

I would like to thank the Medical Dermatology Society for providing this incredibly valuable mentorship experience.

I spent my rotation under the mentorship of Dr. Miriam Pomeranz, who leads the inpatient consultation dermatology service at NYU/Bellevue Hospital. The consult resident and I saw all of the inpatient consultations at Bellevue Hospital with Dr. Pomeranz and I also saw all consultations at NYU Langone/Tisch Hospital with Dr. Alisa Femia and the consult resident there. I often saw over 10 new consultations daily across the two hospitals. With this volume, I was able to see multiple cases of serious cutaneous adverse reactions (DRESS, SJS, AGEP), erythema multiforme major, as well as engraftment syndrome, and eruption of lymphocyte recovery in transplant/oncologic patients. As BU does not currently have an inpatient consultation dermatologist, this was my only opportunity to work with two attendings that regularly see hospitalized patients. I learned their approach to complex dermatoses that are often encountered in this patient population. This high volume of patients under the mentorship of a dermatology hospitalist prepared me not only for my local consultative dermatology rotation, but laid the foundation for my future role as a dermatology hospitalist post residency graduation.

Dr. Pomeranz's approach to medical education on the dermatology consultation service enhanced my skillset as a medical educator. In addition to education of the consult resident team, she also held weekly rounds with all of the outpatient dermatology residents on any interesting hospitalized patients who were on the consult service, with a focus on targeted differentials and evaluations for these patients. Through this approach, she was able to gradually prepare the dermatology residents prior to their consultation rotations in the approach to the hospitalized patient.

She also held weekly rounds with the medicine teams, who selected patients on their services to be evaluated together, in order to facilitate an interactive, educational two-way discussion on the diagnosis and management as directed by their cutaneous findings. As a result of my involvement in these discussions, I gained a comfort level to hold similar sessions through the rest of my second year with various departments at BU/Boston Medical Center. I have since held a simulation center workshop with the Emergency Department residents on the approach to a patient with suspected SJS/TEN, a pediatric noon conference on the approach to DRESS, and a medicine noon conference on bedside dermatology procedures. I hope to continue to participate in medical education of both dermatology trainees and primary medical teams in order to improve overall patient care. Through Dr. Pomeranz's medical education efforts with the medicine service, she made dermatology consult services apparent and accessible. The effectiveness of the dermatology hospitalist improves with not only direct patient care, but with awareness of accessibility to the consultative services. By focusing on medical education with the primary teams, these teams were more eager to consult dermatology and to use the consultation as a self-education experience as well.

Through the Medical Dermatology Society mentorship, I have gained both knowledge in managing hospitalized patients and the tools to implement effective medical education. This experience already has allowed me to be a stronger educator and has laid the foundation for my future post-residency career as an academic dermatology hospitalist.

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