So You Want to Be a Dermasurgeon: How to Get Training or Choose a Fellowship

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BACKGROUND There are many routes to obtaining training in dermasurgery.

OBJECTIVE The objective is to discuss some considerations that may guide selection of dermasurgery training.

METHODS Current training options are reviewed.

RESULTS Some considerations that may guide selection of type of dermasurgery training include: (1) individual temperament; (2) the subtype of dermasurgery in which training is desired (Mohs, cosmetic surgery, laser); (3) family and geographic factors; (4) preference for private practice versus academic career; and (5) proportion of future practice to be devoted to dermasurgery.

CONCLUSIONS There are a growing number of training choices for budding dermasurgeons, with multiple options available for each set of particular circumstances.

The urge to become a dermasurgeon can manifest without warning. Usually, this is not a childhood fantasy, like becoming a brain surgeon, but glorious recounts of the exploits of plastic surgeons and dermatologists in the popular media may change that over time. Until then, it is probably true that most dermasurgery hopefuls select their specialty in either medical school or residency.

Motivations for Pursuing Dermasurgery

Good reasons to be a dermasurgeon include: (1) the opportunity to perform procedures that require finesse and high aesthetic sensibility; (2) working with congenial colleagues who may have less of a “surgical personality” than those in other surgical fields; (3) by doing dermatology first, coming to understand the medical underpinnings, potential diseases, and best care of the skin and subcutaneous tissue which dermasurgeons use as a substrate; (4) the ability to be both a surgical oncologist and a cosmetic surgeon; (5) the primacy of planned, nonemergent surgeries, which permit a good night’s sleep; (6) continuing advances in minimally invasive procedures, which make this an interesting, changing, and intellectually challenging field; (7) the scope for clinical and basic research in areas like non-melanoma skin cancer and minimally invasive cosmetic procedures that have not yet been well studied; (8) the joy of having patients who, with few exceptions, do not die; (9) having longer interactions with patients, who may spend several hours in the office at a time; and (10) performing surgery in a safe outpatient setting, without being subject to the whims of the operating room schedule.

Bad reasons for choosing dermasurgery include the desire for more compensation. In fact, compensation levels for the...
dermatologic specialties are not that different, there is something to be said for doing what you like, and physicians, regardless of their subspecialty, do fine but will never be rich. Another reason is the desire for prestige. But there is nothing particularly exalted about bargaining with a patient over the price of a syringe of Restylane or standing for hours, exhausted, trying to remove a massive tumor from an increasingly panicky patient. Surgery is more like repeatedly laying brick than thinking about the cure for cancer. Moreover, it is highly arguable whether strangers are sufficiently impressed by surgeons to make it worth someone’s while to choose a career she or he does not like. A final bad reason is the desire for an easier life. Those who still think this may be a reasonable motivation should re-read the preceding several sentences.

Early Surgical Experiences

If you still think you want to be a dermasurgeon, read on. Depending on your level of training when you arrive at this decision, you have various options. If you are a first- or second-year medical student, seek out the dermasurgeon at your institution. Ask to spend a few days observing. Given that you lack the skills to be particularly helpful intraoperatively, also offer to work on a research project. This could be a review paper, a clinical study that requires an institutional review board protocol, or a basic science study with another mentor examining a clinical question that arises from dermasurgery. If you proceed with a research project, make sure you have enough time. At least a month, or preferably a summer, is appropriate, especially if you are undertaking more than a case report or a review. Even if your time commitment is substantial, it will be worth it. You will gain an ally in your local dermasurgeon and you will begin to learn more about your chosen field. Keep in mind, though, that dermasurgeons tend to be at least type-A minus: failing to follow through with your research project, whining, and being late will harm your reputation. If you do not have a dermasurgeon at your school, find another one at a nearby institution.

When it comes to applying for dermatology, your neighborhood dermasurgeon will write you a nice letter. This will carry only modest weight, however, because dermatology residency programs want to produce good dermatologists, not surgeons who are using dermatology as a springboard. So you will need to convince the admission committees that you are serious about wanting to be a dermatologist; that you will be a diligent and interested resident who will work equally hard in all areas of dermatology, including pediatric dermatology, dermatopathology, and general dermatology; and that you will defer most of your specialization in surgery until after residency. This information can be conveyed most convincingly by letters from other dermatology faculty writing on your behalf. You should therefore work with and obtain letters from at least two nonsurgical dermatologists.

If you know you want to be a dermasurgeon, let your in-house dermasurgeon know as soon as you start residency. You may have limited opportunities to participate in surgery given your other, and more important, resident responsibilities, but your local dermasurgeon will be able to help you make the best of the time you have. In your free time, evenings and weekends, you can collaborate on papers and projects with your dermasurgeon. Beyond that, basically make yourself indispensable, when you have the time to do so. Most dermasurgeons want to nurture residents interested in surgery and will give you back at least as much as you put in. They may help you attend or make presentations at important national meetings, like those of the American Society for Dermatologic Surgery, the American College of Mohs Micrographic Surgery and Cutaneous Oncology, and the American Society of Laser Medicine and Surgery. At such meetings, you will be able to learn about many aspects of dermasurgery, including current techniques and areas for future research. You will also be seen and heard by other prominent dermasurgeons, some of whom train fellows.
As residency progresses, you may find you have special surgical interests that are not adequately met at your program. This is not uncommon, because most residency programs only have a single in-house surgeon who cannot perform every surgical procedure at high volume. If you communicate your concerns, your dermatologist may be able to send you for a week or two to another program, to see nail surgery, laser surgery, face-lifts, or whatever else you find lacking. It is usually better to approach the dermatologist rather than the residency program director with requests for outside surgical training; the residency program director cannot treat residents differently by giving you more surgical time, but the dermatologist can help you reallocate the surgical time you have already been assigned so that you can get your specific needs met.

You should also take advantage of local seminars and courses in surgery, and if any major surgical meetings come to town, be sure to attend at least the weekend sessions. As in your general dermatology training, reading is important. Two excellent general texts are Robinson and colleagues’ Surgery of the Skin and the section on surgery (edited by Salasche) in Bologna’s Dermatology. A briefer general introduction is Nouri’s Techniques in Dermatologic Surgery. A subscription to Dermatologic Surgery, our lead subspecialty journal, is essential; read at least the abstracts every month. Other relevant journals include Lasers in Surgery and Medicine, Journal of Laser and Cosmetic Surgery, Archives of Facial Plastic Surgery, and Plastic and Reconstructive Surgery.

**Fellowship or Further Training**

During your last year and a half of residency, you will have important decisions to make. Now that you have had an opportunity for some hands-on surgery experience, you will need to decide whether you still want to pursue a career in it. If not, if you want to perform some surgery as part of your general dermatology practice but not specialize exclusively in surgery, you need take no special action. If, on the other hand, you do want to focus on surgery, you must decide whether or not to apply for fellowship.

**Types of Surgical Fellowships**

First, understand the types of fellowships that are available. The most “official” of these are fellowships in “procedural dermatology.” Approved 3 years ago by the ACGME, the procedural dermatology fellowship is a 1-year, PGY-5 fellowship that covers all aspects of dermatosurgery. Procedural dermatology arose from the fellowships pioneered by the Mohs College (ACMMSCO) and so shares many of the same attributes. As in Mohs fellowships, in procedural dermatology training there is a predominant emphasis on Mohs, with specific requirements for volume; unlike traditional Mohs fellowships, procedural dermatology fellowships explicitly require that some laser and cosmetic procedures be taught. An obvious difference between the procedural dermatology and Mohs College fellowships is that the former are administered by the ACGME and the latter by the Mohs College. Procedural dermatology fellowships are generally institutionally based and have more than one primary faculty, whereas Mohs fellowships are more often situated in private practice environments, with a single mentor. Procedural dermatology fellowships cannot come with restrictive covenants and stipends must be at PGY level; the same is not true of all Mohs fellowships. Does this mean procedural dermatology fellowships are better than Mohs fellowships? The answer, emphatically, is no. Many, if not most, Mohs fellowships are with highly experienced surgeons who enjoy high clinical volume, have taught many fellows, and perform a variety of advanced cosmetic procedures, including laser surgery, soft-tissue augmentation, liposuction, blepharoplasty, and face-lifts. Furthermore, the Mohs College has a history of maintaining stringent quality control, with each fellowship routinely audited by a senior Mohs surgeon. Finally, whereas moonlighting is allowed in Mohs fellowships, it is restricted in procedural dermatology fellowships, which permit...
extracurricular employment only after regular work hours and not in excess of strict total hour limits.

So are Mohs fellowships better than procedural dermatology fellowships? Again, no. Procedural dermatology fellowships share most of the same attributes as Mohs fellowships, and procedural dermatology fellowships also have some special features that may appeal to specific applicants.

At present, there is no certifying examination to make one “board-certified in procedural dermatology,” so the ability to obtain such certification is not a reason to choose a procedural dermatology fellowship. If such an examination were ever available, it would be likely that, as with the recently launched pediatric dermatology certification, all who had been actively practicing dermasurgery for a number of years would be grandfathered to sit for it.

In several instances, and more are pending, fellowship directors have chosen to obtain approval from both the ACGME and the Mohs College. So there are now a number of dermasurgery fellowships that meet the requirements for both procedural dermatology and Mohs fellowships. Some of these combined fellowships may be 2-year fellowships, where one year meets the requirements for procedural dermatology and the second year, of Mohs. The benefits of a 2-year fellowship include greater opportunity to see and perform a high volume of a variety of procedures and also more time for research. Those considering a career in academic dermasurgery should seriously consider 2 years of fellowship. Obviously, the main disadvantage to a 2-year fellowship is the prolonged training period and associated loss of income.

Apart from procedural dermatology and Mohs fellowships, there are other dermasurgery fellowships. These include laser fellowships, laser and cosmetic surgery fellowships, and the like. The American Academy of Dermatology keeps a list of some of these, and the members of the American Academy of Cosmetic Surgery offer fellowships specifically for dermatologists. But overall, laser and cosmetic surgery fellowships are thinly regulated. Often featuring extremely experienced and renowned cosmetic dermatologists as faculty, such fellowships may nonetheless be superb training experiences. The top laser and cosmetic fellowships unaffiliated with any national body tend to be in large cities, such as Boston, New York, and Los Angeles; the demand for cosmetic services in major metropolitan areas is sufficient to create enough surgical volume to assure excellent training. One content difference compared to procedural dermatology and Mohs fellowships is the lesser emphasis on Mohs; for some trainees, focusing exclusively on learning cosmetic procedures may be exactly appropriate.

Selecting a Cosmetic Fellowship or Alternative Training Experience

In selecting a laser and cosmetic surgery fellowship, it is important to consider the experience level of the fellowship director, the overall volume of clinical procedures, the breadth of procedures performed, and how much time the fellow will spend learning. Because such fellowships are seldom accredited or vetted by any organization, they vary in emphasis and the burden is on you to research them thoroughly. Some may be more oriented toward laser than invasive surgery or vice versa. Some may permit or require a substantial time commitment practicing general dermatology. If unsure about a fellowship, talk to former fellows and see how they characterize it. Be aware that, because of patient preference, cosmetic fellowships are usually less hands-on than fellowships that focus on Mohs.

Beyond fellowships, there are other postresidency training experiences which may be equally valuable for some. Formal courses in laser, facial rejuvenation, or liposuction are offered in conjunction with attendance at major national meetings of dermasurgery organizations. There are also stand-alone, hands-on courses given by individual experts in the field. If you desire to add a procedure to your therapeutic armamentarium, you may consider taking several well-regarded day,
weekend, or week-long courses on the same subject. You may also spend time at an expert’s office watching him or her perform the procedure. Background reading, didactic classes, hands-on experience, and observation of experts can collectively provide you the training necessary to introduce new procedures into your practice. Some organizations, such as the American Society of Mohs Surgery, offer a structured learning experience that includes many of these elements, such as programmed reading and coursework, examinations, annual meetings, and quality control mechanisms.

Which brings us to the question of what is best, a fellowship or not. This depends largely on you. Some people are methodical, a trifle compulsive, and learn best in a structured setting with significant supervision. Others require little formal instruction or structure and can maintain a steep learning curve by incorporating smaller packets of information from different sources. The methodical people may want the organized routine of a fellowship to develop the skills to operate independently. Others may prefer learning at their own pace and without the authority figure that they do not need. There are also other considerations. For the primary earner for a family, a fellowship may be a luxury that is impossible to afford. Similarly, geographic considerations may make a formal fellowship impractical. Conversely, for those considering a career in academic dermatology, completing a fellowship may be an indispensable aid for obtaining a desirable position.

If you do want to do a fellowship, you must decide what type and which one. Selecting the type should be easy. If you want to perform Mohs only or predominantly Mohs, go with a Mohs or procedural dermatology fellowship. If you want to perform mostly cosmetic procedures, choose a laser and cosmetic fellowship. If you want to perform only laser and cannot stand the sight of blood, find a laser-only fellowship. In the event you are unsure whether you will receive adequate training in a particular procedure in a specific fellowship, ask the training director and prior fellows. A director who performs 6 blepharoplasties a year may be able to show you a few, but you probably won’t get as adept at this procedure as you would under the supervision of another whose annual volume exceeds 100.

Which brings us to the interesting question of volume. Because surgery is a form of manual labor, and because we learn manual skills through repetition, volume is important. Unless you are severely gifted, you will not be able to perform a technically proficient paramedian forehead flap repair after seeing just one. Which is not to say you need to see 1,000 before you can pick up a scalpel.

When it comes to surgical volume in training, there is usually a sweet spot, a middle ground, which is optimal. Moderately high volume permits you to see enough cases, but also leaves enough unencumbered time for you to receive instruction about each one and perform your first few cases slowly enough to understand the details. Because most fellowships are 1 year in duration, if volume exceeds a certain threshold, there may be no time left for your overworked fellowship director to talk to you, teach you, and critique you. Alternatively, there is only so much learning that can be extracted from a single case; after that, you need to move on to another one.

In the same vein, do not be impatient about watching. Hands-on doing is essential, of course, but active observation is almost as good, and in some ways better. By observing, you can avoid mistakes and, later in training, learn how to correct mistakes that you seem to make consistently. Once you are on your own, you will have no expert to observe. After fellowship, when you are struggling with a procedure, you will yearn for the days when you could watch someone perfectly perform the same.

And now to find the specific fellowship that is best for you. Geography may be a consideration. Beyond that, it is best to interview widely to find a training director who is right for you. Because for
1 year you and your training director(s) will be working very closely together, the relationship between fellow and director is an exceptionally close one that may continue for years afterward. If your personalities and values do not mesh, your learning experience may be suboptimal and you may be unhappy. Should you be quiet and retiring, you may like a fellowship director who is the same; alternatively, if you are more assertive, you may wish to choose someone who has an active media presence and a correspondingly outgoing personality. If research and writing are pleasurable activities for you, and especially if you are considering an academic career, find someone who publishes frequently; if you dread writing papers, don’t sell yourself as a researcher. Finally, if you are exceptionally sensitive, and work best with gentle encouragement and minimal criticism, understand that not all training directors will be suitable for you.

Interviewing for fellowship is expensive and time-consuming, but also very rewarding. Help yourself by being prepared. Obtain applications in spring of your second year of residency and submit them by summer. Let your residency program director know that you will be applying for surgery fellowship and that you will need 10 to 20 work days to interview. Involve your local dermatologic surgeon in the process. Depending on your program, your interview needs may be accommodated by your taking contiguous vacation days or by being partly excused from a concurrent surgery training month at your institution. For small residency programs, prolonged resident absences can be disruptive, so do everything in your power to plan in advance to make the process seamless.

The interviews themselves are a learning experience. You will follow each of many senior surgeons for the better part of a day. Never again will you get to see so many different surgeons operating. For some budding surgeons, this is a breakthrough moment that reaffirms their commitment to surgery. It is the beginning of what follows, whether that be fellowship or independent study. Dermasurgery is advancing so rapidly that whatever training route you choose, your training will never be completed. Staying abreast of the literature, attending meetings, and continuing to learn from colleagues and mentors will keep you at the forefront of this growing field.

References

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