Who Has Time to Teach These Days?

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Who has time to teach dermatology these days? Managed care and government regulation are exerting profound effects on the practice of medicine in the United States. Physicians have responded by becoming active on a state and national level, trying to have a positive influence on impending legislation. Each month brings new challenges. Political activism requires a major time commitment, and we still have to keep our practices afloat. Who has time to teach?

University dermatology departments are trying to expand their economic bases. As universities receive less support from the state, departments receive less support from the universities. Inpatient care has been targeted on a national policy level to contain the cost of medical care. Length-of-stay and criteria-for-admission are heavily scrutinized. Inpatient census is down, and inpatient services provide less financial stability. Outpatient departments must contribute an increasing share to the upkeep of the university. Ambulatory surgical services are expanding. Universities are opening neighborhood clinics and exploring mergers with community-based hospital systems. The practice base must increase for the university to remain solvent. Who has time to teach these days?

Billing rules have changed. The Health Care Financing Administration now requires not only staff supervision of care that is provided by residents but also chart documentation that is done by staff. Complexity of care is judged by what is reflected in the note. Charts will be audited. Attention to detail in documentation is of the uppermost importance. Who has time to teach?

Our dermatologic surgeons play an expanding role in keeping departments financially viable. The greatest expansion in new technology and treatment options has been in the surgical realm, widening our scope of surgical practice. Increasingly, dermatology departments rely on the dermatologic surgeons for financial stability. As practice bases are expanded, surgical case load increases. The coffers may remain full for another day, but who has time to teach?

Academic dermatopathologists are an aging population. Fewer dermatologists pursue dermatopathology fellowships. Pathologists who train in dermatopathology are less likely to go into academics. Dermatology departments are attempting to expand their base of dermatopathology accessions. Managed care contracts and mergers with community-based hospitals and clinics bring in needed accessions. There are more cases to sign out, and there will be fewer academic dermatopathologists to do the work. Who has time to teach?

Adjunctive faculty have been a valued asset for years. Now they are faced with increasing challenges of maintaining their own practices. Government regulations require a coding compliance program, compliance with the Occupational Safety and Health Administration, and compliance with the Clinical Laboratories Improvement Act. Documentation requirements for private practice visits are no less

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stringent than those for the universities. At the same time, the very nature of private practice is being changed by legislation. Everyone is being called upon to become involved politically. The survival of our specialty depends on grass roots involvement in the political process. With all these commitments, who has time to teach these days?

We must recognize what is at stake. What is at stake is not just the next generation of dermatologists. What is at stake is dermatology's place in modern medicine. Our abilities to provide care expands at an incredible rate, but do other physicians know what we can offer? Dermatologists offer unprecedented medical and surgical skills; but will the next generation of dermatologists be recognized as having the same level of expertise? It is a 2-stage process. First, we must ensure that we provide our residents with cutting-edge expertise; next, we must ensure that the rest of medicine knows about our skills.

As dermatology changes, we must ensure that the full scope of our specialty is represented in medical education at all levels. Medical students and residents in medicine, family practice, and pediatrics should be exposed to the full scope of dermatologic practice. Good teachers are always in demand. The better we teach, the more we are asked to teach. Lectures on skin signs of systemic disease give rise to lectures on skin cancer, dermatologic surgery, environmental dermatology, urticaria, psoriasis, and eczema. Recipients of good lectures ask for more. They ask for rotations in dermatology, which build the foundation for interdisciplinary medicine and create the referral patterns of the future.

How can other physicians be expected to recognize what dermatologists have to offer unless we teach them. Our responsibilities for teaching extend beyond our own residents. For dermatology to remain an integral part of medical practice, we must teach medical students and residents in fields that interact with dermatology.

Medical practice in the United States continues to change. With the rapid expansion in medical knowledge and technology, specialists with cutting-edge expertise will always be needed. But who will deliver primary care? Certainly, it will be shown to be cost-effective for some primary care to be delegated to the specialists with greatest expertise. But will the practice of general medicine be left to physicians, or will our political leaders decide that care can be provided more cheaply by nonphysicians? The likelihood is that the mix of primary care providers will become increasingly complex. We must ensure that all primary care providers have a basic knowledge of skin disease and an appreciation for the expertise offered by dermatologists and the scope of services we provide. We must teach all primary care providers to ensure our place in medicine.

The American public is waking up to the fact that it is worth fighting for the type of care it wants. We should seize every opportunity to educate the public about skin disease and what a dermatologist can offer. Access to dermatologists is not guaranteed unless the public wants it. Poorly planned regulation of office-based procedures can increase the cost of medicine and decrease the availability of community-based care. An educated public is our best ally.

Who has time to teach these days? This is the question that will determine our future. Teaching is in our best interest as a specialty. It is also an obligation to the next generation of dermatologists and to the patients to whom we have dedicated our professional lives. We face great challenges in the years ahead. Who has time to teach dermatology? We should each answer, "I do."