Residents' Dermatopathology Training Measures Up

BY MARY ELLEN SCHNEIDER Senior Writer

NEW ORLEANS — Dermatologists are well qualified to interpret skin specimens based on their dermatopathology training, according to research presented at the annual meeting of the American Academy of Dermatology.

Researchers from Wake Forest University in Winston-Salem, N.C., found that dermatology residents gain more experience in dermatopathology than pathology residents and that there is more dermatopathology-related content in the dermatology literature than in pathology journals.

Steven R. Feldman, M.D., a professor of dermatology, pathology, and public health sciences at Wake Forest, and his colleagues wanted to examine the qualifications of dermatologists in light of efforts in Ohio to allow only licensed pathologists to bill for the interpretation of pathology specimens.

The researchers examined the extent of dermatopathology training in pathology



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and dermatology residencies by quantifying hours of dermatopathology in pathology and dermatology programs across the United States. They also assessed the continuing medical education of dermatopathology by surveying principal journals in both fields.

Dr. Feldman and his colleagues contacted 151 anatomic and clinical pathology fellowship and residency programs and 108 dermatology programs by e-mail. They received responses from 51 dermatology programs and 59 pathology programs.

Dermatology residency programs reported an average of 570.4 hours of dermatopathology training over 3 years; pathology residencies averaged 216.5 hours over 4 years.

Pathology also fell short in terms of continuing medical education. For example, between May 2003 and May 2004, 40% of the articles and 31% of the clinical vignettes in the Archives of Dermatology contained dermatopathology content. This compares with Modern Pathology, which contained facets of dermatopathology in 14% of its articles.

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A delay to diagnosis of melanoma in skin of color is associated with poor survival in this population. Patient education is key. But the researchers noted that it was difficult for program officials to tabulate the number of hours of dermatopathology training. In particular, it was hard to calculate the time spent outside the hospital studying or the time spent on case sign-outs.

Several pathologists told the researchers that a considerable portion of their dermatopathology training is mixed in with surgical pathology training as a whole. Elective time spent on dermatopathology was not included in the analysis.

The take-home message of the study is that dermatologists are "very good at what they choose to do," Dr. Feldman said, and they have at least as much training as pathologists.

"Physicians who are well trained and have appropriate expertise should not be excluded from providing medical services. Practicing dermatologists and the public should be confident knowing dermatologists have a strong background in dermatopathology," according to the research poster presented at the annual meeting of the American Academy of Dermatology. "Although much of the emphasis of training for dermatologists and pathologists differs, they share a common ground in dermatopathology."

The study was conducted by researchers at the Center for Dermatology Research at Wake Forest. The center is supported by an educational grant from Galderma Laboratories.





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