Residency Fair - Dermatology Specialty/Field Questions 2017:

1. a) What are the best things about your specialty?
   Variety of patients, interesting patients, pace of clinics, clinic hours, opportunity to participate in scholarly activities, surgical procedures, and overall small, supportive residency programs across the country.

   b) What are the worst things about your specialty?
   Typically high patient loads and busy clinics, as well as competition by non-dermatologists who claim expertise in skin disorders.

2. Why did you choose your specialty?
   Dermatology encompasses a vast scope of internal medicine from infectious diseases to autoimmune diseases to oncology. There is also the opportunity to learn and perform a variety of surgical procedures. With the vast subspecialties, you can focus on particular areas if you like or practice general dermatology.

3. What types of clinical cases do you commonly see?
   This depends on the clinic. We always see common dermatological problems such as acne, warts, psoriasis, and eczema. The clinic exposure depends on the subspecialty clinics too like melanoma clinic or Mohs surgery. We also see cutaneous lymphoma, drug eruptions, cosmetics and pediatric cases as well.

4. Briefly describe a typical day.
   We typically start at 8 a.m. and end around 4 p.m. and see between 35-60 patients per day depending on the clinic we're in. Small surgical procedures are intermixed with other medical dermatology cases. Surgeries include wide excisions for melanoma or other cancers to cosmetic procedures.

5. a) What are the varieties of lifestyles within your field?
   There is a lot of flexibility in dermatology from academic to community medical and/or surgical dermatology. Lifestyle choices are dependent on the individual. Many dermatologists work in a group practice and this allows for more flexibility with work hours.

   b) Specifically, how able is your specialty to accommodate family life?
   A balanced lifestyle is not difficult to achieve in dermatology. 8-4 p.m. office hours are quite standard although there is certainly flexibility for this. The days are quite predictable and if the clinic is managed well, it is rare for clinics to run late.

6. Range of incomes?
   Depends on how much you work – approximately $250 - 750K.

7. How do you see your discipline changing over the next decade?
   In many ways. Teledermatology will probably play a greater role in providing dermatologic care to rural and underserviced areas. Also, dermatologists will have to continue to advocate for their specialty to prevent other medical specialties from misleading the public think that they are “skin care specialists.” Finally, there are a vast number of cutting edge medical treatments for various skin disorders coming down the pipeline, which will significantly improve the degree to which we can treat many conditions. An example would be new biologics for atopic dermatitis and ever-improving treatment options for advanced-stage melanoma.
Residency Program Questions:
8. a) What are you looking for specifically in an impressive candidate?
   A well-balanced individual with a genuine interest in dermatology. Someone who has performed some research in their portfolio to show their interest in dermatology. Someone that will fit in to the program, get along with other residents and work as a team player with other residents.

   b) What can a potential candidate do now in order to be an appealing applicant to your program?
   Do electives to learn about what dermatology is all about. Be involved in scholarly research.

9. What is your residency program’s orientation and focus?
   The goal is to expose residents to all fields of dermatology including medical, surgical, pediatrics, pathology, photodermatology, contact dermatitis and cosmetic dermatology including laser therapy.

10. What is the availability of experiences in subspecialty areas during training?
    Fellowships are typically not necessary for general dermatology. There is a range of fellowships available (most of them in the United States or Europe) ranging from psoriasis to laser and dermatologic surgery, cosmetics, pediatrics, Mohs micrographic surgery, etc.

11. Are there sufficient elective opportunities during training to explore your special interests?
    Absolutely.

12. What is the on-call schedule during each year of residency?
    During the first two years of residency, call will be either in-house or home-call depending on the specific off-service rotation that you will be in. In the core dermatology years (R3-R5), call is home-call with each call completed over a span of 7 consecutive days. The frequency of call decreases from your R3 to R5 year and varies depending on the number of core dermatology residents are active each academic year. We are responsible for receiving dermatology calls from Edmonton and most of Northern Alberta. There is a specific on-call rotation, which is one week on and one week off that allows for assessing and following acute patients.

13. What distinguishes the U of A program from other programs?
    The U of A has been a well-established program for decades that provides exposure to all aspects of dermatology in a close-knit environment with its high staff to resident ratio. We see more patients than most other programs (and hence, more exposure to and experience with different dermatologic diseases) as we are involved in many clinics weekly with graded responsibility as we increase our ranks through the program.

14. How competitive is it to get in, and then to succeed in your field?
    While the number of dermatology positions has increased substantially over the past few years, medical school enrollment has continued to increase as well. Therefore, dermatology is still considered a very competitive specialty in medicine. That being said, this should certainly not be a deterrent for those students genuinely interested in our specialty.

15. a) Is there active and/or required research in your residency program?
    Residents are required to be involved in at least one research project per academic year during their core dermatology years. As well, prior to graduation, each resident is required to have completed at least one research project requiring ethics review and has been published and presented.
b) What role does research play in your career?
It depends on the individual. Some dermatologists will choose to do no research while others may be extensively involved in clinical trials (in the community or in the academic setting). Of course, as an academic dermatologist, you would have specific, institution-prescribed research requirements, as is the case for other physicians with academic appointments.

16. What local, national or international conferences would be of benefit to candidates interested in your residency program?
Canadian Dermatology Association and American Academy of Dermatology are the 2 main conferences that we attend.