities, but talk about beginner's luck. I was hooked! The fact that I got the diagnosis right reflects how important a well-written book is for trainees, and I'm honored to still see patients in the same pod as Dr. Braverman.

BRONFENBRENER: What pearls would you give graduating residents now?

BOLOGNIA: I think you have to reflect on what you like to do, what resonates with you, whether you like to take care of people with contact dermatitis, or you like cutting cancer off patients' faces, or you want to practice phototherapy. Think about where your heart is and that's what you should do, not what your professors, or your parents, or your chairman thinks you should do. You're going to be engaged in these activities for at least 30 years, so find something you are passionate about and build on that. Analyze your talents as well as your strengths and go with it. Another important point is to find an area—or 2, or even 3—where you do a lot of reading and then let others know of your interests. Before long you will be able to build upon your greater knowledge and clinical experience and become an expert within a few years. It doesn't matter if you're in an academic or private practice; there will always

be a niche that you can fill and patients you can help because of your expertise.

BRONFENBRENER: What areas do you find particularly fascinating in dermatology?

BOLOGNIA: Oh, there's so much! Patients with monoclonal gammopathies, where they can have follicular spines composed of the monoclonal protein coming out of their nose, are fascinating. That's the kind of dermatology I like: the "believe-it-or-not" side of dermatology. Once I met a patient at a dermatology conference who had fallen down on a farm and had sustained a traumatic brain injury, after which he could only sweat on one side of his body. He had Grover disease limited to the side of his body that could sweat, while the other side was totally clear. We know Grover disease comes from a combination of sweating and sun damage, but seeing that sharp cutoff on his midline drove the point home for me.

BRONFENBRENER: How do you learn best?

BOLOGNIA: I put notes in the margins. If I go to a lecture, I use address labels for my notes. Then I take those stickers and put them in the relevant part of the textbook. It is so much easier to peel off the stickers than it is to write the information. As a result, there is a greater likelihood that the information will actually be transferred.

BRONFENBRENER: What is your daily routine?

BOLOGNIA: Monday, Tuesday, Friday I see patients. Wednesday is Grand Rounds and electronic medical record cleanup time, the paperwork that is no longer on paper. Thursday is my academic day where I can work on projects, and I like this full-day approach because I work best in larger blocks of time. That's why I recommend, for residents especially, to get a large chunk of their reading done on Saturday or Sunday morning in 2- to 3-hour blocks. I'm not someone who rises hours before everyone else; I'm a 6:00 AM type of gal. If you wake up and get your work done during a planned block of time, then you feel like you've accomplished something and can enjoy the rest of your day. For me, I'm freshest in the morning, no question about it.

BRONFENBRENER: Where do you think dermatology is going?

BOLOGNIA: I don't know exactly, and I don't think anyone knows exactly. I think we need to work hard to maintain our unique body of knowledge and to remind others of this accomplishment. I am often struck in Grand Rounds that no other specialty would have a fighting chance at generating a differential diagnosis or appropriate treatment strategy for the patients presented there. I can't answer whether if

in 10 years most dermatologists will be employees at hospitals or will still have some degree of autonomy, and I think that is unsettling.

BRONFENBRENER: What's on the horizon for you?

BOLOGNIA: I'm working on the fourth edition of *Dermatology*, slated to come out in 2017. *Dermatology Essentials* was just published and is meant to provide a quick overview if you're scheduled to give a talk and want a 5-minute refresher or if you're in between patients and would like to be reminded of additional entities in the differential diagnosis. These books are accessible via the Inkling app, so you can have the entire book correctly formatted on your phone or tablet. I was recently trying to provide a more specific site for a biopsy on the ear and just couldn't remember the correct term, but a quick search and I had the entire external ear anatomy schematic up on my phone.

BRONFENBRENER: Any favorite quotations?

BOLOGNIA: I like this one by Benjamin Franklin: "Well done is better than well said." I judge people on their actions; not on what they say they're going to do but rather what they've done.

Final Thoughts

My interview provided a glimpse into the cooperative effort required to synthesize the vast quantity of information into a well-written textbook. Dr. Bologna is passionate about the field, finds great pleasure in unraveling mysterious patients, and goes to great lengths to make teaching points. As impressive as her accomplishments are, I found myself most inspired by her intellectual curiosity for dermatology, a character trait that successful dermatology residents should also embody. I feel fortunate to have had the opportunity to interview her, and I hope that the resident community can also benefit from the advice she has shared.

SUGGESTED READINGS

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