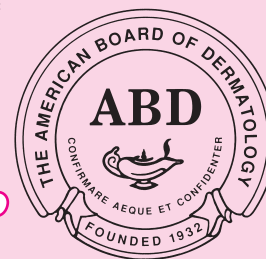


ABD Newsletter

JANUARY 2004



A Bulletin on Current Activities, Policy Issues and Changes in Composition of the American Board of Dermatology (ABD)

PRESIDENT'S MESSAGE

RONALD P. RAPINI, M.D., *President*

I appreciate the opportunity to have served eight years as one of the Directors of the American Board of Dermatology (ABD), and several years before that as a test development committee member. I pledge to be a productive President during this, my ninth and last year. (David Bickers will take over as



President in January 2005.) I am fortunate to work with our Executive and Associate Executive Directors, Toni Hood and Steve Webster, who implement the policies determined by the 16 volunteer ABD Directors. The ABD certifies dermatologists through its examination process after a candidate has successfully completed a dermatology residency program accredited by the

Accreditation Council for Graduate Medical Education (ACGME) which is reviewed by the Residency Review Committee (RRC) for Dermatology. This is a separate and distinct process from the educational and other activities of the American Academy of Dermatology (AAD). The ABD relies upon the Dermatology residency training directors to vouch for those qualities of a graduating physician that cannot be measured by our written certifying examination.

That has led me to consider what happens after a dermatologist leaves the comfortable nest of residency training and is turned loose upon society. One hopes that the dermatologist continues to grow according to the six competencies (listed below) approved by the ACGME and by the American Board of Medical Specialties (ABMS, the umbrella organization of which the ABD is a member). If you can answer yes to the following questions, I applaud you.

1. **Medical knowledge.** Do you keep up with new advances in diagnosis and therapy?
2. **Patient care.** Do you apply your knowledge and other skills to your actual practice of taking care of human beings?
3. **Interpersonal and communication skills.** Do you explain things to patients or do you just hand them a prescription and walk out of the room?
4. **Professionalism.** Do you treat colleagues with respect and give them meaningful consultations?
5. **Practice-based learning and improvement.** Do you implement policies that help you and your staff to do better jobs?

(Continued on Page 2 PRESIDENT)

HIGH PASSING STANDARDS FOR RECERTIFICATION EXAMINATION

by STEPHEN B. WEBSTER, M.D.,
Associate Executive Director

The third Recertification examination in Dermatology was administered online from May 1 to June 15, 2003. A total of 258 diplomates took the examination. Of this number, 94% were diplomates with time-limited certificates, and 6% were diplomates with lifetime certificates, having been certified before 1991 when time-limited certificates were first issued.

Because the ABD offers an open-book, online examination, the standards for passing the examination are higher than would be found in a traditional proctored closed-book examination taken in a conventional testing environment. The table below shows the minimum passing scores and mean scores for each of the modules of the 2003 examination:

2003 ABD Recertification Examination		
	Min. Passing Score	Mean Score
General Dermatology Module	87	93
Medical Dermatology Module	85	91
Dermatopathology Module	80	81
Dermatologic Surgery Module	85	89
Pediatric Dermatology Module	85	95

These passing standards have been shown to be psychometrically valid for an open-book examination administered over a six-week period.

Lifetime Certificate Holders Urged to Pursue Recertification

We hope that in future years more diplomates with lifetime certificates will voluntarily enter the Recertification process. The reasons for entering the Recertification program are multiple, but, first and foremost I feel the most important reason is that it is a valuable educational experience for the busy clinician. The questions on the examination cover the broad field of Dermatology, with emphasis on the more recent literature that we use daily in our clinical practices. It is an excellent "brush-up" exercise for us all. The examination is modular and all diplomates are required to take a 100-question General Dermatology Module, and a second 50-question module which can be selected to more closely

(Continued on Page 2 HIGH PASSING)

PRESIDENT (continued from front page)

6. System-based practice. Do you work successfully within our current problematic medical system, in which patients have different needs based upon being in an HMO or without insurance?

It is certainly difficult to measure some of these qualities. Competency is one of those things that is hard to define but most of us think we know it when we see it. The ABD is in the process of developing a program of Dermatology-Maintenance of Certification (D-MOC), which will be mandatory only for those physicians certified in 1991 or thereafter. The ABD continues to hone the D-MOC program and its details are a work in progress, although the recertification examination component has been in place for several years now. We will try not to burden the practitioner with a bureaucratic paper chase in this process, but rather, the intention is to make the program relevant while at the same time satisfy society's desire for reassurance of continuing competence.

So, what about those of us with "lifetime" certificates, i.e., diplomates who were certified prior to 1991 and who lack a 10-year expiration date? We will be able to voluntarily participate in D-MOC, and indeed can apply to take the current recertification examination (see Steve Webster's article on the front page). Perhaps we are the ones most in need of refreshing our skills! Senior practitioners, like me, have the advantage of years of experience, but often find it easy to fall behind in our knowledge base. Some of us become arrogant because of our lucrative successful practice (private or academic), our professional reputation, testimonials from grateful patients, or our control over our adoring, obedient staff. Because dermatologists are in short supply, we can refuse to treat the poor and focus on the rich. Specialists in other disciplines look with disdain upon dermatologists who refuse to do hospital consults or answer calls at night and on weekends because doing so requires too much time with too little reimbursement.

Thus, my challenge to you is the following: Try to give back to the specialty of dermatology as well as to society. It's a new year! Now that you have great financial and personal success, you can afford to make some new goals for yourself. A laundry list of possible goals might include the following:

1. Volunteer to teach at a dermatology residency program in need. Our residents should receive better training but sometimes they are being taught by low-paid, inexperienced (albeit enthusiastic) junior faculty while the experienced practitioners stay away from university grand rounds or clinics.
2. Read a journal or go to a journal club (or call your friends and start a journal club of your own).
3. Continue participating in the many excellent educational meetings and learn while you play.
4. Share with colleagues your new discoveries via presentations, newsletters, and/or journals.
5. Participate in local society meetings.
6. Strive for excellent care in your office even when it doesn't generate more revenue.
7. Volunteer at free skin cancer screenings or camps for patients with skin disease.
8. Volunteer your time or money to the various dermatological societies or foundations.

As a mentor once told me years ago as I was leaving residency training: "Do good."

HIGH PASSING (continued from front page)

correspond to an individual's own practice. The modules offered are Medical Dermatology, Dermatopathology, Dermatologic Surgery, and Pediatric Dermatology.

While to me, education and "keeping up" are the most important reasons for lifetime certificate holders to voluntarily take the Recertification examination, other more secular factors may be of importance in the future. Some health plans and HMOs may require periodic recertification for their member physicians. Also, some state medical boards are investigating requiring periodic credentialing of physicians. Current ABD recertification status would fulfill this requirement and spare a physician the necessity of taking a general medical credentialing examination. While no state requires this now, there is consideration of this for the future as healthcare payers (including the government) and the public are increasingly pressing for evidence of quality and assurance that physicians are indeed keeping up with the rapidly expanding corpus of medical knowledge. Periodic Recertification is one way that we, as practicing physicians, can respond to these pressures. As the ABD moves from its present Recertification program into a balanced Maintenance of Certification program, we hope to develop more self-assessment components to make the process even more valuable for our diplomates.

Take Examination in 8th Year

At the January ABD meeting, the Directors approved allowing diplomates with time-limited certificates to apply to take the Recertification examination for credit in the 8th year prior to expiration of their certificate. Previously, diplomates were only allowed to receive credit for taking the examination in the 9th or 10th years prior to expiration of their certificate. This gives the diplomate a little more flexibility in the Recertification process.

The ABD welcomes your recommendations on how we can make the Recertification process more valuable to the practicing dermatologist. We look forward to providing an even more clinically relevant and valuable Dermatology-Maintenance of Certification (D-MOC) program.

2003 ABD EXAMINATIONS		
	CANDIDATES	% PASSING RATE
Certifying	344	89.2%
Recertification	258	82.6%
Dermatopathology	15 dermatologists	93.3%
	65 pathologists	73.8%
	80 total	77.5%
2004 ABD EXAMINATIONS		
	DATE	SITE
Certifying	August 15 & 16	Rosemont, IL
Recertification	May 3 to June 17	Online
Dermatopathology	September 20	Tampa, FL
Pediatric Derm.	October 4	Deerfield, IL

Visit the ABD website at
www.abderm.org
 for details about all examinations

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*Non-ABD Director member.

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 3 Howard B. Pride, M.D.*
 Michael L. Smith, M.D.*
 Mary Wu Chang, M.D.*
 Ilona J. Frieden, M.D., *Ex-officio*

Application Request Form For The 2005 Recertification Examination

Deadline for receipt of applications in the Board office is January 1, 2005. Thus, return this form to the Board office before October 1, 2004 in order to meet the January 1 deadline for applications. *Please note that this form does not register you to take the recertification examination in 2005. You must complete a multi-page application form that will be mailed to you or can be downloaded from our website at www.abderm.org. (Candidates who received their time-limited certification in 1991, 1992, 1993, 1994, 1995, 1996, and 1997 are all eligible to take the 2005 Recertification Examination.)*

Please send me an **application form** for the
2005 Dermatology Recertification Examination.

(Please print or type)

Name: _____

Address: _____

City/State/Zip/Country: _____

Year Certified by ABD: _____

Mail or FAX form to:
American Board of Dermatology
 1 Ford Place
 Detroit, MI 48202-3450
 FAX: 313-872-3221

NEW DIRECTORS OF THE BOARD

The American Board of Dermatology is pleased to announce the election of **Henry W. Lim, M.D.** and **Paul I. Schneiderman, M.D.** to its Board of Directors. Their term as Directors began January 1, 2004.



Dr. Henry W. Lim was educated at McGill University in Montreal, Canada where he received a Bachelor of Sciences degree in 1971, and the College of Medicine, Downstate Medical Center, Brooklyn, New York, which awarded him an MD degree in 1975. An internship in Pediatrics at the Albert Einstein College of Medicine was followed by a residency in Dermatology from 1975 to 1979, and research fellowships from 1979 to 1980 at the New York University School of Medicine. He was certified by the American Board of Dermatology in 1979 and received subspecialty certification in Dermatological Immunology/Diagnostic and Laboratory Immunology in 1985.

Dr. Lim is currently the Chairman of the Department of Dermatology, Henry Ford Medical Group, in Detroit, Michigan, occupying the Clarence S. Livingood Chair in Dermatology. He also serves as the Vice President for Academic Affairs for the Henry Ford Health System, and is a Professor of Dermatology at Case Western Reserve University in Cleveland, Ohio. Dr. Lim is renowned in the field of clinical photomedicine and was the Editor-in-Chief of the journal *Photodermatology, Photoimmunology, and Photomedicine* from 2000 to 2003.



Dr. Paul I. Schneiderman is a graduate of the University of Wisconsin where he received a Bachelor of Sciences degree in 1967, and the State University of New York, Upstate Medical Center at Syracuse, where he received an MD degree in 1971. Dr. Schneiderman was an intern and resident in Internal Medicine at the University of Virginia from 1971 to 1973. From 1973 to 1974, he served in the U.S. Public Health Service as Assistant Editor of the Surgeon General Report to Congress, *The Health Consequences of Smoking*, and from 1974 to 1975 as a Clinical Associate in the Dermatology Branch of the National Cancer Institute at the National Institutes of Health. He returned to the University of Virginia for his Dermatology training and was certified by the American Board of Dermatology in 1977.

A private practitioner in Syosset, New York, Dr. Schneiderman is actively engaged in medical education, with appointments as Clinical Professor in the Department of Dermatology, College of Physicians and Surgeons of Columbia University, and Adjunct Associate Professor in the Department of Dermatology at Yale University. In both institutions, he is responsible for regular Kodachrome teaching sessions for the residents. He also served with distinction as a non-Director member of the ABD InTraining Examination test committee from 1999 to 2003.

DIRECTORS,
OFFICERS,
AND STAFF OF
THE AMERICAN
BOARD OF
DERMATOLOGY,
INC.
AUGUST 9, 2003



BACK ROW: (Left to right) Elaine C. Siegfried, M.D., Director; Kim B. Yancey, M.D., Director; Margaret M. Aguiar, Administrator; Jean Modaffare, Assistant Administrator; Lela A. Lee, M.D., Director; Robert T. Brodell, M.D., Director; Evan R. Farmer, M.D., Director.

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FRONT ROW: (Left to right) John S. Strauss, M.D., Executive Consultant; Antoinette F. Hood, M.D., Executive Director; Ronald P. Rapini, M.D., President-Elect; Diane R. Baker, M.D., President; Paul R. Bergstresser, M.D., Vice-President; Stephen B. Webster, M.D., Associate Executive Director; Harry J. Hurley, M.D., Executive Consultant. Not pictured: Cynthia Campbell, Staff Assistant.



SPECIAL TRAINING TRACKS IN RESEARCH AND ACADEMIC MEDICINE

by ANTOINETTE F. HOOD, M.D., *Executive Director*

Recognizing the need to encourage residents to pursue an academic career in dermatology, the ABD created a Special Training Track in 1985. The intent of this program was to provide time for research within the traditional residency program during the second and third years of training (PGY3 and 4), without sacrificing clinical education. To qualify for the Special Training Track, a resident is required to have a committed research/academic mentor, and a detailed plan for the integration of research and clinical time. To insure adequacy of clinical training, it was determined that 225% of the total time throughout the three or four years of residency must involve direct patient care activities.

Between July 1998 and June 2003, 33 individuals were approved for the Special Training Track. This included three physicians enrolled in the UCLA STAR program that combines residency training with a PhD program. In September 2003, the ABD sent questionnaires to these physicians asking about their employment history following residency and publications resulting from research performed during the Special Training Track. Seventeen individuals responded to the survey; telephone inquiries to the program director or chairperson at the training program yielded information about 13 additional participants; no information was available on the whereabouts of three of the individuals.

Fourteen programs participated in the Special Training Track during this time period. The University of Washington, Seattle had the greatest number of residents (10). There were three residents each at Harvard, Stanford and UCLA. New York University, University of Colorado, SUNY Stony Brook, Boston University/Tufts, University of Texas, Dallas, University of California, San Francisco, Emory University, Johns Hopkins University, Case Western Reserve University, and Columbia/Presbyterian each had

one or two residents in the program during the five-year period.

Of the 30 physicians whose whereabouts are known, 16 are currently faculty members, 3 are working for pharmaceutical companies, and 11 are in the private practice of dermatology. Eleven of the 16 individuals in academic medicine remain at their sponsoring institution; 5 have moved to other institutions.

Assuming that the individuals whose whereabouts are unknown are not in academic medicine, 16 of 33 (48%) of the participants remain in academic medicine, with 68% at their sponsoring institutions. Physicians spending two or more years in research (including the STAR program) were slightly more likely to remain in academic medicine (53%) than their 1-year research counterparts (45%).

The limitations of this study are acknowledged:

1) Only slightly more than half of the individuals surveyed responded. Information obtained about the remaining Special Training Track participants was not complete.

2) The time period surveyed was short (5 years) and, because it ended in 2003, may not account for changes in careers that often occur with time.

3) There was no attempt to distinguish between faculty members who are engaged in significant research activities from those who are more clinically oriented.

4) It was quite difficult to assess the quantity and quality of publications resulting from the time spent in research during residency, since respondents tended to include everything that was published after the completion of residency.

Nevertheless, the results of this preliminary study suggest that the ABD Special Training Track has been relatively successful in fulfilling its goal of promoting the retention of physicians in academic medicine.

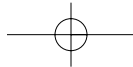
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