

# Resident ROUNDUP

Official publication of the  
Resident & Fellows Committee,  
American Academy  
of Dermatology Association

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## Message from the outgoing chair

By Samir B. Patel, M.D.



SAMIR PATEL, M.D.

Welcome to this edition of *Dermatology Resident Roundup!* As the outgoing Chair of the Resident and Fellows Committee (RFC), I am pleased to report that this has been a particularly productive and important year for the committee.

As 2003 marked the 10<sup>th</sup> anniversary of the American Academy of Dermatology Camp Discovery Program, the RFC initiated the 1<sup>st</sup> Annual Resident Roundup Campaign for Camp Discovery. In the next few weeks, you will receive a mailing asking you to consider providing monetary contributions to the AAD Teen Camp Endowment and/or volunteering your time at one of the Camp sessions. It is the goal of the RFC to contribute to this special program, which provides an extraordinary experience for hundreds of children with severe skin disorders. We hope that your efforts with this project will allow it to continue as an annual resident event.

Over the last year, the RFC has discussed the computerized format of the In-Training Examination (Mock Boards) with the American Board of Dermatology, and we look forward to continued improvements with the next administration of the exam. Several members of the RFC attended the 2003 Washington Conference, met with members of Congress, and voiced support for tort reform and Medicare reimbursement increases.

Additionally, the members of the RFC have put great effort into providing the newsletter to residents. The various topics

from the well-received Boards' Fodder section to articles on the importance of medical dermatology, AMA happenings, and advice on starting a practice hopefully have been beneficial for you.

Finally, the RFC discussed developing an Advisory Board Resolution for consideration at the 2005 Annual Meeting, which would call upon the Academy to establish guidelines for corporate funding of (or involvement with) residency programs and fellowships to ensure continued integrity and to prevent potential intrusions into the medical education process. This issue is gaining importance as educational institutions increasingly rely on corporate entities thereby potentially leaving our residents and fellows vulnerable to outside corporate interests. Such a resolution would raise awareness that dermatology and its sub-specialties must deal with our corporate relationships and partners with optimistic caution, and that the corporations must be cognizant of the autonomy and boundaries of our training programs.

In closing, dermatology, dermatologic surgery, dermatopathology, and cosmetic dermatology are some of the most enjoyable fields in medicine. As Chair of the RFC, I have observed firsthand the functions of the AAD and the Board of Directors. We are fortunate to have the backing of an organization

which is strong, energetic, and truly committed to promoting the goals and ideals of our trainees and of our profession.

It has been a pleasure to serve on the RFC for the last two years and as Chair for the last year. Thank you for this opportunity and have a great year! **RR**

*Save the date!*  
ACADEMY '04  
JULY 28 - AUGUST 1, 2004  
NEW YORK, NY



THE RESIDENT AND FELLOWS COMMITTEE MET IN MARCH, DURING THE AAD ANNUAL MEETING IN WASHINGTON, D.C. LEFT TO RIGHT, KEITH BENBENISTY, M.D., BENJAMIN SOLKY, M.D., AND SAMIR PATEL, M.D.

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VIEW THE TREATMENT  
OF AK AND sBCC

IN A WHOLE  
NEW LIGHT

COMING SOON

A NEW RESPONSE

TO SUN-DISEASED SKIN



# AMA-RFS Interim Meeting Focuses on Match Lawsuit and FICA Tax

By Adam I. Rubin, M.D.

American Academy of Dermatology Resident Fellows Committee Delegate to the AMA-RFS

The American Medical Association-Resident and Fellow Section (AMA-RFS) met for its 2003 Interim Assembly Meeting in December. The meeting took place in Honolulu, with 15 resolutions and six reports considered. Highlights of the items that were passed by the assembly are as follows.

## LAWSUIT AGAINST THE MATCH

The most significant amount of debate time was dedicated to a report prepared by the RFS Governing Council regarding a lawsuit against the residency match process. Briefly, three residents who have since graduated from their training programs, filed suit against the National Resident Matching Program (NRMP), the AMA, other organizations that sponsor the match, and multiple teaching hospitals. The plaintiffs claim to represent a class of all physicians who participated in the match since 1998. In total there are 36 named defendants, and the total estimated damages are \$8.4 billion. The plaintiffs claim that the match is anti-competitive, and as a result produces resident salary fixing and excessive work hours. The RFS has adopted Report E, "NRMP Antitrust Litigation" in response to this lawsuit. This report states that the RFS opposes the litigation because the views expressed do not reflect the views and desires of most members of the RFS assembly. For this reason, the RFS will issue a public statement asserting that the litigation should not be certified as a class action suit. Furthermore, the report states that the RFS supports modification of resident work environments through existing mechanisms such as the ACGME and other organizations, and that the AMA should continue to collaborate with the NRMP to evaluate the match, in place of litigation. Follow up to this report will be presented at the 2004 AMA annual meeting. The NRMP has established a Web site [www.savethematch.org](http://www.savethematch.org), in response to this lawsuit, which explains the positive aspects of the match process, and keeps readers up-to-date on progress of the litigation and alterations in the match process. Frequently asked questions about the match litigation are explained on the AMA Web site [www.ama-assn.org/ama/pub/category/8231.html](http://www.ama-assn.org/ama/pub/category/8231.html).

## FEDERAL INSURANCE CONTRIBUTION ACT (FICA) TAX EXEMPTION

A recent ruling in the case of *United States v. Mayo Foundation* (2003) found that for the purpose of FICA taxes, residents at the Mayo Foundation are exempt, as they meet a number of requirements imposed by the IRS, one of which includes student status. FICA taxes are withheld from employee paychecks with a matching contribution from the employer to support the Social Security system. The IRS has created a "student exemption" from these taxes. In 1998, in the case *Minnesota v. Apfel* the court found that residents at the University of Minnesota qualified for this student exemption. The IRS code explains that residents could be exempt from FICA taxes (the student exemption) if the resident's employer is a school, college or university and the resident has the status of student with the employer. Although the residents at the Mayo Foundation were found to be exempt from FICA taxes, this cannot be immediately extrapolated to *all* residency

programs. For each residency program, it will need to be determined who the resident's employer is, if that employer qualifies as a "school, college, or university" or related organization as defined by IRS code 509(a)(3), if the resident is considered a student in that system, and if the resident is "enrolled and regularly taking classes at the educational institution." This last point has been interpreted as attending educational sessions (i.e. rounds) as part of the educational curriculum of the residency program. The RFS supported a resolution to disseminate the outcome of this recent court decision to residents and fellows. Furthermore, the resolution calls for the AMA legal counsel to research the implications of the AMA establishing policy regarding residents being considered students rather than employees for the purposes of FICA tax exemptions. Case briefs on the two above mentioned lawsuits and additional details can be found on the AMA Web site at [www.ama-assn.org/ama/pub/category/7068.html](http://www.ama-assn.org/ama/pub/category/7068.html).

## MANAGED CARE

A resolution supporting a physician phone number for appeals of managed care decisions was adopted by the RFS. One of the goals of this phone line would be to ensure mandatory wait times of no more than five minutes. Excessive wait times for managed care appeals were thought to increase physician frustration and ultimately decrease access to patient care. This resolution was evaluated at the AMA House of Delegates 2003 interim meeting, and was recommended against consideration.

## ELECTRONIC RECORD KEEPING SYSTEM

Support was given to a resolution keeping an electronic record keeping system for tracking procedures performed by residents private. The Accreditation Council for Graduate Medical Education (ACGME) administers this record keeping system for 13 medical and surgical specialties. This resolution was then evaluated by the AMA House of Delegates at the 2003 Interim meeting and was recommended against consideration.

## MAMMOGRAPHY SERVICES

Increased reimbursement for diagnostic mammography services was supported. Testimony given by radiology residents indicated that because of current reimbursement rates for these services, a significant decline in access for patients has already been realized.

## DIVERSITY IN MEDICINE

A resolution was passed that encourages resident and fellow participation in mentoring and role-modeling programs to attract more underrepresented minority students to the medical profession. The AMA Minority Affairs Consortium currently has such a program in place, named the *Doctors Back to School Program*.

SEE AMA-RFS  
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# Ordinary + Necessary = Deductible

by Andrew D. Schwartz, CPA & Lawrence B. Keller, CLU, ChFC

Just about everyone has friends, family members, or colleagues at work who are very aggressive with the tax deductions they claim. Every year, at about this time, they start telling you about all of the crazy things they deducted last year. And then they usually try to convince you that what they deducted must be okay, since the IRS never disallowed any of their deductions.

The fact that the IRS didn't question their deductions shouldn't be interpreted to mean that what they claimed is allowable. It simply means that the IRS didn't select this person's tax return for audit. Remember, everything is deductible until you get audited.

So what do the rules really say about deducting your professional expenses? To be allowable, an expense must be both "ordinary" and "necessary" in connection with your profession. For example, purchasing a Palm Pilot to use for work qualifies as ordinary and necessary, and therefore, is deductible. Purchasing a leather carrying case from Gucci, however, probably doesn't qualify. Even though you may view your Gucci carrying case as necessary, it most likely doesn't meet the ordinary test.

Let's take a look at some of the professional expenses commonly incurred by health care professionals:

## AUTOMOBILE EXPENSES

Driving between job sites is deductible. So is driving between your home and a temporary job site, job interviews, and conferences. Commuting between your home and a regular place of business generally is not tax deductible.

There are two ways for you to calculate your automobile expenses. You can either claim \$.36 per business mile driven in 2003 (increased to \$.375 for 2004), or base your deduction on the percentage of miles your car was driven for business multiplied by the actual costs incurred during the year. Allowable costs include gas, insurance, repairs, parking at home, and either your lease payments, or if you own your car, a factor for depreciation.

## COMPUTER EQUIPMENT

There are two tests you must meet to deduct computer equipment. Purchasing

the computer must be a requirement of your employment as well as for the convenience of your employer. If you buy a computer so you can work at home instead of staying late at the hospital or lab, you're out of luck. Many people find that it's easier to deduct their computer purchases in years they have independent contractor income.

## EDUCATION, LICENSES & EXAMINATIONS

Any time something qualifies you for a new trade or business, the cost incurred is not deductible. That's why you can't write off your medical school tuition. Costs incurred in connection with improving your skills in your current profession are generally deductible. Some of the larger deductions are claimed by people working towards an MPH or other graduate degree.

## HOME OFFICE DEDUCTION

Prior to 1999, you had to perform your income producing activity within your home office to be able to claim this deduction — which for doctors meant that they had to see patients in their home to qualify. Starting in 1999, it became much easier to claim a home office. As long as you perform administrative and managerial tasks on a regular basis within a portion of your home used exclusively for business, you're eligible for the home office deduction. For renters, this is a great opportunity, since rent is not otherwise deductible on your federal tax return.

## INSURANCE

Malpractice insurance premiums and insurance on your business assets are deductible. Life and disability insurance premiums are not deductible.

## TEMPORARY JOB ASSIGNMENT

A huge tax deduction awaits you if you take a job for a period of less than one year (including fellowships) with the intent of returning to the city where you were working prior to taking that job. Believe it or not, you can deduct all of your travel, lodging, and half of your food. Basically, it's as if you're on an extended

business trip for up to a year in length.

How you deduct your professional expenses depends on how you were compensated during the year. If taxes were withheld from your pay, then you are considered an employee, and will claim these expenses as a miscellaneous itemized deduction. Those of you who are independent contractors can deduct your professional expenses directly against your private practice or moonlighting income on a Schedule C.

For more information about deducting professional expenses common to health care professionals, or to download an Excel Spreadsheet to help you keep track of your expenses, you can visit [www.mdtaxes.com](http://www.mdtaxes.com). **RR**

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*The views expressed in this column are solely those of the author, and do not represent an endorsement by the AADA. Readers are encouraged to seek the advice of a tax attorney.*

## WEB SITE

The AAD Web site [www.aad.org](http://www.aad.org) provides information and offers a series of links to other dermatologic and health-related sites — a valuable resource to the public and the dermatologic community. **RR**

# Boards' Fodder: Contact Allergens

Clare Pipkin, M.D., Benjamin A. Solky, M.D., & Jennifer L. Jones, M.D.

This is the fifth installment in an ongoing series designed to bring to light “askable factoids” for the dermatology boards and mock boards. This installment focuses on important (or frequently asked) contact allergens. Again, by no means is the list exhaustive, but ...here it is!

ALLERGEN	COMMON SOURCES	OTHER INFORMATION
2-mercaptobenzothiazole (MBT)	rubber accelerator	
allyl isothiocyanate	mustard, radish	
ammonium persulfate	bleaching agent in flour, hair bleach	
balsam of peru	fragrance, adhesives	
benzocaine	topical amide anesthetics	
benzoyl peroxide	bleaching agent in flour, acne medication	
benzalkonium chloride (Quaternium 15)	shampoos	
Bermuda fire sponge		Contact erythema multiforme
black rubber mix (N-phenyl-N' isopropyl p-phenylenediamine, N-phenyl-N' cyclohexyl-phenylenediamine, N,N' diphenyl-phenylenediamine)	added to rubber products to prevent breakdown	
calcium oxalate crystals	dieffenbachia (“dumb cane”)	
carbamates (zinc diethyldithiocarbamate, zinc dibutyldithiocarbamate)	rubber products	
carene	turpentine	
cinnamic aldehyde	pastries, toothpaste, chewing gum, beverages, bitters, lipstick	
Chromates	leather and cement	
colophony (rosin)(abeitic acid)	solder, paper products, adhesives, paints, varnishes	
diallyl disulfide	garlic	
d-usnic acid	lichen	
epoxy resin	glues, plastics	
ethyl cyanoacrylate	cyanoacrylate	
ethylenediamine	stabilizer in Mycolog	X-reacts with aminophylline & hydroxyzine
eugenol	cloves	
formaldehyde	cosmetics, permanent press textile products	
furocoumarin	celery, dill, fig, lime, parsley, parsnip, meadow grass, St. John's wort Umbelliferae Family	Phytophoto
glutaraldehyde	cold sterilant	
glyceryl thioglycolate	permanent wave solutions	
hydrocortisone-17-butyrate	group B and D corticosteroids	
imidazolidinyl urea (Germall 115)	formaldehyde releaser found in cosmetics	
kathon CG (methylchloroisothiazolinone)	cosmetic preservative	formaldehyde-like
limonene	orange and lemon peel, tea tree oil	
mercapto mix (4-morpholinyl-2-benzothiazyl disulfide, N-cyclohexyl-2-benzothiazolesulfenamide, 2,2-benzothiazyl disulfide)	rubber accelerators	
methyl (chloro) isothiazolinone (Kathon CG)	cosmetic preservative	
methyl methacrylate	artificial nails, dental work	
neomycin sulfate	topical antibiotic	
oxybenzone	sunscreen	photocontact
padimate O (PABA)	sunscreen	
paraben mix	preservative in creams, lotions, and foods	
nickel sulfate	jewelry, clothing snaps	eyelid dermatitis, dimethylglyoxime test (pink)
paraphenylenediamine	hair dye	
potassium dichromate	cement, plaster, leather	
primin	primrose (Primula obonica)	

SEE BOARDS' FODDER  
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BOARDS' FODDER  
FROM PAGE 6

ALLERGEN	COMMON SOURCES	OTHER INFORMATION
p-tert-butylphenol formaldehyde resin	adhesive in leather/rubber products	
quaternium-15	formaldehyde releaser found in hair care products, moisturizers	
ricin	castor bean ( <i>Ricinus communis</i> )	
sesamine	sesame oil	
sesquiterpene lactone	compositae family members ( <i>Chrysanthemum</i> , ragweed, artichoke)	florists
tetramethylthiuram disulfide	rubber accelerator	
thimerosal	cosmetic preservative, vaccines, contact lens solution, tuberculin skin test	mercurial
tixocortol pivalate	group A corticosteroids	
toluenesulfonamide/formaldehyde resin	nail lacquer/hardener	eyelid dermatitis
tuliposide A	peruvian lily, tulip	
urushiol	poison ivy, poison oak, poison sumac, Japanese lacquer tree, cashew nut, mango, ginkgo tree	

*Two Fox Awards announced for 2004*

The 2004 Resident and Fellows Research Symposium, held Feb. 8 in conjunction with the 2004 AAD Annual Meeting in Washington, D.C., yielded two awardees for the prestigious Everett C. Fox Award for 2004.

The Laboratory-Based Research Award went to Christopher Miller, M.D., Department of Dermatology, Penn State University, Hershey, Pa., for "The Sensitivity of Direct Sequencing versus Allele-Specific PCR to Detect V599E BRAF Mutation in Atypical Nevi, Primary Melanomas, and Metastatic Melanomas."

The Clinic-Based Research Award went to Emma Guttman-Yassky, M.D., Department of Dermatology, Rambam Medical Center, Haifa, Israel, for "Detection of Antibodies to Kaposi's Sarcoma-Associated Herpes Virus (KSHV) in Israeli Classic Kaposi's Sarcoma Patients and Their Families: Evidence for Intrafamilial Transmission." **RR**

AMA-RFS  
FROM PAGE 4**PROCEDURAL COMPETENCY**

RFS support was given to a resolution encouraging specialty societies to determine and develop minimal frequency standards to ensure competency for procedures.

**AMA AGENCY TO BUY DRUGS AT BULK RATE**

A resolution calling for the AMA to study the potential of buying prescription and over the counter medications in bulk was supported. This action would hopefully help decrease the rising cost of medical care in the United States.

Two resolutions originated and passed by the RFS from the 2003 annual meeting were evaluated at the AMA House of Delegates 2003 Interim meeting. Resolution 805, "Safety of Healthcare Professionals in the Workplace" was evaluated by Reference Committee K and Resolution 903, "Medical Errors and Physician Standards" was evaluated by Reference Committee L. For both resolutions, current AMA policy regarding these issues was reaffirmed in lieu of new policies. **RR**



ALOHA! ADAM I. RUBIN, M.D., (FRONT ROW, FAR LEFT) AND FELLOW MEMBERS OF THE AMA-RFS MEET FOR THEIR INTERIM ASSEMBLY MEETING IN HONOLULU.

*National skin cancer screening initiative reaches millions*

3M Pharmaceuticals announced results from a national skin cancer screening initiative that joined more than 40 dermatology residency programs with their local communities to prevent and detect skin cancer. During 2003, nearly 7,000 people received free skin cancer screenings and millions more received educational information about skin cancer and the importance of prevention, early detection and treatment. Through 3M's initiative, participating dermatologists detected more than 560 suspected skin cancers, including nearly 70 melanomas, the leading cause of skin cancer-related deaths in the U.S. Dermatologists also found nearly 1,400 cases of actinic keratosis (AK), a common precancerous skin condition which affects more than 10 million Americans.

Together, 3M and 41 prominent medical institutions, such as the University of Pennsylvania, Northwestern University, University of California-Los Angeles, and Yale University, set out to reach as many people as possible with screenings and skin cancer prevention and detection messages. Additional information is available at [www.3M.com/pharma](http://www.3M.com/pharma). **RR**

## Live AAD CME activities for 2004

### PSORIASIS TREATMENTS: WHAT EVERY PRACTICING DERMATOLOGIST SHOULD KNOW

Las Vegas, NV  
The Venetian Resort  
March 13, 2004

### PSORIASIS TREATMENTS: WHAT EVERY PRACTICING DERMATOLOGIST SHOULD KNOW

Philadelphia, PA (TENTATIVE)  
Park Hyatt Philadelphia  
May 1, 2004

### PSORIASIS TREATMENTS: WHAT EVERY PRACTICING DERMATOLOGIST SHOULD KNOW

Chicago, IL  
Drake Hotel  
August 28, 2004

### AAD DERMATOLOGY REVIEW: WESTERN REGION EDITION

Phoenix, AZ  
Pointe Hilton at Squaw Peak  
November 5-7, 2004


### PSORIASIS TREATMENTS: WHAT EVERY PRACTICING DERMATOLOGIST SHOULD KNOW

Atlanta, GA (TENTATIVE)  
Grand Hyatt Atlanta in Buckhead  
November 13, 2004

For more information, visit [www.aad.org](http://www.aad.org), or call (847) 240-1696.

## AAD seeking recognition of volunteer efforts

Through their dedicated volunteer efforts, American Academy of Dermatology (AAD) members all over the world are making a difference in their local communities and overseas. Whether treating patients at home and abroad who lack access to dermatologic health care, or providing skills and insights to advance the goals and efforts of the American Academy of Dermatology, these individuals are making an important contribution to the profession and its patients.

In the coming months, *Dermatology World* will showcase some of these remarkable efforts in a special feature called "Members Making a Difference." If you or a colleague is involved in an ongoing volunteer activity that may be of interest to the Academy, please let us know. Submit the name of the individual, contact information, and a description of less than 50 words of his or her volunteer activities to the Ad Hoc Task Force for the AAD Leadership Circle for Volunteerism via e-mail at [volunteer@aad.org](mailto:volunteer@aad.org). 

*Dermatology Resident Roundup* is published by the American Academy of Dermatology Association to provide a forum for information concerning resident dermatology physicians, and providing news, views and actions of the Academy, the Resident & Fellows Committee, and the American Board of Dermatology. It is supported by an educational grant from 3M Pharmaceuticals.

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