MESSAGE FROM THE CHAIR

Diversity matters in medicine. A clinical workforce that is diverse can improve patient care for minority populations that are underrepresented in Dermatology. For example, I see the eyes of a vulnerable Hispanic patient light up when a member of our team speaks to them in Spanish and interprets the medical diagnosis and treatment plan.

Dr. Hollins and Hobbs, who are on the cover our newsletter, will lead our departmental diversity initiatives.

They have taught me that diversity is much more than race, gender and religion. Diversity means meeting people where they are by appreciating:

- Culture and language
- Age and generational differences
- Military service & disabilities
- Sexual orientation
- Cognitive abilities
- Different types of values

Diversity also means connecting with high schools and colleges where occupations in healthcare may not be part of the conversation. I am proud that one of our researchers is doing a summer internship with a student from the Milton Hershey School.

I end with a story that shows appreciation for economic and cognitive diversity: Max Disse, MD, one of our third year residents, coordinated complex medical care for an ill patient who was not able to read. With the help of a social worker, he was able to get the patient a cell phone and schedule his medical visits. As one of our residents taught me:

“Every person or patient that we meet is an expert.” This patient is an expert in small motor repair. I know who to go to if my lawn mower breaks down!

Jeffrey Miller, MD, MBA
Chair, Department of Dermatology
The Penn State Health organization and the College of Medicine work to encourage and promote diversity and inclusion in order to improve the experiences of our patients, our learners, our workers, and local communities and businesses at large. When we speak of diversity, it can encompass many groups and ideas. Diversity does not only encompass what one would classically consider – gender, race, and religion. It also includes diversity in socioeconomic background, generational difference, military service, and disability, among many other ways that makes us different and unique. Here at Penn State, we are committed to increasing the representation of our workers and students in a way that reflects our nation’s growing and changing demographics. Our goal is to take the best possible care of our increasingly varied patient and learner populations and to challenge potential misperceptions concerning those affiliated with our organization. We share and believe in the conclusions of numerous studies that have shown that diversity leads to improved health outcomes for patients of all backgrounds, improved financial returns in business sectors, and other positive impacts for everyone.

In 2015, Penn State Health and the College of Medicine here in Hershey established a diversity and inclusion strategic plan to better align with the highest aspirations
of Penn State University in State College. Over time, as a demonstration of continued commitment, recently retired Dean, CEO and Senior Vice President of our health system, Dr. Craig Hillemeier, appointed Lynette Chappell-Williams, JD, as Chief Diversity Officer and Associate Dean of Diversity and Inclusion for Penn State Health and Penn State College of Medicine, to shepherd further efforts. With Mrs. Chappell-Williams at the helm, a call was made to all departments to elect representatives to become members of a Diversity & Inclusion Committee, which focuses on advancing the mission to diversify the Penn State Health system. This body meets monthly to discuss goals and ideals that arise through individual departments, ensuring that change and improvement will not be “top down,” but will truly evolve from every level of the organization.

With that fact in mind, the dermatology department was enthusiastic about participating in such a challenge. We have two members, Claire Hollins, MD (the author) and Ryan Hobbs, PhD, to help advance the mission and provide measurable outcomes that prove we are accomplishing the goals we set out to achieve. With the help of many people in the department, Ryan and I developed a mission statement (see inset), and through meetings with our department leader, Dr. Jeffrey J. Miller, we developed reachable goals for the academic year, and then held several departmental sessions to discuss and meet those goals.

This past academic year, our goal was to increase awareness and understanding of the concept of microaggressions. Many people have never heard of this term, or did not know that the actual, lived experience of a microaggression had a name. Essentially, microaggressions, as defined by Psychology Today magazine, are “the everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, which communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.” Through departmental surveys and discussions, we learned about the topic in detail and over time, developed a deeper understanding and knowledge of what many colleagues and patients may experience on a regular basis that may not pray, look, believe or love quite like ourselves. As a group, we strived to put ourselves in other’s shoes, see the world through a lens different from our own, and in turn, develop more understanding, compassion, and respect for others.

We had three sessions this year dedicated to this topic, and based on survey data we collected, knowledge and understanding of the term and concept improved significantly over time. Our sessions were so successful in fact, that other departmental representatives on the D&I committee requested our help, from the articles we reviewed to the format and style of our meetings. The sessions led to some realizations and reflections concerning each of our own behaviors and internal attitudes, as well as how to navigate potentially uncomfortable behaviors and statements of others. Overall, the sessions were well received by the department, as suggested by anonymous survey results from our colleagues.

As part of our commitment to increasing the diversity of our workforce, we are also committed to recruiting new hires at every level in the department from a diverse pool of qualified applicants, and are working to ensure our entire department reflects the unique, one-of-a-kind diversity of our great nation, as we work to continually improve not only the patient experience, but also the experiences of all those employed by and connected with Penn State Health.

“The Penn State University Department of Dermatology promotes a multicultural environment where all patients, staff, trainees and faculty are supported and respected. We encourage and empower all departmental members to embrace and advocate for an inclusive environment in our educational, research, community health, and clinical missions. We commit leadership and resources to achieve and maintain the diversity that reflects our society.”
Starting in July 2019, you may be seeing a new face within Penn State Dermatology clinic. We are very excited to have Dr. Brian Green, a pediatric dermatologist, join the Penn State Dermatology team. Dr. Green graduated from Philadelphia College of Osteopathic Medicine. He completed his internship at Walter Reed Army Medical Center and his dermatology residency at the University of North Carolina Hospitals. He then went on to complete a pediatric dermatology fellowship at the Children’s Hospital of Pittsburgh of University of Pittsburgh Medical Center. Dr. Green will be joining Penn State after previously working at the University of Maryland Medical Center and serving in the military.

To learn more about Dr. Green, see the below Questions/Answers section:

Q: What are your favorite hobbies/activities?
A: I love to do anything outside. Running has always been my favorite but I can’t do it as much since a knee surgery a few years ago. I like to go hunting in the fall/winter.

Q: What is your favorite book?
A: I’m a Harry Potter nut, my favorite is the 6th book (Half Blood Prince) but they’re all good.

Q: Where is your favorite pace to travel or what’s your ideal vacation?
A: I’d love to visit Alaska in the summer or Iceland in the winter to see the Northern Lights.

Q: If you could be any animal, which would you be and why?
A: An Eagle, I love the idea of being able to fly...also the idea of not being randomly eaten by another animal.

Q: What is your favorite book?
A: The Natural, baseball has always been my favorite sport.

Q: What is your favorite food?
A: I’m a chocoholic so one more reason to be happy about moving to Hershey!

Q: What’s your secret talent?
A: I asked my wife and boys this question and they all said remembering quotes from The Simpsons. I’ll take it.

Q: If you were a crayon, what color would you be?
A: I have to stay true to my last name and say green. When my wife and I first got married having a last name that is a color was new to her so everything we bought had to be green. Almost 18 years later she’s used to it and we now own things that aren’t green.

Q: Who is your favorite superhero?
A: Captain America or Superman. It’s hard for me not to like Captain America after serving on active duty for 13 years but growing up Superman was always my favorite. When we found out our youngest was going to be a boy we had no idea what to name him and decided to name him Clark while watching Smallville.

Q: If you could have one superpower, what would it be?
A: I’d love to be able to teleport myself wherever I want to go instead of having to drive or fly.

Dr. Green will be joining our pediatric dermatology team which currently includes Dr. Andrea Zaenglein, Laurie Yuncker-Stumpf, CRNP, and Nathan Oxenford, CRNP.

If you see Dr. Green, please give him a warm welcome!
Hershey may be known as the sweetest place on earth, but our Dermatology department at Penn State is even sweeter. We all love it so much that our four graduating residents are all staying on as fellows or attendings next year!

Ami Greene is originally from Newtown, PA. She attended Gettysburg College and then completed medical school here in Hershey at Penn State. She will be staying on as faculty next year and plans to complete a Mohs fellowship in the future. Her job this coming year will include seeing her own patients, research, and staffing resident clinic. Ami is most excited to work with and teach residents next year. Her favorite things to do in Hershey include cross fit, eating at Freshido, and going for walks.

Claire Hollins was born in Buffalo, NY, but spent most of her childhood down in Georgia. She attended North Carolina State University for college and then went on to complete medical school at Morehouse School of Medicine in Atlanta. She will be staying on as faculty in the community dermatology program. Claire is looking forward to working on her own and being the independent physician she’s been training to be for the past eight years. Her favorite things about Hershey are the people, especially in the Dermatology department, and the revamped Chocolate Avenue downtown. She also loves that she can smell chocolate in the air from her front porch.

Christopher Chu is originally from Austin, Texas. He attended the University of Texas for college and then went to Baylor for medical school. He will be the dermatopathology fellow next year. He can’t wait to be sit next to our three wonderful dermatopathology attendings (Klaus Helm, Alex Flamm, and Mike Ioffreda) and learn from them. He is excited to develop his own style of practice as well. Chris is still trying to determine what he would like to do after his fellowship, but he is considering an academic career with a focus on cutaneous lymphomas or private practice where he can develop entrepreneurial skills. His favorite thing to do in the area is hike Hawk Rock, which is an overlook on the Appalachian Trail.

Chelsey Straight is from Sugar Grove, Pennsylvania. She completed her undergraduate education at Gannon University in Erie, PA and then came to Penn State for medical school. She will be staying to complete a Mohs micrographic surgery fellowship next year. She is most excited about becoming part of the Mohs team and learning from our four amazing Mohs surgeons (Liz Billingsley, Todd Cartee, Charlene Lam, and Christie Travelute). She is also looking forward to being able to do what she loves and take care of patients at the same time. Chelsey is not yet certain about where her career will take her after she completes her fellowship. Working in academics, private practice, and the VA are all options she is considering, but she wherever she goes, she is looking forward to building meaningful relationships with her patients. Chelsey’s favorite thing to do in Hershey is to run outdoors and enjoy the four seasons while doing so!
Dermatology for the Primary Care Provider

SAVE THE DATE: FRIDAY / SEPTEMBER 25, 2020

UNIVERSITY CONFERENCE CENTER
HERSHEY, PENNSYLVANIA
INSPIRING GLOBAL HEALTH

Global Health and Penn State Dermatology

BY MATTHEW HELM, MD

Starting with the first head of dermatology, Dr. Donald Lookingbill, global health has been an important interest of Penn State Dermatology. In 1993, Dr. Lookingbill took a 6-month sabbatical to work at the Regional Dermatology Training Centre (RDTC) in Moshi, Tanzania. The program is designed to train sub-Saharan African medical professionals in Dermatology with the goal to provide regional dermatologic care in their home communities. When the program started there were 26 million people in Tanzania but only five dermatologists, three of whom were located at the RDTC.

There is a large dermatologic need in Tanzania, a country in Africa which has a large population affected by albinism (about 1:1700 affected with the disease), leprosy, malaria and HIV. Albinism is a disease where there is a complete absence of pigment, leading to an increased risk of skin cancer along with ocular issues (Picture 1,2,3). Albinism has severe social stigmatization and also health burden, as many of those affected with albinism in Tanzania would die of aggressive skin cancer caused by intense tropical sun. Along with his wife and Dr. Barbara Leppard, a British dermatologist, Dr. Lookingbill established a mobile outreach treatment and prevention program to care for the large albino population in the Kilimanjaro region (Picture 1,2). The program is still ongoing and has expanded into wide areas of Tanzania as well as to neighboring countries.

Dr. Donald Lookingbill examining a patient outside the patient’s hut.

Dr. Donald Lookingbill (lower left) and his wife Georgia Lookingbill (upper left) taking a history from an Albino woman.

Albinism clinic in Tanzania
By training medical professionals in dermatology, the Regional Dermatology Training Centre has provided education and care for the country of Tanzania as well as a multitude of other countries throughout sub-Saharan Africa. In 2010, our very own Dr. Andrea Zaenglein spent 3 months in Tanzania at the RDTC helping to run clinics and teach medical professionals pediatric dermatology.

Dr. Bryan Anderson also engages in global outreach providing dermatology care in Panama. Each April, a team of Penn State doctors, medical students and residents set up mobile clinics in Panama, bringing medical care to those without access, including much needed skin care. Patients wait in lines for hours to be seen by our providers (Picture 4). Common skin conditions, such as skin cancer and eczema, are treated as well as tropical diseases such as malaria and hookworms. Dr. Anderson and the students involved find this experience valuable and meaningful (Picture 5). This year Dr. Quy Pham, a PGY-3 Dermatology resident, will be traveling to Panama with Dr. Anderson.

The Penn State Global Health Scholar Program is a longitudinal program for medical students that incorporate global health education and research into the medical school curriculum. Dr. Andrea Zaenglein currently serves as their 3rd and 4th year co-director. Students travel abroad in teams to sites around the globe during the summer after their 1st year of medical school and then again during their 4th year. They have educational sessions throughout medical school and discuss global health issues, such as barriers to health care in different countries. Students find these trips extremely rewarding and eye opening to health care in other countries. Dr. Zaenglein has previously accompanied Penn State students to Iquitos, Peru (Picture 6) and is planning on going to Australia with students for 2 weeks in July of 2019 to learn more about health care for Aboriginal populations.

Dr. Zaenglein has also been working to expand access to pediatric dermatology globally as past chair of the American Academy of Dermatology’s Education and Volunteers Abroad Committee, and currently as an advisory board member to Health Volunteers Overseas and as an advisory board member of the International Society of Pediatric Dermatology (ISPD).

Here at Penn State Dermatology, we are making a difference by taking our local missions out in the world and providing excellent patient care, education and research to those in need.
They say some things in life are unforgettable. I will never forget my experience in Panama, as part of an international medical trip with the Penn State medical school. I remember that feeling of nervous excitement as I laid eyes on “Cayuco”, a large canoe whose bones were carved from a big wooden tree, and whose dark green coat desquamated from years of nautical trauma. It was on this vessel that our journey in Panama began.

A short boat ride took us from the airport to a yellow wooden shelter erected not more than a few years ago. It was built like an open pavilion comprised of three floors. The local staff was a mix of international physicians from the United Kingdom and New Zealand, medical students, and Panamanian natives. Every volunteer was assigned to one of two groups: single-day or multi-day. The single-day group to which I was assigned along with half of the medical students and faculty, was to travel to three different islands: Isla Tigre, Loma Partida, and Bahia Grande.

Our responsibility was to set up and conduct clinic each day, and then return to base for a total of 3 days. The multi-day group, which included Dr. Bryan Anderson, my Penn State dermatology attending physician, endured a five hour boat ride to a remote village in Rio Cana where clinic was held for 2 days.

Upon arrival at La Tigre Island, we were greeted by the indigenous Ngabe people. We brought along with us heavy black pelican cases full of supplies and medications including: antibiotics, analgesics, creams, surgical equipment, lice combs, first-aid supplies, and instruments such as stethoscopes, blood pressure cuffs, and many other basic tools. Although my focus was in dermatology, we diagnosed and treated a variety of other conditions including headache, musculoskeletal pain, common viral illnesses, and a plethora of scabies. One of the most daunting tasks that we faced, was logistically treating an entire family of 13 for scabies which involved prescribing oral medication for everyone as well as counseling on linen management. Even the livestock were affected, but luckily we had a veterinarian available to help. I will never forget the sound of a squealing hog, ridden with scabies, being dragged across the pavilion by a small Ngabe woman.

The most memorable encounter I had was with a 5-year-old boy who was accompanied by his grandmother. We plotted...
his height and weight on the growth curve, both of which landed in the 0 to 1 percentile. Unsure of the etiology of stunted growth, I debated whether it was part of his genetics as the Ngabe people were known to be smaller in size, or if he was infested with worms, which were also endemic. Further questioning revealed that he is a picky eater and doesn’t like his food because it was too dry. I felt nostalgia as it reminded me of my own childhood and behaving the exact same way. I drove my mother crazy refusing to eat most everything she tried to feed me. We established a working diagnosis of malnutrition, provided the family with a month supply of fortified rice along with detailed nutritional counseling, and follow-up plans were made.

As we took our final boat ride home, I reflected on my experience in Panama. As a whole, we were able to help hundreds of patients, all the while forging new friendships and camaraderie along the way. It is also heartening to see the goodness in humanity, acts of kindness, and love for others displayed in the words and actions of every individual. This experience served as a reminder for me to always appreciate the little things in life, and to serve those who are in need with enthusiasm and compassion. Every lesson learned will be invaluable for me as I continue my dermatology residency at Penn State and will guide my career in serving the needs of every patient.
2019 Resident Graduation Celebration Party!
HIGHLIGHTS of the YEAR
What You Need to Know About Ticks

By: Paul Wirth, MD

“Oh my gosh I think Bob has a tick!”

This is the first thing my wife said to me when she called me at work shortly after taking our dog, Bob, for his first outdoor walk in Hershey, PA.

Coming from Buffalo, NY we had very little experience with ticks and what exactly to do when a tick bite occurs. We quickly called our vet who walked us through how to remove the tick and Bob was started on a prophylactic antibiotic and has been totally fine since then!

Anyone who plans to spend time outside this summer should be aware of ticks and the potential diseases they can cause if not properly removed. There are more than 25 different species of ticks that have been discovered in Pennsylvania alone! The most common, however, are the American dog tick, the blacklegged tick, the lone star tick and the deer tick.

Most ticks feed on the blood of warm-blooded mammals. This is important because many species of ticks can transmit diseases from an infected host to other uninfected hosts. The most important of these diseases to Pennsylvanians are spirochetes – Borrelia burgdorferi, which cause Lyme disease, and rickettsiae, which cause Rocky Mountain spotted fever.

The key to avoiding these scary diseases lies in prevention of the actual tick bite. Wearing protective clothing such as a wide brimmed hat, a long sleeved shirt and long pants tucked into your socks whenever out in the woods or forested areas will prevent ticks from being able to access your skin while at the same time protecting you from the sun. Using tick repellents that contain no more than 35% DEET on the skin and permethrin based products such as Repel sprayed on to clothes is also beneficial. Once home be sure to do a full body tick inspection with a focus on your underarms, ears, hairline, knees and waist. If you brought a furry companion along also be sure to check their hair, especially under their collar and around their ears, tail legs and toes.

Unfortunately, ticks are becoming more and more prevalent in Pennsylvania and are not only in wooded areas but can also be in your backyard. Making efforts to keep your lawn trimmed short, storing woodpiles away from the house and putting any lawn furniture away from the woods or shady areas will decrease your likelihood for picking up an unwanted friend.

If, however, you do find a tick attached to you or a pet it should be removed as soon as possible. If you feel comfortable removing the tick it is best to use forceps, tweezers, or a tick removal tool to carefully remove ticks attached to the skin. Apply gentle, constant retraction of the tick where it attaches to the skin, not the body of the tick. It is very important to not squeeze the tick or apply any creams, oils, or heat to the tick as putting a tick under pressure can cause it to expel its stomach contents into you.

When the tick is removed within 24 hours there is minimal risk. However, if you are unaware of how long the tick has been attached, if it has been longer than 24 hours or if you begin to develop any flu like symptoms or a rash please notify your primary care doctor, as you may need to be placed on antibiotics.

If you are able to completely remove the tick you may also submit it for a free evaluation to the Tick Research Lab of Pennsylvania by visiting ticklab.org. Within 72 hours they are able to provide you with the species of tick as well as if the tick was carrying any potentially harmful diseases.

With that being said get outside and enjoy nature while the weather is warm and the sun is shining! While ticks can be scary if you are sure to take the correct precautions and to always check yourself after being outside they cannot hurt you.

Prevent Tick Bites

- Wear protective clothing (wide brimmed hat, long sleeved shirt long pants tucked into your socks) when in forested areas
- Apply OFF (DEET) on skin. Use Repel (permethrin) on clothing
- Always be sure to check your skin for ticks after any outside adventure
When it comes to your skin, there are dozens of myths and misconceptions that have been passed down for generations. Oftentimes it’s hard to know what’s true and what’s false. Here are 5 common dermatology myths that we will help shed some light on.

1. You can’t get a sunburn on a cloudy day.
   - While clouds do absorb some of the UV light emitted by the sun, they won’t absorb all of them. In fact, partly cloudy skies may even enhance UV exposure by redirecting and scattering the incoming light, which can increase your risk for sunburn. So don’t let the overcast day fool you and be sure to cover up!

2. Sunscreens with higher SPF are better.
   - SPF stands for Sun Protection Factor, and is a measurement of how well a sunscreen blocks the sun’s rays. So a higher SPF must mean a better sunscreen right? While that may be technically true, the differences between sunscreens may surprise you. For example, when applied properly, an SPF 30 sunscreen blocks about 97% of UV rays while an SPF 50 sunscreen blocks about 98%. Because the differences in protection are so small, many dermatologists recommend an SPF of 30, with anything higher just being a bonus.

3. Plucking grey hairs will make them grow back thicker.
   - Getting older is inevitable, and so is picking up some grey hairs along the way. Thankfully, if you decide to pluck a few here and there, you can rest assured you will not cause them to come back thicker or more numerous than before. However, plucking can lead to other problems including scarring, so this practice should generally still be avoided.

4. You should always put antibacterial ointment on wounds.
   - Often patients will ask if they should put antibacterial ointment on wounds in order to prevent infection and help healing. Interestingly, studies have shown that there is no significant difference in infection rates when using antibacterial ointment compared to using plain old petrolatum ointment. In fact, dermatologists will often recommend against using antibacterial ointment on wounds as patients can be allergic to their contents, leading to unwanted itching and rashes. Antibacterial ointments can be useful at times though, so be sure to consult with your dermatologist if you are concerned about a potential infection.

5. Chocolate causes acne.
   - Probably the most important myth for someone living in Hershey, and also maybe the most tricky. Some studies have shown a relationship between diets high in sugar and increased acne lesions. The few studies looking specifically at chocolate consumption in relation to acne have shown mixed results and leave us unable to draw a conclusion based on them. So the jury is out for now, but it’s safe to say that moderation is always key when it comes to our favorite sweet treats.

As you can see, it’s not always clear when it comes to what’s best for our skin. Luckily, Penn State has a dedicated team of dermatology experts ready to help clear things up. So be sure to ask about all your skin care concerns at your next visit. We’re happy to help you separate fact from fiction.
PREVENT SKIN CANCER
Healthy Skin Made In The Shade
Friendly words of advice can often spare someone from going down the wrong path or encourage them to make a better choice. Perspective is key in this advice, and everyone has different perspectives on certain things. Dermatologists look at skin all day, and rarely think about anything else (just kidding). With this specialty, we often see things that could have been prevented, and prevention can go a long ways.

For this newsletter article, a poll was sent to the Dermatology faculty and residents with one question: “If you could give one piece of advice to your patients, what would it be?”

“Don’t use a magnifying mirror, it only shows us things that we shouldn’t see and other people will never see”  
– Joslyn Kirby, MD

“Be your #1 advocate. We value our partnership with our patients and we want to hear your voice”  
– Jeffrey Miller, MD

“Avoid sunburns”  
– Jim Marks, MD

“If you have a history of skin cancer, or you are high risk for skin cancer, consider taking niacinamide for reducing your chance of skin cancer. This is a specific form of vitamin B3, that has been shown to decrease non melanoma skin cancers”  
– Matt Helm, MD

“Wear more sunscreen. Your skin will thank you later”  
– Alex Flamm, MD

“Never use a tanning bed!”  
– Jordan Lim, MD

“Start the appointment with what is bothering you the most, even if you feel shy about talking about it.”  
– Allison Paine, MD

“Make sure to compare costs of medications with different pharmacies. If the cost of your prescribed medication is too much, check with your doctor for alternatives or assistance”  
– Andrea Zaenglein, MD

“Your body only needs a few minutes to absorb vitamin D. 10 or 20 minutes of sunlight a day is OK, but spare your skin from sun damage and take vitamin D in supplement form instead.”  
– Max Disse, MD

“If nothing else, at least put sunscreen on your face and protect it, no one wants scars there”  
– Ami Greene, MD

As you can tell, much of the above advice is to generally avoid too much sun. Ultraviolet rays from the sun lead to DNA damage, and predispose us to early aging and skin cancer. So, do yourself a favor and practice smart sun exposure.
William Osler once said, “Medicine is a science of uncertainty and an art of probability.” While clinicians can ideally establish a diagnosis beyond a reasonable doubt, the process is not well understood. Diagnostic errors occur when a diagnosis is missed, delayed, or incorrect. Surprisingly, 75% of these errors occur due to cognitive error meaning how clinicians think, not what they know.

It is thought that physicians and advanced practice clinicians make decisions using two processes. **System 1 relies on heuristics or pattern recognition,** which is developed through clinical experience. It allows clinicians to make complex decisions within a busy practice. **System 2 is slow and relies on analytic, deliberate thinking to make diagnoses.** Repeated use of system 2, eventually allows for disease scripts to be incorporated into system 1. Dermatology relies on visual recognition, a heuristic function, to make diagnoses based on primary lesion, location, morphology, color, and pattern.

Cognitive biases are faulty patterns that clinicians develop due to incomplete or truncated reasoning. Over 100 have been described and they affect students, residents, and faculty equally. It is thought that diagnostic errors occur only have multiple errors have been made. Examples of cognitive bias include affective influences, anchoring, and availability error.

1. **Affective influences:** Occur when emotions about a patient or situation interfere with reasoning. May be affected by sleep deprivation, patient load, and clinician personality.

2. **Anchoring:** Clinician favors initial diagnosis despite new evidence which makes it less likely.

3. **Availability error:** Judge diseases as being more prevalent if they comes easily to mind.

Fortunately, there are steps that clinicians can take to decrease bias and better care for patients. **Metacognition, reflection on how decisions are made,** allows clinicians to become aware of their biases and recognize errors. By considering alternative diagnoses, clinicians can learn to re-interpret information if their initial diagnosis is incorrect. Many strategies have been proposed, but further studies are needed to validate their utility.
Penn State Gets a Cookin!

BY: AMI GREENE, MD

One of Penn State Dermatology’s four missions is contributing service to our local community. Every year this is achieved in different ways, from outfitting the capital grounds crew with sun protective shirts to volunteering time at Bethesda mission in Harrisburg. The dermatology department stresses the idea of giving back to the community and that is ingrained in the residency training. With several budding chefs in our residency program what better way to give back than to use that creativity to deliver a meal for the families staying at the Ronald McDonald house? For the last two years, one winter night several residents embarked on the task of doing just that.

The Ronald McDonald house, which opened its doors in 1984, allows families to stay together by providing housing, free of charge, for those whose children are being treated at the medical center. Free meals are also provided on site and this gives opportunity for groups such as ours to help in the community. This year it was spearheaded by our very own chief resident, Claire Hollins, who recruited co-residents, attendings and nurse practitioners to join. With her at the helm it was not surprising the night was filled with laughter and joy. Knowing that the families ate spaghetti and meatballs frequently, the crew decided to switch it up a little. Jordan, another resident and seasoned chef, contributed a family homemade dressing recipe to make a tasty caesar salad and the group did a twist on the old “meat and potatoes” theme creating a wonderful Shepard’s pie. When asked what the best memory was, Claire easily replied “watching Sam mash potatoes on the ground”.

Our dermatology department extends the values of great care beyond the clinic. We are a group of down hearted people who are not afraid to leave the white coats at the door and get our hands dirty. Not only that but we do it with a smile on our face and laughter in our hearts. This is only one example of all the great things our department does and it makes me proud to be a part of it.
"You ready?” I turn around from my desk to see an eager, genuine smile beaming back at me. She plunks down on a blue bean bag and throws her feet up onto a chair, curly ponytail bouncing on to the back of the bean bag like each curl has just as much energy as the smile on her face.

Four years ago is my first memory of Penn State Dermatology. I was a medical student, coming to rural Pennsylvania from Ireland, so you can imagine my anxiety on that first day. That memory is in the lunch room at Nyes road clinic, eating a sandwich alone, worrying (as med students do) well... about everything. As I sat worrying, that same smile flashed down at me, sun hitting her face from the window – “can I join you?”

That smile was Dr. Claire Hollins. We spent 45 minutes talking that day – life, medicine, you name it... from that moment, I knew Penn State needed to be my home.

Claire is in her final year of residency and will be joining our department as an attending – so I figured I would pick her brain before she heads to the big leagues. She has helped lead the diversity and inclusion curriculum in our department and is set to open a skin of color clinic at Penn State next year. Some would say she’s a pretty big deal…well, I’m saying that – she’s a big deal.

[Jordan] “So... this is generic, but tell me a little bit about your life before Penn State.”

[Claire] “Well, I was born in Buffalo, the third of three girls. My parents had me during my dad’s first year of medical school. My mom was stressed since she was working and raising three girls under 4 years old - which [she laughs] may be the reason I was born with 3 gray hairs... wait maybe don’t include that! [she said laughing] I couldn’t resist the thought of cute-gray-haired Baby Claire, sorry Claire, had to be included] After my dad completed his residency in Buffalo, our family moved to Greenville, South Carolina, so I consider myself more of a Southern girl.”

“I wanted to be a doctor since 3rd grade. I thought my dad was pretty cool, so I was like ‘I’ll do that too’! Once I got to college, I realized I didn’t want to do premed... thought it was a little too straight and narrow, and I consider myself a little bit of a rebel. [she says coyly with a grin] So I majored in speech pathology.

[I thought - if I still want to be a doctor after undergrad, then I can still get there through Speech Pathology. If I don't, then I still get a patient-centered career.] [this is very on brand for Claire, she is the ultimate ‘people-person’]

“Once I graduated, I realized medicine was the path for me – but I didn’t want to go straight through to med school, so I took a year off and worked at Whole Foods. I then moved back to Augusta with my parents to study for the MCAT. Unfortunately, when I applied, I didn’t get into med school on my first try. Full disclosure – I really didn’t study hard enough for the MCAT. [she states matter-of-factly] Listen, the MCAT was hard, and school had always come fairly easy for me, so it really was the first thing I had to take seriously. I mean, during this time I did get a lot of other things done though – I was in a band, travelled up the East coast and recorded an album! Anyways, I decided to move back to Raleigh, start a full-time job at Whole Foods, which then gave me structure to my days to encourage my studying. It worked out – because I ended up getting a full ride to med school.”
“What do you think those two years off before med school taught you most?”

Hmm – time management, to not give up, that you have to work hard for what you want and that you must adjust to your circumstances to reach your goals.

“I think you already eluded to this, but do you think your dad, being a physician, impacted your career choice?”

I do. We’re very similar, even down to the looks. My mom always says she should have named me Denise because his name is Dennis. [she says laughing and shaking her head] He’s definitely a large influence - but both of my parents instilled the value of hard work, the importance of education and the importance of being well-rounded. I did not have a straight forward path to med school and my parents encouraged that. I mean, I lived in a Buddhist monastery for 30 days, was a cheerleader, was part of a marching band and a violinist.

“I did not know all that about you!! Ok, so next year you’ll be joining our faculty (yay). I think I can speak on behalf of the entire department that we are very excited that you signed on and for the start of your skin of color clinic. Why are you passionate about this?”

I’m passionate about the skin of color clinic because it targets a unique population – and to be clear, skin of color, includes all sorts of people not just those of African descent. Asian, Indian, Hispanic... the list goes on. You know, these clinics are popping up all around the country which I think is a great thing. For example, those of African descent, they have a different hair texture than everyone else in the world and so it helps to have someone who has detailed knowledge of that. [The cadence of her speech changes – like the excitement has put more energy behind her words.] These unique skin and hair types deserve a dedicated clinic. Even more, there’s no skin of color clinics in central Pennsylvania. Patients who are now driving to the University of Pennsylvania will now be able to attend a clinic here, close to home – and they’re really thankful for that. You know, the patients are here, but they just feel like there is not a provider who will speak to their specific needs, so hopefully that will be a niche I can fill.

“So, one of the things that I truly admire about you is your passion and perseverance for things that are important to you. What do you think is the key to having this drive?”

“You know, I just really do love people. I’m interested in their stories, their perspective and I feel like you can learn something from everyone. So being able to learn from all these people around me - that keeps me motivated. Everyone has something to teach you, and if you look at the world with eyes wide open and with wonder – how could you not be passionate?! [she exclaims, throwing her hands in the air] About life itself, but also dermatology!”

“What has been your favorite aspect of your residency?”

“The friends that I’ve made and our resident room. I don’t know what it is about our department – but they have a knack for picking people that really work well in this environment. I’m going to miss the comradery in this resident room.”

“If you could be one attending, who would it be and why?”

“Oh my gosh – ok be an attending – I gotta go with Jim Marks! He just has it all figured out. I love his disposition, that he loves his job and has a well-balanced life. He has a lot to teach – I mean he started this department from the ground up!”

“Which attending do you think you most resemble and why?”

Who do I most resemble – oh gosh... I feel like the best answer for this is I’d like to take a little bit from everybody: Jos – she gets things DONE – and with grace. Jeff – his empathy and connection with patients. Todd – the importance that he places on his career. Jim - the fun that he brings each day. Andrea – the passion.”

“When you retire, what are two achievements you hope to accomplish with your career?”

“Change dermatology and contribute to the knowledge base so one day there will no longer be a need for a skin of color clinic because everybody will be able to take care of these patients equally, no matter their own background. And two, develop lasting relationships with my patients.”

Ok, rapid fire:

Urban or rural: Urban
Big Mac or chicken nuggets: Nuggets
Comfy or stylish: Stylishly comfy
Cats or dogs: Dogs
Oprah or Michele Obama: Don’t make me choose!!
Reese’s cups or Reese’s pieces: Cups!
Early riser or night owl: Reformed night owl, current early riser.

The interview finishes – both of us don’t want to get up from the comfort of our bean bag chairs. I can’t help but flash back to that day four years ago and smile. Dr. Claire Hollins not only has a bright future ahead of her, but has already positively impacted so many lives – you can add my name to the top of that list.
Dr. Diane Thiboutot is a Professor of Dermatology, Associate Dean of Clinical and Transitional Science Research Education, and Vice Chair for Research in Dermatology. This year at the American Academy of Dermatology (AAD), she was the recipient of one of the most prestigious awards in Dermatology, the Marion Schulzberg award. I had the pleasure of sitting down with Dr. Thiboutot to discuss her experiences winning the award, and reflect on her illustrious career.

Chris: First of all, congratulations Diane for being the winner of the esteemed Marion Schulzberg award. That is an awesome achievement and recognition on an already successful career.

Diane: Thanks Chris!

Chris: Thanks for agreeing to be interviewed. I think a lot of people can learn a lot and be inspired by someone like you. So first question, how did you find out you won the Marion Schulzberg award?

Diane: I got an email from Dr. Boni Elewski of Alabama asking me to call her. I called her and she told me I won the award and that the AAD would be reaching out to get a bio-sketch and a schedule.

I had no idea I was in the running or that I was even nominated.
Chris: Can you tell me about your preparation for the plenary session?

Diane: Boni let me choose a topic, with plenty of notice. I found out around August 2018. I knew I wanted to talk about isotretinoin, the most effective treatment for severe acne, since most of my research was centered on it. However, I didn’t really get around to it until a month and a half before giving the talk. A writer from the AAD, who wanted information about the talk so they could put it in the newspaper, contacted me. At the time, the talk was mostly in my head but I knew what I wanted to present and that’s when I really started buckling down.

I also knew I wanted to tie it in with Marion Schulberger’s history. I spent a lot of time reading about him, and found out he was very well connected with acne and acne’s relationship with immunodermatology. He wrote a lot about the challenges with treating and researching in acne, and those challenges still exists today, so that provided the framework for my talk.

Chris: Were you nervous, being one of the biggest most important speakers of the whole meeting?!

Diane: I wasn’t nervous, but I knew I needed to put more work into the talk, to make sure it was more than just a regular PowerPoint presentation.

Chris: Well it was a great talk. So how did you end up in research? How did you specifically end up doing research in acne? Did you always know you wanted to do research?

Diane: Actually I knew I wanted to do research as early as the beginning of medical school. Prior to medical school, I actually did research at the Dana-Farber Cancer Institute in Boston and in the pharmaceutical industry. At some point, I was considered for a position as a medical director for a pharmaceutical company but decided medical school was more my calling. It was in medical school that I met Don Lookingbill, who did a lot of acne research. So I worked with him on these projects and that’s how I ended up interested in acne.

Chris: What are some of the highest highs of your career? Lowest lows?

Diane: Getting this award was an honor, so that might be one of my highest highs.

As for lows, things have been pretty consistent. The early stages of a research process can always be challenging and difficult, with writing the National Institute of Health (NIH) grant and hoping to get funded. It can be frustrating because the likelihood of getting funded is small.

Chris: You are one of the most successful but humblest dermatologist I know. How do you stay grounded? What do you like to do outside of work?

Diane: I like to garden, hang out with my family and grandchildren, and refinish furniture.

Chris: You come from an era when being a woman in medicine was tough and rare. Any tips for our young female physicians on work-life balance? Any tips for all of our young physicians who hope to have a career like you someday?

Diane: It’s really important to make your everyday be happy. A lot of people look to the future, hoping things will get better. They think when medical school is done, or when residency is over, things will get better. I think you can end up wishing your whole life away. Life is always hard so it’s important to enjoy the present.

A lot of women physicians ask “when is the best time to have a baby?” My answer is to do it as soon as you can. Waiting isn’t all that it’s cracked up to be. Enjoy the day-to-day and don’t live in expectation of things becoming easier. You’ll never be in a stage of your life when you’re perfectly ready.

Chris: Great answer. And finally, when do you go to bed and when do you wake up?

Diane: I go to bed at 10:30 and wake up at 5:30. Give or take, pretty close.

Chris: Thanks Diane for doing this interview. I feel very lucky to have the privilege to have worked with you so often. I know I speak for all the residents when I say we really look up to you both as a dermatologist and as a human.

Diane: Thanks Chris!
INSPRIRED GIVING

Our Endowments Support Our Missions

The Donald P. Lookingbill, M.D., Visiting Professor Lectureship enabled us to host two lectures in 2018-19:

September 7, 2018 – “Management of Patients with Atypical Pigmented Lesions” 
Jennifer Stein, MD, PhD. 
Dermatologic Associates 
New York, NY

November 2, 2018 – “Transcriptomic Profiling of Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) at the Single Cell Level” 
Chris Nagao, MD, PhD. 
Earl Sandtman Investigator, Dermatology Branch 
NIAMS, National Institutes of Heath 
Bethesda, MD

The James & Joyce Marks Clinician Educator Lectureship enabled us to host one lecture in 2018-19:

February 1, 2019 – “Cutaneous Dermatomyositis: Update in Evaluation and Treatment” 
Anthony Fernandez, MD, PhD. 
Assistant Clinical Professor of Medicine, CC Lerner College of Medicine 
Co-Medical Director of CME, Cleveland Clinic 
Director of Medical & Impatient Dermatology 
Departments of Dermatology & Pathology 
Cleveland Clinic, OH

The Alan Schragger Endowment Lecture enabled us to host one lecture in 2018-19:

May 3, 2019 – “Genodermatoses with Predisposition to Malignancy” 
Jonathan Dyer, MD 
University of Missouri – Columbia 
Associate Professor of Dermatology and Child Health 
Director of Pediatric Dermatology 
Interim Chair of Dermatology 
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The Mark Hassel Education Endowment enabled us to host one lecture in 2018-19:

April 5, 2019 – “Variation in Dermatologic Surgery- Opportunities for Improvement” 
Jeremy Etzkorn, MD 
Assistant Professor of Dermatology 
Hospital of the University of Penn 
Philadelphia, PA

The Miller Family Dermatology Endowment enabled us to host one lecture in 2018-19:

June 7, 2019 – “The Ensuring Power of Leadership (For the Good of Dermanity)” 
Boris Lushniak, MD, MPH 
Former Surgeon General of the US 
Dean and Professor 
University of Maryland 
School of Public Health 
College Park, MD

The Professor in Dermatology Endowment

This endowment supports Diane Thiboutot, MD. She is internationally recognized for her research in acne. She is currently focusing her research efforts on developing improved ways to assess acne in international clinical trials for new medications to treat this common disease.

Research Endowment

This endowment supports the laboratory of Amanda Nelson, PhD. She is gaining national prominence for her research on skin cancer, acne, and hidradenitis suppurativa.

Miller Family Dermatology Endowment

This endowment supports outside speakers who demonstrate excellence in the humanities. Our family is passionate about integrating the humanities and medicine. A more holistic view helps us better understand ourselves and the people we serve.

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Penn State Dermatology
Our Research is on the Cutting Edge of Discovery
Dermatology Accomplishments 2018-19

- Publications: 75
- Research Studies: 59
- Community Projects: 6
- Presentations: 112
- Patient Visits: 61,900
- Staff: 46
- Faculty: 24
- Fellows: 4
- Residents: 12

- Our most important asset – our patients!
- Our other most important asset – our team of healthcare professionals!
- Our clinical research leads the nation in value based dermatology care and quality.
- Our research studies are funded by diverse sources including the National Institute of Health and Agency for Healthcare Research.
- Our faculty and residents are invited to give national and international presentations.
- Our community service provides sun protection against skin cancer.
An Elegant Evening of Food and Wine Pairings
Featuring A Taste of Old World vs. New World

Saturday, April 25, 2020
Seven o’clock in the evening

Purcell Friendship Hall
William E. Dearden Alumni Campus
109 McCorkel Road, Hershey

Proceeds benefit Penn State Dermatology’s Community Health and Research Missions.

This elegant evening begins with a selection of hors d’oeuvres and a fine wine. The wine educator will then guide you through a selection of wines with the appropriate food pairing. The evening ends on a sweet note with a delicious dessert and a wine to match.

In addition, a silent auction featuring fine wines and other items is offered for guests’ consideration.

$175 per person includes wine tastings with an educator, hors d’oeuvres, food pairings, and dessert catered by John Moeller, the former chef of the White House.

Advance reservations required by Friday, April 17, 2020 • 717-531-6049.

Black tie optional.