

DERMATOLOGY TEACHERS EXCHANGE GROUP

2018 Abstract Session

4:30 – 6:30 pm, October 5, 2018

Chicago, IL



4:30-4:32 PM **Welcome & Introduction**
Ponciano (Chito) Cruz Jr. MD

MEDICAL STUDENT EDUCATION

4:33-4:39

The Efficacy of an Online Module for Teaching Dermatology to Medical Students

Anne Fenton, Erika Elliott, Anna Sutherland, Andrea Murina MD

Tulane University School of Medicine, New Orleans LA

4:40-4:46

Cross-sectional Survey of Medical Student Assessment in Dermatology Clerkships

Gabriel Molina BA, Steven Chen MD MPH

Harvard Medical School & Massachusetts General Hospital, Boston MA

4:47-4:51 PM **EXCHANGE**

RESIDENCY APPLICATION

4:52-4:58

Opinion Survey: Capping the Number of Dermatology Residency Applications

Kathleen O'Brien MS¹, Helena Pasiaka MD MS², Christine DeWitt MD²

¹Georgetown University School of Medicine & ²MedStar Washington Hospital Center, Washington DC

4:59-5:05

What Do Dermatology Applicants Say About Programs? Qualitative Analysis of Positive and Negative Themes in Social Media

Lisa Akintilo MD MPH¹, Shuai Xu MD MSc,^{1,2} Maria Colavincenzo MD¹, Brittany Dulmage MD¹

¹Northwestern University Feinberg School of Medicine, Chicago IL; ²Center for Bio-Integrated Electronics, Northwestern University, Evanston IL

5:06-5:12

Creating a Publication Index for Resident Applicants

H. Sam Jeong MD, Ponciano Cruz Jr. MD

The University of Texas Southwestern Medical Center, Dallas TX

5:13-5:19

Diversity of US Medical Students and Their Exposures to Dermatology Programs

Leandra Barnes BA¹, Gordon Bae MD¹, Vinod Nambudiri MD MBA²

¹Stanford University School of Medicine, Redwood City CA; ²Brigham and Women's Hospital Boston MA

5:20-5:31 PM **EXCHANGE (& ROLL CALL OF ALL PARTICIPANTS)**

RESIDENCY TRAINING

5:32-5:38

Multi-Ethnic Training in Dermatology Residency

Abigail Cline MD PhD¹, Shadi Kourosh MD MPH², Susan Taylor MD³, Molly Storer Stout MD⁴, Valerie Callender MD⁵, William Huang MD MPH¹, Steven R Feldman MD PhD¹, Amy McMichael MD¹

¹Wake Forest School of Medicine, Winston-Salem NC; ²Massachusetts General Hospital, Boston, MA;

³University of Pennsylvania, Philadelphia PA; ⁴Northwestern University, Chicago IL; ⁵Callender Dermatology and Cosmetic Center, Glenn Dale MD

5:39-5:45

Cosmetic Dermatology: An Overlooked Component of Residency Training?

Jennifer Nicole Harb MD, Kiran Motaparathi MD

University of Florida College of Medicine, Gainesville FL

5:46-5:52

A Novel Simulation Curriculum for Dermatologic Surgery

Kristina Liu MD MHS¹, Abigail Waldman MD¹, Emily Ruiz MD MPH¹, Rebecca Hartman MD MPH¹, Clarissa Yang MD², Victoria Sharon MD³, Adriane Levin MD², Arash Mostaghimi MD MPA MPH¹

¹Brigham and Women's Hospital & Harvard Medical School, Boston MA; ²Tufts Medical Center, Boston MA;

³Zucker School of Medicine Hofstra/Northwell, Lake Success NY

5:53-5:58 PM

EXCHANGE

5:59-6:05

Efficacy of Reciprocal Team-Based Training for Phototherapy and Patch Testing

Ashley Lundgren MD, Katherine Sebastian BS, Lisa Blackwell BS, Lucia Diaz MD, Ammar Ahmed MD
The University of Texas Dell Medical School, Austin TX

6:06-6:12

Impact of Medical Scribes on Dermatology Trainee and Attending Experience

Connie Zhong, Arash Mostaghimi, Vinod Nambudiri

Harvard Medical School & Brigham and Women's Hospital, Boston MA

6:13-6:17 PM

EXCHANGE

PROFESSIONAL CAREERS

6:18-6:24

The Most Common Causes of Burnout among U.S. Academic Dermatologists and U.S. Dermatology Residents Based on a Survey

Deborah Dorrell BA, Steven Feldman MD PhD, William Huang MD MPH

Wake Forest School of Medicine, Winston-Salem, NC

6:24-6:27 PM

EXCHANGE

6:28-6:30 PM

Closing Remarks

THE EFFICACY OF AN ONLINE MODULE FOR TEACHING DERMATOLOGY TO MEDICAL STUDENTS

Anne Fenton; Erika Elliott; Anna Sutherland; Andrea Murina, MD
Tulane University School of Medicine, New Orleans, LA

Preclinical medical school curriculum traditionally devotes only a few hours to dermatology curriculum, even though the skin is a key organ system tested on the USMLE Step One Exam. Medical students' preference for learning at home through recorded lectures creates an opportunity for teaching dermatology in an online, video format.

Our team designed a 90-minute online, self-paced video module for second year medical students, using digitized lectures on the dermatology competencies covered by the USMLE examinations. Surveys and assessment questions were administered before and after the module to assess students' attitudes and knowledge of the USMLE competencies.

Of the 43 students that enrolled, 24 students completed both the pre- and post-survey, rating their overall confidence about the dermatology competencies as an average of 2.42 (out of 5) initially and 3.58 after completion ($p < .01$). 20 students completed a total of 24 assessment questions, with a mean score of 53.75% before and 77.77% after module completion ($p < .01$). Significant ($p < .01$) increases were also seen in self-reported knowledge ratings of each specific competency (basic science of skin, infectious disease, immunology, skin cancer, and drug reactions).

Our study demonstrates that medical students lacked confidence in the dermatology competencies on the USMLE exam and a 90-minute module significantly increased their confidence and their performance on dermatology assessment questions. Our survey found that most students prefer self-teaching methods over class material when preparing for the USMLE exam. The use of digitized lectures with online assessment questions allows students to cover high-yield material and identify knowledge gaps in a time-efficient manner.

CROSS-SECTIONAL SURVEY OF MEDICAL STUDENT ASSESSMENT IN DERMATOLOGY CLERKSHIPS

Gabriel E. Molina, BA; Steven T. Chen, MD, MPH

Harvard Medical School, Boston, MA; Department of Dermatology, Massachusetts General Hospital, Boston, MA

In the absence of a standardized way to evaluating medical students, each dermatology clerkship has developed its own method. The exact method for assessing dermatology medical students are often unknown and can vary significantly across institutions. This heterogeneity and lack of transparency can become problematic when residency admission committees interpret clerkship grades without context regarding assessment methods.

In order to capture this diversity of assessment methods, we emailed out a request for APD members to fill out a survey regarding the current state of assessment on the dermatology clerkship at their institutions. Faculty from 33 institutions completed the survey (response rate 58% of those that viewed the survey; 21% of all medical schools in the US).

Respondents included clerkship directors (75%), faculty members (21%), and a residency program director (3%). Modalities used to determine final grades included clinical evaluations from faculty or residents (n=33, 100%), written exam (n=16, 48%), oral presentation (n=10, 33%), and Mini-CEX (faculty observation of a real patient encounter; n=4, 12%). Final grade assignments were most often decided by the clerkship director(s) without exact guidelines (n=24, 73%). Only 6 (18%) relied on a threshold system – whereby a minimum grade on the exam or presentation is required to achieve the highest final grade. For the majority (n=18, 55%), greater than 70% of students receive the highest grade available. However, in 15% (n=5), the highest grade is awarded to fewer than half of the students.

These findings highlight the potentially incorrect assumptions one may make regarding dermatology clerkship grades. Students at institutions that rarely assign the highest grade may be at a disadvantage when compared to students at institutions that regularly award high marks. Our findings demonstrate the importance in encouraging programs to review, optimize, and potentially share their methods of assessment.

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OPINION SURVEY: CAPPING THE NUMBER OF DERMATOLOGY RESIDENCY APPLICATIONS

Kathleen F O'Brien M.S.¹, Helena B Pasioka M.D, M.S.², Christine A DeWitt, M.D.²

1. Georgetown University School of Medicine, Washington, DC
2. MedStar Washington Hospital Center, Department of Dermatology, Washington, DC

Background: The dermatology residency match is competitive and expensive. In 2018, US graduates applied to an average of 59 programs. Conversely, 122 dermatology programs received an average of 454 applications. It has been calculated that matched residents spend an average of \$11,324 on the application process alone.

Objective: To determine the relevant stakeholders' (students, matched residents and faculty) viewpoints on capping the number of residency applications at ≤ 50 .

Methods: An anonymous online survey was distributed via listservs.

Results: 88 medical students, 122 dermatology residents, and 81 dermatology faculty responded.

Two-thirds of students plan to submit >50 applications; most cited reasons included the competitive nature of the match (74%), Step 1 score (66%), and lack of research (55%). Both residents (71%) and students (81%) reported educational debt prior to starting the cycle. For perspective, 42% of matched residents indicated spending between \$5,000-10,000, using a combination of loans, personal/family savings and side jobs.

Of responding faculty, 85% reported ≥ 400 applications were received by their program, and 81% reported the use of a filter, most commonly Step 1 score (52%). With respect to the idea of a cap at ≤ 50 , 57% were in favor capping at ≤ 50 , with more support at West Coast programs (63%) and programs with <10 residents (69%). Furthermore, 40% favored a cap of <40 applications. All faculty that reported receiving <300 applications (3%) were opposed to a cap. The primary concern for those opposed to the idea was the possibility of decreasing diversity (58%). Reasons for favoring a cap included reduced cost to applicants (87%) and less applicants to review (81%).

Limitations: Modest response rate, possibility of recall bias.

Conclusion: The dermatology residency process is a significant financial concern to applicants. In contrast to students and residents, faculty favored capping the number of residency applications.

WHAT DO DERMATOLOGY APPLICANTS SAY ABOUT PROGRAMS? QUALITATIVE ANALYSIS OF POSITIVE AND NEGATIVE THEMES IN SOCIAL MEDIA

Lisa Akintilo, MD MPH,¹ Shuai Xu MD MSc (Lond.),^{2,3,2,3} Maria Colavincenzo MD,^{2,2} and Brittany Dulmage MD^{2,4}

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Residency applicants for dermatology utilize social media as a way to share observations, both positive and negative, about training programs across the country. The objective of this qualitative analysis of a retrospective cohort was to identify and categorize real-world feedback of applicants applying for dermatology graduate training positions. We used publically available data sets to analyze comments from anonymized medical trainees applying to dermatology training positions from 2015 to 2017. After development of a standardized coding scheme, all unstructured comments were coded by two independent researchers. Positive and negative comments were coded separately. Frequency counts and percentages were recorded for each identified feature, theme, and sub-stratified theme.

Of 1093 positive comments, training experience was the most frequently cited major feature (n=303, 28%), with clinical training the most commonly cited theme (n=230, 21%) and subspecialty and surgical experience the most commonly cited subthemes. Institution was the next most frequently cited major feature (n=285, 26%) with geography (n=162, 15%) the most commonly cited related theme. Faculty (n=216, 20%) and resident experience (n=210, 19%) were additional commonly mentioned positive features. Of 559 negative comments, institution was the most frequently cited major feature (n=235, 42%) with geography (n=174, 31%) the most common theme and commute (n=64, 12%) the most common subtheme. A poor training experience (n=137, 25%), resident experience (n=71, 13%), and faculty (n=46, 8%) were the next most frequently mentioned negative features. Importantly, patient diversity and skin of color exposure were often described as positive features when present and a negative when absent. This qualitative analysis of real-world data provides detailed insight into prospective applicants' positive and negative impressions of dermatology residency programs.

CREATING A PUBLICATION INDEX FOR RESIDENT APPLICANTS

H. Sam Jeong MD and Ponciano D. Cruz, Jr. MD

Department of Dermatology, The University of Texas Southwestern Medical Center, Dallas, TX

Background: As dermatology resident applicants continue to overachieve scholastically, the tasks of evaluating and ranking them have become increasingly challenging. A potentially clarifying attribute is publication record, but its utility suffers from lack of a readily quantifiable parameter (unlike USMLE scores, class rank, GPA) and from the less-than-optimal framework provided by ERAS.

Objective: A Publication Index may correct this deficiency. To develop an Index, we sought counsel from dermatology program directors, including the role publications play in their resident application process.

Methods: We surveyed 138 dermatology program directors in the U.S. via the APD electronic list serve, and received 50 completed responses (36%). Results were analyzed using descriptive statistics; subgroups were compared using a Chi-square test for significance ($p < 0.05$).

Results: Responding directors were represented adequately across geographic regions and program sizes arrayed in a bell-shaped fashion. On a 5-point Likert scale, publication record was deemed important for evaluating applicants, especially for decision-to-invite to interview (3.52) more than for finalizing the rank list (2.96). Overwhelmingly (84%), respondents discriminated between actual publications vs. other manuscripts (i.e., submissions, abstracts, oral presentations, posters). A majority (60%) would incorporate the Index (if it existed) in their deliberations. Covariate analyses of subgroups' responses did not show significant differences. A recurring concern was publication quantity overshadowing quality of work.

Conclusions: Publication record is an important criterion for comparing resident applicants; it can benefit from creation of an Index that factors number of papers as well as quality of the work by the applicant and significance of the publication. An ideal Index would also have the flexibility of allowing each program to differentially weigh these factors.

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DIVERSITY OF US MEDICAL STUDENTS AND THEIR EXPOSURES TO DERMATOLOGY PROGRAMS

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While sex diversity has increased significantly in dermatology, ethnic diversity continues to lag far behind. We hypothesized that lack of dermatology exposure in medical school for underrepresented in medicine (UIM) students may be contributory. We evaluated sex and ethnic discrepancies in early dermatology exposure opportunities for medical students. Publicly reported AAMC and ACGME data for 89,904 medical students across 147 medical schools were reviewed to assess sex and ethnicity trends among medical schools cross-referenced with early exposure opportunities to dermatology. Groups were compared using two proportion Z-tests. No difference existed between the percentage of females in medical schools with or without dermatology residency programs (48.6 vs 48.1%). However, UIM students comprised lower percentages of students in schools with dermatology residencies than those without (12.7 vs 16.8%, $p < 0.00001$). Similar trends were noted regarding fellowship or dermatology interest group presence. Schools with the greatest dermatology exposure opportunities had the lowest percentage of UIMs ($p < 0.0001$). No statistical significance was noted across groups for female students. Trends for Asian students were inverse to those of UIM students. Our findings suggest schools with early exposure opportunities to dermatology have significantly lower proportions of UIM and significantly higher proportions of Asian medical students. Differences in early dermatology exposure opportunities may limit more UIMs from entering dermatology.

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MULTI-ETHNIC TRAINING IN DERMATOLOGY RESIDENCY

Abigail Cline¹, MD, PhD, Shadi Kourosh², MD, MPH, Susan Taylor³, MD, Molly Storer Stout⁴, MD, Valerie Callender⁵, MD, William Huang¹, MD, MPH, Steven R Feldman^{1,6,7}, MD, PhD and Amy McMichael¹, MD

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Introduction: As the racial and ethnic composition of the United States evolves, future dermatologists must be familiar with dermatological conditions in patients of various ethnic backgrounds.

Aim: To evaluate if dermatology residents' feel their residency curriculum gives them enough education regarding patients with skin of color.

Methods: A brief 10-question survey was emailed to 109 dermatology residency programs

Results: 43 residents completed the survey, with 18% from the Northeast (NE), 16% Southeast (SE), 30% Midwest (MW), 18% Southwest (SW), and 18% Northwest (NW). 72% of responders agreed that their practice treated diverse patient populations. 34.9% of all responders agreed that a dedicated multi-ethnic skin clinic is important for residents. 62.5% of NW responders agreed and 62.5% of NE responders disagreed with this statement ($p < 0.005$). 23.2% of responders agreed that a rotation dedicated to skin of color is important for competence, 90.7% that dedicated lectures are important, & 44.1% that having a departmental expert is important for residents to gain competence in treating conditions affecting skin of color, including 71.4% of SE responders and 41.6% of MW responders ($p < 0.005$). 83.7% agreed that reading textbook chapters is important for developing competence. 70.7% reported 1-5 hours of lecture per month covering conditions affecting patients with skin of color are needed to gain competence. 60.5% reported 1-5 months of clinical training per year are needed to gain competence in treating such conditions.

Conclusions: Residents believe dedicated lectures and textbook chapters are more important than dedicated clinics or rotations to gain competence in treating patients with skin of color. In areas with less diversity, dedicated multi-ethnic skin clinics may be more important for assuring an adequate residency experience.

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COSMETIC DERMATOLOGY: AN OVERLOOKED COMPONENT OF RESIDENCY TRAINING?

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Background: While dedicated didactics and structured clinical exposure are common for dermatopathology and dermatologic surgery, formal curricula for cosmetic dermatology are typically lacking in dermatology residency. In addition to dermatologists and plastic surgeons the range of providers performing cosmetic procedures has widened over the last decade. To meet the rising demand for cosmetic treatments with safety and expertise, dermatologists may benefit from increased formal clinical and didactic training.

Methods: Through the APD listserv, residents at 138 ACGME-accredited dermatology residency training programs were provided a survey of 20 questions on cosmetic procedural experience during residency. Preliminary data reflected the anonymous responses of 117 PGY2-PGY4 dermatology residents.

Results: While 72% of residents plan to perform cosmetic procedures after residency, only 34% feel that they currently receive adequate preparatory training. Over 95% of respondents feel that a more formal curriculum in cosmetics would benefit residency education, and 81% believe they should have more cosmetic procedural experience during residency. Over 60% of residents believe advanced practitioners receive more cosmetic training than dermatology residents. Most (58%) residents report unmet expectations for cosmetic experience in residency, and 65% expect that additional training would increase the likelihood of incorporating cosmetic procedures in post-residency practice.

Discussion: Relative to current practice trends among dermatologists, there is likely insufficient formal training in cosmetic procedures during residency. This survey underscores the gap between residents' expectations and clinical and didactic instruction, along with a desire to incorporate more training in current educational programs. The increased integration of cosmetic procedures in residency training may support greater competency, confidence, and safety, thereby providing a rationale for their performance by dermatologists over non-dermatologists and non-physicians.

A NOVEL SIMULATION CURRICULUM FOR DERMATOLOGIC SURGERY

Kristina J. Liu, MD MHS¹, Abigail Waldman, MD¹, Emily Ruiz, MD MPH¹, Rebecca Hartman, MD MPH¹, Clarissa Yang, MD², Victoria Sharon, MD³, Adriane Levin, MD², Arash Mostaghimi, MD MPA MPH¹

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Background: Surgical education is evolving to emphasize systematic improvement of quality and safety while optimizing the learning environment for trainees. Although surgical simulation as an adjunct to the traditional apprenticeship model has been shown to achieve these goals in other fields, its potential in dermatology has not been evaluated

Curriculum: We have created a simulation curriculum to teach foundational surgical skills to PGY2-3 dermatology residents at three programs (Harvard, Tufts and Northwell). Students first use an online platform to review fun and interactive videos with content developed by dermatology surgeons. Next, they have three one-hour hands-on practice sessions using various simulated skin models. Sessions across all three sites will take place in August 2018.

Assessment: We will assess the impact of this curriculum on the acquisition of surgical skills by administering pre- and post-curriculum assessments of the residents performing an elliptical excision with intermediate repair on synthetic skin models. The primary outcome will be changes in the Objective Structured Assessment of Technical Skills (OSATS), an assessment tool that has been extensively evaluated and validated in numerous surgical specialties. OSATS will be ascertained from resident videos graded by two surgical dermatologists. Secondary outcomes include pre- and post- intervention individual checklist item scores, global rating scale scores and self-reported operative confidence by residents.

Anticipated Outcomes: We anticipate that our simulation-based training will improve dermatologic surgical skill acquisition, and we will have preliminary data available to present at the DTEG meeting in October. We hope this project will serve as a pilot study identifying a role for surgical simulation in dermatology while demonstrating the value of multi-institutional collaboration in the creation of a national curriculum for simulated dermatologic surgery.

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EFFICACY OF RECIPROCAL TEAM-BASED TRAINING FOR PHOTOTHERAPY AND PATCH TESTING

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Introduction: Phototherapy and patch testing require a team-based approach, with clinicians typically versed in the science, clinical indications, and outcome measurements of such modalities, and ancillary staff such as nurses and medical assistants (MAs) managing the technical aspects. Optimal patient care necessitates that each party understand the other's role, which can be challenging in an academic practice due to lack of overlap between resident and staff roles, time constraints, and ineffective communication.

Object: Our dermatology program sought to implement a novel reciprocal learning/teaching workshop to assess whether residents and staff (MAs and nurses) benefited from teaching each other about their specific roles regarding in-office phototherapy (NBUVB and excimer laser) and patch testing.

Methods: A workshop was conducted with all residents and staff, with residents teaching the group about their specific skillset, and MAs providing instruction regarding theirs. Each group filled out a pre- and post-workshop survey containing 10 questions, rating their level of comfort with the other group's role on a Likert scale of 1 to 5 (1 = strongly disagree and 5 = strongly agree). The resident group was specifically asked about their understanding regarding aspects of treatment within the purview of staff members such as machine operation, dosage escalation, and patch application. The staff group was asked about their understanding and comfort with topics that typically fall within the providers' domain, such as the mechanism and indications for phototherapy and patch testing, monitoring treatment efficacy with phototherapy and interpretation of patch testing.

Conclusions: There was a statistically significant increase ($p < 0.001$) amongst both the resident and staff groups in the comfort and understanding of the other group's skillsets pertaining to phototherapy and patch testing as a result of one interdisciplinary, reciprocal training workshop.

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IMPACT OF MEDICAL SCRIBES ON DERMATOLOGY TRAINEE AND ATTENDING EXPERIENCE

Connie Zhong^{1,2}, Arash Mostaghimi^{1,2}, Vinod E. Nambudiri^{1,2}

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Medical scribe integration into academic dermatology practices results in decreased attending documentation time, improved physician efficiency, and positive patient satisfaction; their impact on dermatology education has not been explored. We conducted a cross-sectional survey in an academic dermatology department and associated residency program assessing trainee and attending perceptions of scribe impact on documentation time, teaching time, and quality of teaching. A total of 39 surveys were completed. The majority of faculty and trainees felt scribes decreased documentation time, consistent with prior observations. 57% of attendings and 73% of trainees believed scribes increased the duration of time attendings provided direct teaching. Both attendings (57%) and trainees (65%) felt scribes increased attending availability to answer questions and improved overall education (57% attendings; 77% trainees). Overall, trainees more strongly perceived educational benefits of scribes, suggesting that attendings may not be fully aware of the trainees' positive experiences. Interestingly, 69% of trainees but only 29% of attendings believed scribes increased trainee patient volume ($p < 0.05$). This perceived increase in patient volume, alongside decreased documentation time, may contribute to an enhanced educational experience. The positive impact of scribes on dermatology education – with trainee perceptions exceeding those of attendings – is consistent with results in other disciplines. Our findings suggest attendings may unconsciously spend more time and energy on teaching trainees when scribes alleviate documentation burdens, improving dermatology training.

THE MOST COMMON CAUSES OF BURNOUT AMONG U.S. ACADEMIC DERMATOLOGISTS BASED ON A SURVEY STUDY

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Background: According to the 2018 Medscape National Physician Burnout and Depression report, dermatologists are no longer ranked as the happiest physicians.¹ As the threat of burnout in dermatology continues to increase, it is essential to identify what factors contribute to burnout. This study aims to assess the most common causes of burnout among dermatology residents and practicing academic dermatologists in the United States.

Methods: An anonymous RedCap survey approved by the Human Research Subjects Committee was sent to 518 academic dermatologists through an Association of Professors of Dermatology listserv email. The email implored program directors to also forward the survey to their residents. The survey asked participating residents and dermatologists to reflect and report on what factors contribute to their sense of burnout. Free text was collected.

Results: Of the 518 email recipients, 91 attending dermatologists (18%) participated in the survey, and of the 91 survey participants, 58 (64%) commented on causes of their sense of burnout. Out of the 59 dermatology residents who participated in the survey, 39 (66%) commented on causes of burnout. The most common cause of burnout reported by 19 academic dermatologists (22%) was excessive documentation. Other common causes included lack of protected time for pursuing academic interests (19%), increased administrative demand for productivity (17%), bureaucratic tasks (17%), lack of support by administrative bodies (12%), bringing work home (9%), inadequate support staff (9%), and frustrations with residents (9%). The most common cause of burnout reported by 12 residents (31%) was administrative duties, including insurance matters, patient portal messaging, and creating the resident schedule. Other common causes included lack of support from faculty and co-residents (28%), excessive documentation on the electronic medical record (20%), too many patients (10%), and not enough protected time for other academic pursuits (8%).

Limitations: This survey is limited by possible selection bias given that only 18% of the survey recipients responded and that the number of resident recipients is unknown. However, demographic information shows that attendings and residents over a broad geographical region, age range, and professional spectrum were reached.

Discussion: A unique and modifiable cause of burnout among academic dermatologists was a lack of protected time to teach or conduct research. Academic dermatologists seek a balance between patient care and the other interests that originally attracted them to academic medicine. Institutions may be able to combat burnout by increasing protected time for other scholarly pursuits. U.S. residents were similarly frustrated with their workload, but they also emphasized feeling underappreciated and unsupported by their training programs and even by their co-residents. This factor has the greatest opportunity for change given that adjustments are needed in attitudes and behaviors rather than in medical infrastructure or workflow. Residency programs can fight burnout by promoting a collaborative environment and emphasizing empathy to both patients and peers.

References

1. Peckham C. Medscape National Physician Burnout & Depression Report 2018. Medscape. January 17, 2018. <https://www.medscape.com/slideshow/2018-lifestyle-burnout-depression-6009235>. Accessed July 2018.