Resident Guide to Advocacy in Dermatology

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Many opportunities exist for residents to get involved in advocacy in dermatology, from national to grassroots levels. Residents also should be aware of opportunities to get involved in patient advocacy and become familiar with the myriad of patient advocacy groups that exist. These groups offer support and education for patients and initiate research efforts for specific dermatologic conditions that provide support for patients beyond what can be offered during a standard office visit. The value of resident involvement in advocacy also is discussed.

Cutis. 2015;96:E11-E13.

It is never too early (or too late!) to get involved in dermatology advocacy. Residency is an ideal time to start learning about advocating on behalf of the specialty of dermatology as well as on behalf of our patients. Many opportunities are available for residents to gain experience and become advocates on national and grassroots levels. As residents, participating in these efforts can help set a solid foundation for future involvement in advocacy, regardless of our ultimate career goals.

American Medical Association

The mission of the American Medical Association (AMA) is "to promote the art and science of medicine and the betterment of public health."¹ Joining

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The author reports no conflict of interest.

Correspondence: Kelly K. Park, MD, MSL, Loyola University Medical Center, 2160 S First Ave, Bldg 54, Room 101, Maywood, IL 60153 (kyunghwamd@gmail.com). the AMA costs \$45 for 1 year of resident membership (with a discounted rate for multiyear memberships). As a member, you are given the opportunity to cast a ballot for the national medical specialty society that best represents you in the House of Delegates, the AMA's principle policy-making body.² The more votes a particular society receives, the more delegates from that society are added to the House of Delegates, meaning more representation for that specialty organization. It is advised that members choose the society that best represents them: for dermatologists, this most likely would be the American Academy of Dermatology (AAD), among other dermatology organizations that are candidates (ie, the American College of Mohs Surgery, the American Society for Dermatologic Surgery, and the Society for Investigative Dermatology). This representation is key for a specialty like dermatology, which has a relatively smaller number of physicians compared to other larger specialties and therefore has less representation in the House of Delegates.

Additionally, AMA membership grants you access to the entire *Journal of the American Medical Association* network including a subscription to the specialty journal of your choice.

Patient Advocacy

Patient advocacy groups generally have 3 main goals: education (for patients, patient support networks, and the layperson), research, and lobbying for issues that are in the interest of patients and treatment of dermatologic conditions (eg, funding support, regulation of medical devices, etc).³ In dermatology, the number of patient advocacy groups is growing to represent a myriad of dermatologic conditions, from common conditions like psoriasis to rare genodermatoses (Table). As dermatologists in training, it is key for residents to be involved in patient advocacy and to be aware of the resources that exist for patients to

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Select Patient Advocacy Groups in Dermatology

AIM at Melanoma Foundation (www.aimatmelanoma.org) American Cancer Society Cancer Action Network (www.acscan.org) American Vitiligo Research Foundation (www.avrf.org) Basal Cell Carcinoma Nevus Syndrome Life Support Network (www.gorlinsyndrome.org) Coalition of Skin Diseases (www.coalitionofskindiseases.org) Dystrophic Epidermolysis Bullosa Research Association of America (www.debra.org) Epidermolysis Bullosa Medical Research Foundation (www.ebkids.org) Foundation for Ichthyosis & Related Skin Types (www.firstskinfoundation.org) International Pemphigus & Pemphigoid Foundation (www.pemphigus.org) National Alopecia Areata Foundation (www.naaf.org) National Council on Skin Cancer Prevention (www.skincancerprevention.org) National Eczema Association (www.nationaleczema.org) National Foundation for Ectodermal Dysplasias (www.nfed.org) National Organization of Vascular Anomalies (www.novanews.org) National Psoriasis Foundation (www.psoriasis.org) Nevus Outreach (www.nevus.org) Pachyonychia Congenita Project (www.pachyonychia.org) PHACE Syndrome Community (www.phacesyndromecommunity.org) Xeroderma Pigmentosum Society (www.xps.org)

access educational information and support for their respective conditions. These educational materials can help provide more comprehensive care for patients and give patients more autonomy in choosing a physician or hospital to manage their care, help patients become more knowledgeable about available treatment options, and arm patients with more information to address questions that may arise from laypeople regarding their condition.

In terms of patient education, the resources available to patients include informational websites, access to educational materials like pamphlets and multimedia (eg, videos), and special events; for example, the National Psoriasis Foundation hosts walks for patients and their friends and family to raise money for the organization as well as to promote psoriasis awareness and give patients an opportunity to build a support network. Patient advocacy groups also help raise funding for research and have shown to be influential in research initiatives that are granted funding.³ Often, these groups also play a political role and take part in lobbying efforts by patients and support groups by working with politicians to raise awareness or request financial support for particular skin diseases.

The Society for Investigative Dermatology sponsors an application for mobile devices that can assist residents in referring patients to support and advocacy groups (http://www.skin advocateapp.com).

Grassroots Advocacy

Grassroots advocacy in dermatology means that an individual or group of individuals (in this case, a resident or group of residents) is motivated to take action by contacting legislators and other government officials about gaps in funding and regulation for particular dermatology issues. These efforts often are noticed and taken into consideration by politicians because it is in their best interest to listen to their constituents rather than risk losing support.

The American Academy of Dermatology Association, the advocacy entity of the AAD, hosts the Dermatology Advocacy Network (www.aad-dan.com /default.aspx), which is dedicated to helping dermatologists become advocates. The DAN website helps residents easily identify and contact their local, state, and national legislators to discuss issues or concerns related to the dermatology specialty and medicine as a whole. For example, tanning bed regulation currently is a priority among dermatologists, and the DAN website provides customizable form letters that can be sent electronically to legislators for review.

Furthermore, the AAD offers helpful resources and suggestions for dermatologists and dermatology

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residents who want to get involved with grassroots advocacy efforts. The website (www.aad.org /advocacy) details current AAD advocacy priorities as well as specific topics such as Medicare physician payment, skin cancer and indoor tanning, drug pricing and availability, state policy, and network adequacy, as these are high-priority issues identified by the AAD that would benefit from action by its members.

Final Thoughts

Many opportunities exist for dermatology residents to get involved in advocacy, from opportunities on the national level with the AMA to patient advocacy and grassroots efforts. It is important for dermatology residents to get involved in advocacy efforts during their training so they may continue to be involved in these efforts as their careers develop. Advocacy helps keep the dermatology specialty relevant and maintain its voice in the national medical arena. It also enhances the dermatology resident's ability to provide comprehensive quality care for patients by addressing some of their educational and supportive needs that perhaps cannot be addressed in a clinic visit alone. Advocacy also gives residents the opportunity to network and meet colleagues and other individuals with similar goals and interests, which may be beneficial for their future careers. Thus, early involvement in advocacy may be a productive and interesting part of dermatology residency for trainees to be further involved in the specialty.

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