Pearls for Dermatology Residency

With advances in dermatosurgery and cosmetic dermatology, dermatology has become one of the most sought out residency programs, a choice rather than a chance speciality.[1] The recognition of DNB courses by Government of India has further increased the opportunities for the interested graduates to opt for postgraduation in this alluring speciality. However, the underexposure of the student to this speciality in their undergraduate course creates confusion and myths among the newly joined dermatology residents. Here are few points to ponder for the postgraduates to understand the important issues related to dermatology residency.

1. Dermatology is mainly a nonemergency branch: A fact or myth?
   Many confused residents opt for this speciality just for the sake of relaxed duty hours, no emergencies, and forego the real reason they opted to explore medicine. It is notable however that dermatological diseases account for 8%–20% of the patients visiting emergency outpatient department globally.[2,3] Mitra et al. from India had reported 327 cases of dermatological emergencies during the study period of 1 year, of which 88 (26.9%) required inpatient care.[4] Although ICU admissions due to dermatological emergencies are comparatively low, mortality associated with them is comparable to other medical and surgical emergencies like pneumonia and pancreatitis.[5] Therefore, the resident should manage as many dermatological emergencies as possible in their residency. There are many good reasons for that. One, if the resident joins the private sector after residency, he/she would see emergencies infrequently; therefore, the previous experience builds a strong foundation to predict the worsening at the earliest, and seek the help of other specialities in time. Also, drug reactions are a very common cause of serious life-threatening adverse cutaneous reactions which can happen even when you are dealing with benign cases in your clinic, so one should be well trained to manage that. Another important reason is that it removes the fear of any untoward reaction due to the prescription or procedures. If we are able to handle the consequences, we can be more confident with our management options. Nonetheless, “work-life balance” is still the benefit of this speciality as it is mainly an outpatient-based speciality with predictable working hours, and less demanding workload at odd hours.

2. How important is rapport building and empathy?
   It is important for almost every profession. Every disease has unexplored economic, social, and physical causes. Unless we can empathize and understand what the patient might be going through, our judgments would not be aptly suitable for our patients which is the ultimate goal for any clinician. It is not unnatural for a resident to get enthusiastic and ecstatic to see any rare skin disorder visiting the clinic. The case gets prepared for presentation and even publication in no time. But as it happens often, this over-enthusiasm often scares away the patients. It is most important to talk to the patient, taking their permission before examination, asking them if they are comfortable with it and informing them that the discussion which will follow might help in their management.

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In many rare cases, the management algorithm stops at diagnosis and there is nothing that can be offered for the cure of the disease. In such cases, it is very important not to convey the disappointment to the patient and deal with them hastily. In fact, these patients deserve even more detailed counseling regarding the nature of the disease and the therapeutic advancement achieved in it so far.

3. **The most important aspect of clinical dermatology - a keen observation**

The best thing about this speciality is that the disease can be ‘seen’ most of the times. As the skin is a visible and accessible organ, diagnosis is clinical in overwhelming majority of the cases, depending little on laboratory investigations. This is exemplified by the fact that the residents are supposed to present many cases as spotters during their residency as well as exams. This requires skill, experience in addition to a good foundation in clinical medicine. One of the processes which helps is taking a mental note of probable diagnosis at each step of examination, i.e., as the patient gives history, after naked eye examination of the lesions, after thorough examination of the lesions with magnification, after complete examination of skin, mucosa and nail, and correcting oneself and excluding the differentials on each step. One should verbalize or write the diagnosis, only after completing the whole sequence of evaluation. It is a tempting for the residents to blurt out a diagnosis after having a quick look at the visible lesion. This practice is not acceptable from the trainees at all.

4. **Is dermatology not as fulfilling as other medical specialities?**

Dermatology suffers from common assumption that since it is mainly an outpatient based speciality and diseases have low mortality rates, it is not as fulfilling as other specialities. The fact is that dermatology is a rewarding speciality in many terms. This speciality deals with many chronic dermatological diseases such as psoriasis, eczema that often results in profound impact on patient’s quality of life. Improving patients’ physical and psychological well being naturally brings a sense of satisfaction. A dermatologist needs to have a holistic practice for patient management, that is, a mix of medical, cosmetic, and surgical dermatology which makes it a diverse and interesting speciality.

5. **Could cosmetic dermatology be the core future plan for the residents?**

It is true that cosmetic dermatology has gained a lot of attention in recent years because of the said benefits of it being an easier, safer and much more paying as compared to medical dermatology. But for a confident practice in cosmetic dermatology, one needs a sound knowledge of the subject, and the experience of managing a gamut of patients with psoriasis, pemphigus, vitiligo, etc. There are many incidences of disasters happening in cosmetic dermatology practice by immature dermatologists, who lack working knowledge of the basics of the subject, and the procedures involved. Besides, this “hype” of cosmetic dermatology has led to a shortage of dermatologists practicing the much needed medical dermatology. It is possible and much more enriching to manage all sorts of skin diseases and having a good practice of cosmetic dermatology as well. There are many courses available in cosmetic dermatology, which can be opted after residency. However, it is important to make sure that the course should be recognized and valid.

6. **What should be the aim of residency in dermatology?**

Residents often get caught up in the process of clinical work, thesis, research, seminar preparations, case presentations and get confused regarding the priority of their learning aims in residency. This is bound to happen as finishing all these targets is actually a herculean task in the time span of 3 years. The resident should understand the targets that are difficult to achieve after finishing the residency. Residency is a crucial training period. It is difficult to get a combination of good patient load with experienced and informed seniors to guide and teach with the window of making little mistakes under expert supervision, after completion of residency. Therefore, the first target should be to indulge oneself in patient care and become clinically wise and rest would easily fall in place around this foundation. After completion of residency, the passion for the research can and should be followed. These pearls should be kept in mind by the dermatology residents to make their residency, a productive, proud, and fulfilling journey.

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**References**

1. Dogra S. Fate of medical dermatology in the era of cosmetic dermatology and dermatosurgery. Indian J Dermatol Venereol Leprol 2009;75:4-7.
2. Grillo E, Vahó-Galván S, Jiménez-Gómez N, Ballester A, Muñoz-Zato E, Jaén P. Dermatologic emergencies: Descriptive analysis of 861 patients in a tertiary care teaching hospital. Actas Dermosifiliogr 2013;104:316-24.
3. Freiman A, Borsuk D, Sasseville D. Dermatologic emergencies. CMAJ. 2005;173:1317-1319.
4. Mitra D, Chopra A, Saraswat N, Agarwal R, Kumar S.

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An observational study to describe the clinical pattern of dermatological emergencies from emergency department and intensive care unit: Our experience from a tertiary care hospital in Northern India. Indian Dermatol Online J 2019;10:144-8.

5. Harrison DA, D’Amico G, Singer M. Case mix, outcome, and activity for admissions to UK critical care units with acute severe pancreatitis: A secondary analysis of ICNARC Case mix Programme Database. Critical Care 2007;11:56-82.

6. Hong J, Koo B, Koo J. The psychosocial and occupational impact of chronic skin disease. Dermatol Ther 2008;21:54-9.