Congress Interview

In this issue, we present a perceptive interview with Tammie Ferringer, Geisinger Medical Center, Danville, Pennsylvania, USA, a leader in dermopathology and medical education. She shines a light on how dermatology education has evolved, the importance of clinicopathologic correlation, and the importance of leadership as a physician. With her vast leadership experience in the American Academy of Dermatology (AAD), she provides invaluable insights on the Academy's role in shaping the future of the field, and offers a deeper perspective on education, diagnosis, and leadership in modern dermatology.

Featuring: Tammie Ferringer

Tammie Ferringer

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Q1 Your career has brought together clinical dermatology, dermatopathology, education, and leadership. What first drew you to dermatopathology, and how has that shaped the kind of physician and educator you've become?

At the Medical College of Pennsylvania, Philadelphia, USA, my first 2 years of medical school were all didactic, and I loved the second year when we did pathology. I felt like I was finally getting the answer to things. The histopathology is the final diagnosis; you can actually see it under the microscope. Something that isn't necessarily clear just by seeing the patient in the clinic.

I thought very seriously about doing a pathology residency and chose to do pathology as my first elective during my third year at Allegheny General Hospital, Pittsburgh, Pennsylvania, USA, to get a better sense if it was for me. During that month, the chief resident at the time was going to graduate and go into a dermatopathology fellowship. I spent a lot of time with her going over dermatopathology specimens, and loved combining and correlating them with the clinical side.

I went into my pathology rotation, really enjoyed it, but it didn't include the direct patient interaction I desired. I resigned myself to thinking you probably can't have both, but when I saw dermatopathology and the correlation with the clinic, I wanted to see more clinical dermatology. A friend kindly switched rotations to give me a chance, and I was so lucky to do the coveted dermatology rotation in Ira Cohen's private practice in Pittsburgh. I saw patients and performed minor procedures on a

daily basis, spoke and connected with them, and even reviewed the dermatopathology from some of the patients. At that point, there was no question in my mind that I wanted to practice dermatopathology.

As far as what kind of physician and educator I am, thanks to Cohen's recommendation, I was fortunate enough to be accepted into dermatology residency at Geisinger Medical Center, Danville, Pennsylvania, USA. Fred Miller, former department head of Dermatology at Geisinger Medical Center, was the chair at the time. He really connected with every patient, and that became my goal when seeing patients in clinic.

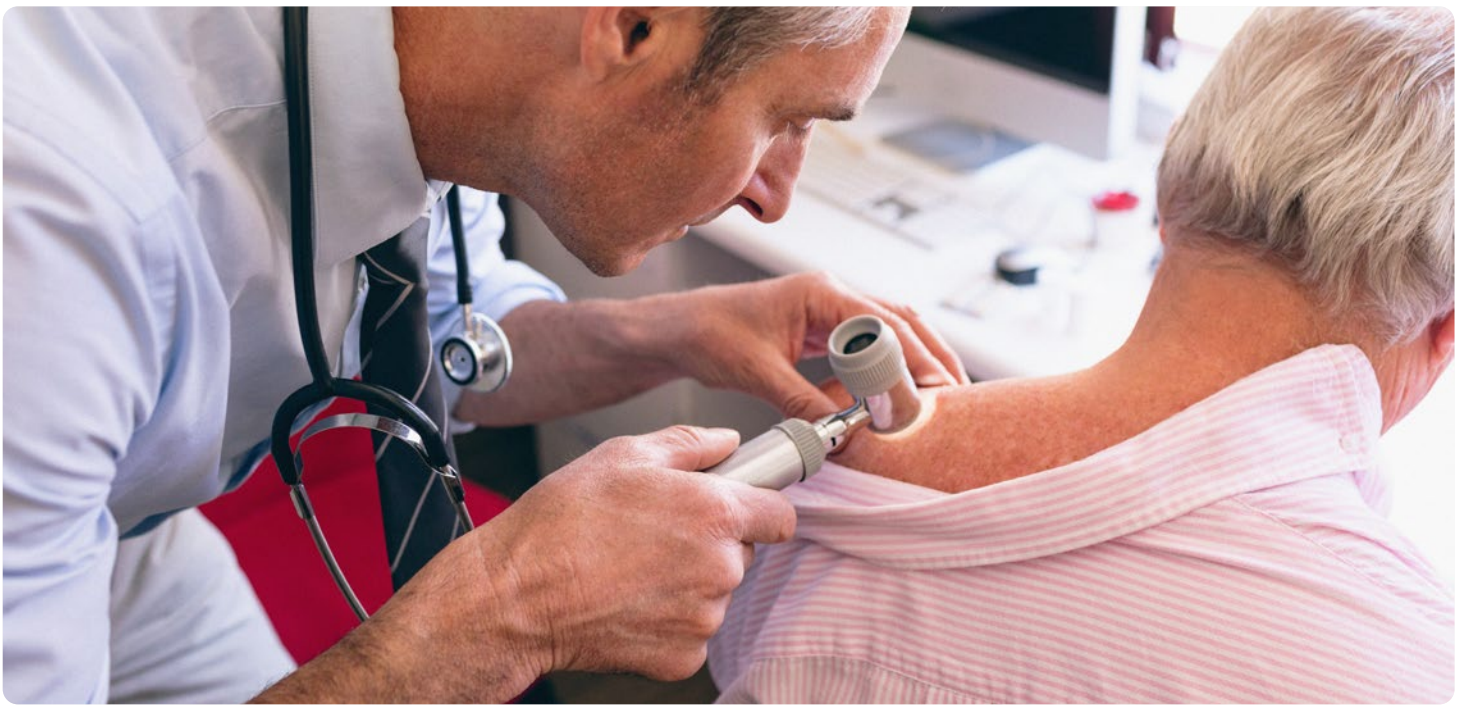
After residency, I stayed on as a staff member at Geisinger, the same time that Dirk Elston, Professor and Chairman, Department of Dermatology and Dermatologic Surgery, Medical University of South Carolina, Charleston, USA, a master in dermatopathology, joined the department. He set up a much more structured dermatopathology curriculum for the dermatology residents with innumerable glass slide teaching cases, and I watched him teach every Friday session with the dermatology residents. I absolutely loved his teaching style. He kept them engaged and interested. Something I have strived to emulate ever since.

When I joined the staff at Geisinger, I wanted to do half-time clinic and half dermatopathology because I really loved being with patients, but I also loved being behind a microscope in the lab. At the time, I thought this 50/50 split was perfect, but over time, I realized that I gravitated more toward dermatopathology.

Now, I mostly do dermatopathology, only seeing patients once a month in the melanoma clinic with the dermatology residents. Although working behind a microscope to read dermatopathology can seem isolating, I actually have lots of interaction with my fellow colleagues, and through my other passion, teaching residents and fellows, while I am signing out cases. I still get to teach and interact with people, even if it's not a patient.

Q2 You've spent years training fellows at Geisinger. What has it meant to you to help shape the next generation of dermatopathologists, and what do you think distinguishes a truly strong training program?

Teaching fellows is probably the most rewarding thing I get to do. I love to see their passion and interest in dermatopathology, and help them build on and take it into the future, even teaching new generations. I'm proud of what they've all become, and I've been incredibly lucky to always have excellent fellows.



> **We make sure all aspects of dermatopathology are covered in a structured and comprehensive curriculum, because you never know what you're going to see in day-to-day sign-out**

For a strong training program, I think it is important to have a high volume and variety of specimens that cover the spectrum of the field, so that fellows really get the breadth of training.

They need to be able to start previewing cases from Day 1. I've heard of some programs where fellows are just observing faculty sign out cases, and I don't think that prepares them for their own practice. They also need to have a structured curriculum. We make sure all aspects of dermatopathology are covered in a structured and comprehensive curriculum, because you never know what you're going to see in day-to-day sign-out.

Q3 As a co-author of 'Dermatopathology, Fourth Edition', what did revisiting the field in that format reveal to you about how dermatopathology is evolving, and what do you think today's learners need most from a resource like that?

It's fun to work on a new edition of a book because you really must revisit every aspect of dermatopathology again. It's interesting to see all the new discoveries. There is always something more to add, new entities, and tons of molecular developments are going on right now. We are able to understand the pathophysiology of so many things, define entities better, and even think about treatments based on the molecular findings. All of this is really exciting.

As far as our book, what I think distinguishes it as a strong resource is the fact that it is very image-heavy. One thing I remember from learning dermatopathology myself is that I would look at all these pictures with captions saying what it was, but I'd think, 'What specifically are they referring to?' Therefore, we annotated the images with arrows and circles to indicate exactly what we are talking about, so that trainees can really make sure they're looking at the right thing.

We also tried to keep the text very short with bullet key points. Attention spans are short. They don't need an encyclopedic explanation of the history of a lesion. They just need to know the defining features.

Q4 Clinicopathologic correlation is central to dermatopathology. Why is it such a challenging skill to develop, and what do clinicians misunderstand most about what dermatopathologists need for an accurate diagnosis?

Dermatology training requires dermatopathology. It makes up one-quarter or more of the training in dermatology, and I think this is incredibly important.

As people become clinical dermatologists and go into practice, especially surgeons, but others as well, they forget a lot of their dermatopathology training and the importance of clinicopathologic correlation. It is hard for this to remain at the forefront of their minds when seeing patients in a busy schedule. I often get invited to speak at Grand Rounds in different programs, where I usually talk about clinicopathologic correlation to re-emphasize its importance.

When doing biopsies, the provider needs to think about where the pathology lies. Sometimes we get superficial shave biopsies when the pathology they're looking for is in the dermis, much deeper than the surface. So, if they really want to know the diagnosis, a deeper biopsy, like a punch or excision, is needed. I try to remind folks: where is the pathology of the things in your differential diagnosis? Make sure the biopsy includes this area so that you get an answer.

Some clinicians, mostly primary care physicians, submit specimens without a clinical history or differential diagnosis, believing this avoids biasing the interpretation. This is surprising to me, because the more clinical information I have,

the more likely I am to provide an accurate diagnosis. When a case is submitted simply as a "rash," and I observe a spongiotic process under the microscope, the possibilities are broad. Numerous different things could be spongiotic.

> **When doing biopsies, the provider needs to think about where the pathology lies**

However, if I have a clinical picture of the patient, they tell me how long the rash has been there, how it started, whether it's itchy or not, I may be able to tell them it is pityriasis rosea. I would have never been able to say that just by looking under the microscope and seeing spongiotic dermatitis.

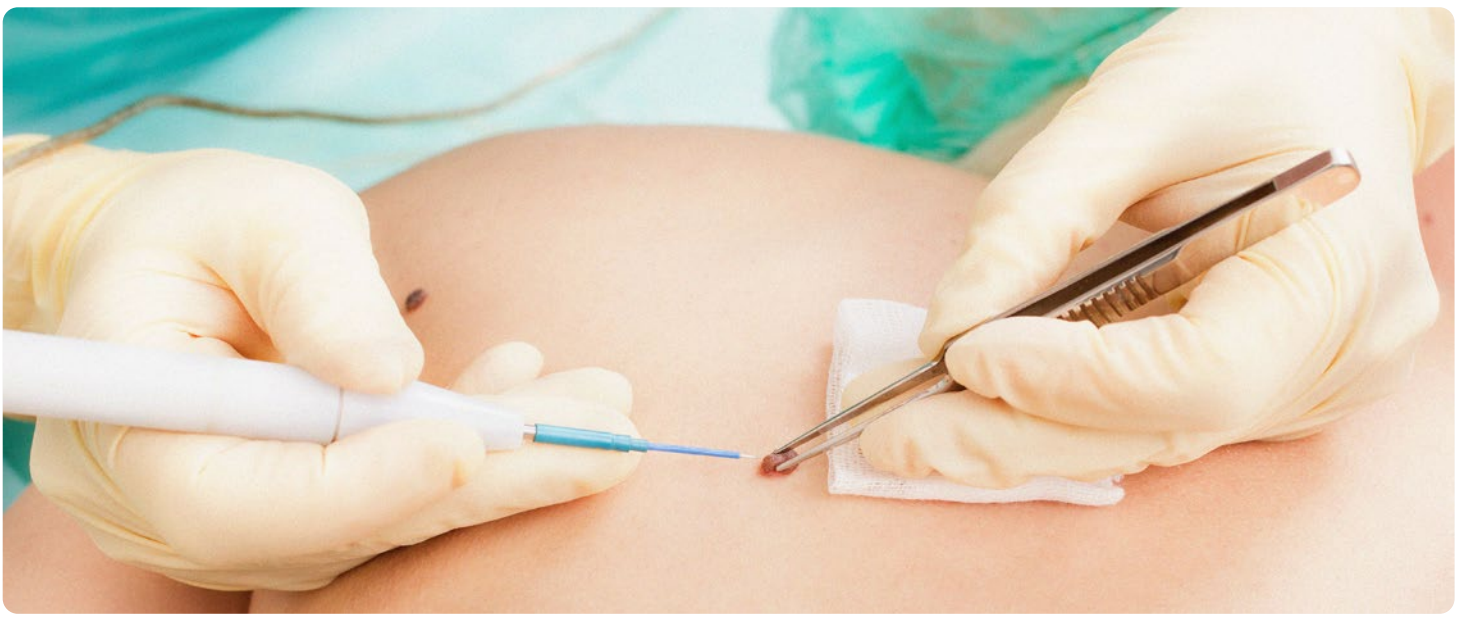
I sometimes give talks about how to get the most out of your biopsy, and I always emphasize the information clinicians need to make sure they tell their dermatopathologist. They need to let us know if there was a prior biopsy at that site, because nevi can mimic melanoma when they are recurrent, and if the dermatopathologist doesn't know about the previous biopsy, they may overcall it. We also need to know if it's been treated. A rash currently treated with a steroid may not have the diagnostic microscopic features to arrive at the diagnosis.

We need the duration, distribution, and most importantly, the clinician's differential diagnosis, even if it's incorrect. While clinicians may worry about biasing the interpretation, it can help picture what it is they're looking at clinically.

I have access to the clinical photos of essentially every biopsy that I read. If there is any way to provide a photo in a Health Insurance Portability and Accountability Act (HIPAA)-compliant manner, clinicians should give their dermatopathologist those images, because they are going to get a lot more out of their reports.

Q5 You've served the Academy in many leadership roles, including on the American Academy of Dermatology (AAD) Board of Directors. Looking back, what did that experience teach you about the profession and the Academy that you might not have seen otherwise?

Serving on the AAD Board of Directors, I learned about the governance structure behind the society. I never had any idea how complicated it is and who reports to whom, and how all the different committees and councils fit together. When you see the diagram with all of the committees and their relationship, it gives you a much greater appreciation of the incredible number of things going on in the AAD at any given time, across so many key areas.



I also learned that there are ways to bring your questions, concerns, and issues to the academy that I did not really understand before. For example, I knew the Advisory Board existed, but I did not know what it was, how it worked, or how states could bring things to the AAD for consideration.

I also learned more about the membership itself and how difficult it is to represent such a large number of people with different interests. For example, I love dermatopathology, but dermatopathologists make up a small portion of AAD members. Pediatric dermatologists are also another relatively small group. Trying to address everyone's issues is difficult.

As for the profession, it showed me how vast it is and how many different aspects there are within it. It gave me a greater appreciation for some of the challenges across the field. For example, I knew there was a critical shortage of pediatric dermatologists, but now I have a greater appreciation of the problem and why it is such a challenge to address.

Q6 What stood out to you most at this year's AAD Annual Meeting in Denver, and are there any themes from the meeting that you think will meaningfully shape dermatology practice going forward?

I would say the main theme was: 'Be curious'. There is always more to know. It is just unbelievable how much new information is coming out on a daily basis. When you are a resident, you think you are going to learn it all during training, and then that is it, but that is really just the beginning.

> **Be curious, keep learning, and recognize that there is always more to know**

Every day, there is something new to learn: new drugs, new molecular findings, new procedures that somebody designed, and new diagnoses coined. There are constant developments, so it is important for us to keep up, or at least do the best we possibly can to keep up.

It really requires lifelong learning. At the same time, it is exciting that all of these new things are coming out. Be curious, keep learning, and recognize that there is always more to know.

Q7 From your experience within leadership, where do you see AAD playing the most critical role in shaping the future of dermatology and dermatopathology, particularly in areas like education, workforce development, and emerging technologies?

I was not involved in much advocacy before I was on the AAD Board of Directors, and the importance of that has become very clear. I think it is one of the most critical things the AAD is doing.

I also think education is incredibly important. Education is one of my passions. I can say that the AAD stays at the forefront and gets that information out to its members. Approximately 95% of all dermatologists are members of the AAD, which is almost unheard of for most specialty societies, so they really do reach almost everyone.

They work to keep members at the cutting edge of what is going on in dermatology through the annual meetings, publications, messaging, and public-facing communication. They have an important public-facing campaign to help people understand the importance of certain issues and to avoid getting caught up in some of the misinformation that spreads on social media. There are definitely a lot of myths that need to be corrected.

I alluded to workforce development earlier with pediatric dermatology. I do not think we have figured out the answer yet. As I mentioned, it is a small proportion of dermatologists, so it can be difficult to make that a primary advocacy issue or focus, but they are definitely aware of the pediatric dermatologist shortage and are looking into it.

As far as emerging technologies are concerned, this is certainly something we need to be at the forefront of. The academy stays current with what is coming and what is changing, and they create work groups, task forces, or whatever is needed to address those issues.

For example, the Augmented Intelligence committee is working to be at the initial table, instead of waiting for things to happen and then asking, "Why didn't you involve a dermatologist?" It should not work that way. We should be at the drawing board when things are first developed so that they are built correctly from the beginning.

It is analogous to the electronic medical record, which was created by people who had no real understanding of medicine, and then handed to physicians who didn't find it appropriate for what they needed and had to try to work with developers to make it more appropriate. Instead of doing that, we need dermatologists involved from the start. Something the AAD is taking very seriously.

One other thing about the AAD that I really respect, and that is probably part of the reason I am where I am today, is how much they value leadership training. Something that is really not taught in medical school or residency programs, even though it should be.

Residents finish training and then, suddenly, they need to run their own practice. AAD has been extremely good at building leadership skills. I was a member of the Academic Dermatology Leadership Program (ADLP), which was a year-long program, and attended the Leadership Forum multiple years in various capacities, including as Chair of the Leadership Forum and then Chair of the Leadership Development Steering Committee. I also gave talks at the academy meeting on leadership skills.

All of these things are really valuable, and they are things that a lot of other societies do not put the time and effort into.

Q8 At this year's AAD meeting, you were involved in sessions on clinicopathologic self-assessment and diagnostic mimics and masqueraders. Was there a common message you hoped attendees would take away from those discussions?

The main message is about getting the diagnosis, which sometimes you cannot do just by looking at the patient. Having that histopathologic component can provide the final answer. While that's not always the case, most situations involve either clinical mimics or histologic mimics, but rarely both at once, so you can usually arrive at a diagnosis.

I also gave another talk at the AAD Annual Meeting, 'Pearls for Running a Successful Dermatopathology Practice'. I talked about leadership skills in general, more than specifically about dermatopathology. We talked a little bit about Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis.

One of the take-home points is the importance of setting aside time to work on your practice, not just in your practice. Everyone goes to work, sees as many patients as possible from the minute they walk through the door to the minute they leave, but they need to set aside a little time to think about the practice itself. Look at the practice's strengths, weaknesses, opportunities, threats, and then make a plan and put it into action. If you do not set aside time to do this, it is going to get lost in the process, and things can unravel very easily.

The other thing I emphasized was setting culture; taking the time to think about your culture, your mission, and what your goals are for your practice. It was funny when I was preparing the talk, I spoke with several colleagues I really respect, who set up dermatopathology practices and accomplished a great deal in the field. One of them said, "Well, what do you mean by successful?" I replied, "That is a good question."

To me, success means getting the right answer for the patient and working with a group of people who love learning together. While others may define success in terms of financial gain, it's important to determine what success means to you personally.

