Resident Training Needs in Aesthetic Dermatology

To adequately prepare residents for dermatology practice, residency programs must provide better education in aesthetics. Current residents identify training gaps.

By Jake Laban and Christopher Zachary, MD

“The mission of the American Board of Dermatology is to serve the public interest by promoting excellence in the practice of dermatology...”

Central to this statement is the word “excellence.” A number of market forces have redefined “excellence in the practice of dermatology,” as the expectations of the modern dermatologist have increased dramatically. Resident physicians upon completing their formal dermatology training must be knowledgeable, proficient, and efficient in this pursuit of excellence in the modern practice of dermatology, which specifically includes aesthetic dermatology. Three observations support this thesis:

1. Over the past several years, there has been an increase in the number of questions on aesthetic injectables in the dermatology board certification exams administered by The American Board of Dermatology, Inc. With this increase, the Board has sent a clear message that dermatology residents completing their formalized training must be knowledgeable about procedures using aesthetic injectables to earn board certification.

2. According to the most recent American Society for Dermatologic Surgery (ASDS) procedural statistics, there has been a massive increase in the number of aesthetic dermatologic procedures that have been done in recent years. To meet the demands that the marketplace will place on them, it is critical that resident dermatologists leaving their formal training be proficient in these procedures.

3. The recent economic downturn has eliminated any margin of error in practice management that may have existed in the past. Modern conditions demand that young dermatologists be efficient in their business operations and maintain an appropriate balance between traditional (clinical) and aesthetic dermatology.

Survey Overview

An article entitled “Surveying Cosmetic Procedural Residency Training: Are We Short-Changing Tomorrow’s Dermatologist? A Preliminary Report” in the September 2008 edition of Cosmetic Dermatology, authored by Dr. David Duffy of the University of Southern California and colleagues, highlights that nearly 50 percent of dermatology residents surveyed indicated that they felt “unprepared for the type of practice they intend to have.” Duffy concluded that a larger study to confirm the findings of the survey was warranted.

Allergan Medical’s Academic Institution Department has conducted the most in-depth study of the wants and needs of dermatology residents to date. It included 125 dermatologists who were at least PGY-2 (Table 1).

Key Findings

Knowledgeable

Residents in Dermatology wish to be more knowledgeable about aesthetic injectable procedures. Aesthetic dermatology is a relative newcomer to the dermatologic community that has been present in the United States for more than 130 years. It has quickly emerged as a cornerstone of many successful dermatology practices. According to the ASDS, aesthetic injectable procedures, such as soft tissue augmentation and the use of botulinum toxin, rose 130 percent from 2005 to 2007.

Allergan Medical’s research further confirms the findings of Duffy et al. On the whole, up to 74 percent of resident physicians say that they are not ‘very satisfied’ with the neurotoxin and

Table 1: An Overview of Allergan Medical’s Study

- Fielded in March, 2009
- N = 125
- Participants were dermatologists who were at least PGY-2.
- There was random distribution across geographic regions and program size.
In 2005, some individuals felt that the aesthetic training in the department of dermatology at the University of California, Irvine was somewhat deficient. Far reaching changes in the curriculum were instituted to include more focus on aesthetic procedures. According to the Chair and Program Director, they saw an opportunity to enrich the educational experience for all of the residents coming through the program. It was clear that the market was evolving, and the program needed to adapt accordingly.

**Proficient**

Local medical communities will expect that recently educated dermatologists will be highly proficient in the treatment of aging skin. This is especially true for young dermatologists practicing in rural areas. According to Allergan Medical's survey findings, 41 percent of residents state that dermal filler training is *not* a part of their program's curriculum (Table 3).

As highlighted in the article by Duffy, the lack of training in some residency programs is causing more recently trained dermatologists to rely solely on industry for educational support. Clearly, industry support is not an appropriate sole source of educational support.

In their evaluation of the dermatology program curriculum at the University of California at Irvine, the faculty carefully considered the balance between clinical and aesthetic dermatology. They saw an opportunity to enrich this very established program and help the residents meet the evolving needs of the marketplace.

**Efficient**

Residents completing their formal dermatology residency education wish to enter practice efficient in their business operations. Today's economic climate is not one that allows for "on the job training" following residency training. Furthermore, practice management mistakes carry with them a high cost, which young dermatologists can ill-afford. Residents indicate that they are very interested in practice management information; citing this as the #2 area of additional training.

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**Table 2:** 71-74% of Dermatology Residents and Fellows are NOT Completely Satisfied with the NT and Filler Training They've Received

Overall Satisfaction with Training on NTs and Fillers

<table>
<thead>
<tr>
<th>Neurotoxin Training</th>
<th>Dermal Filler Training</th>
</tr>
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<tbody>
<tr>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Very</td>
<td>Very</td>
</tr>
<tr>
<td>43%</td>
<td>36%</td>
</tr>
<tr>
<td>Somewhat</td>
<td>Somewhat</td>
</tr>
<tr>
<td>71%</td>
<td>74%</td>
</tr>
<tr>
<td>Not</td>
<td>Not</td>
</tr>
<tr>
<td>28%</td>
<td>38%</td>
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</tbody>
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Q8/Q21: "How satisfied are you with the training you’ve received on the cosmetic use of neurotoxins/dermal fillers?"

**Table 3:** 41% of Dermatology Residents and Fellows Report that Filler Hands-on Training is NOT a Part of Their Curriculum

Primary Reason Why Dermatology Residents/Fellows Have NOT Received Hands-On Training

<table>
<thead>
<tr>
<th>NTs</th>
<th>Fillers</th>
</tr>
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<tbody>
<tr>
<td>41%</td>
<td>41%</td>
</tr>
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</table>

Q5/Q28: "What is the primary reason why you have not received hands-on neurotoxin/dermal filler injection training with a simulator and/or live patients?"
Residents' Research Resources Reports

Call for Submissions

Future installments of this column will include original submissions by dermatology residents and dermatologists with an interest in supporting residents. Dermatology residents are encouraged to submit:

- Articles
- Original research
- Unique case reports of interest to their peers.

Submissions should be accompanied by discussion that describes the relevance of the information provided to dermatologists in training as well as all dermatologists.

Table 4: The #2 Training Need of Dermatology Residents and Fellows is Practice Management

<table>
<thead>
<tr>
<th>Practice Area</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands-on Pt injecting</td>
<td>76%</td>
</tr>
<tr>
<td>Practice Mgmt</td>
<td>49%</td>
</tr>
<tr>
<td>How to Educate Staff</td>
<td>44%</td>
</tr>
<tr>
<td>Mfr Edu Programs, Materials</td>
<td>44%</td>
</tr>
<tr>
<td>How to Educate Pts</td>
<td>40%</td>
</tr>
</tbody>
</table>

Q31: “Regarding Dermal Fillers, what additional training do you feel you need?”

Practical articles addressing issues such as leadership, conflict resolution, and studying for the boards are also encouraged.

Practice and patient management pearls and tips for clinical success are welcome.

To suggest ideas, receive author guidelines, or submit content for consideration, please e-mail pwinnington@bmtoday.com

Summary

In his article, Dr. Duffy and colleagues concluded that, “If these findings are confirmed by a larger study in the future, it will become clear that dermatology residency programs are sending inadequately trained physicians into practice, which means these programs could be in direct violation of the obligation to provide meaningful and comprehensive educational programs.”

It is critical that Dermatology Residency Programs adequately prepare young dermatologists to meet the expanding needs of their current and future patient base, including aesthetic procedures. Young dermatologists must be at least comfortable with the administration of aesthetic injectable products, as their future patients will demand that they be.

With proper and prudent incorporation of aesthetic training into dermatology program curricula, the next generation of dermatologists will be prepared to meet the redefined level of excellence that they will face.


Table 4: The #2 Training Need of Dermatology Residents and Fellows is Practice Management

Additional Training Needed on Fillers

- Hands-on Pt injecting 76%
- Practice Mgmt 49%
- How to Educate Staff 44%
- Mfr Edu Programs, Materials 44%
- How to Educate Pts 40%

Q32: “Regarding Dermal Fillers, what additional training do you feel you need?”

need, second only to hands-on training (Table 4).

Societies have tried to satisfy this need through development of practice management courses that are available to dermatologists of all levels. The American Academy of Dermatology and the ASDS each dedicate resources toward the publication of practice management materials. Residency program directors can also look to industry partners for assistance in providing essential practice management information to residents.

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