What it’s like to specialize in dermatology: Shadowing Dr. Kimball

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Staff News Writer

As a medical student, do you ever wonder what it's like to specialize in dermatology? Meet Alexa B. Kimball, MD, MPH (@AlexaBKimball), a dermatologist and a featured physician in the AMA's "Shadow Me" Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in dermatology might be a good fit for you.

The AMA's Specialty Guide simplifies medical students' specialty selection process, highlight major specialties, detail training information, and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.

Learn more with the AMA about the medical specialty of dermatology.

"Shadowing" Dr. Kimball

Alexa B. Kimball, MD
**Specialty:** Dermatology.

**Practice setting:** Academic medical center in Boston.

**Employment type:** Employed by group.

**Years in practice:** 20.

**A typical day and week in my practice:** My typical day at work isn't representative because I spend most of my week working in my role as CEO of our large academic physicians' organization. However, I always look forward to Tuesday afternoons as that is the time that I see patients. My work with patients is core to everything that motivates my work as a CEO, and it better prepares me for that work.

For example, I never ask our physicians to do something that I have not tried myself or am not willing to do myself. Additionally, seeing patients is an incredibly anchoring experience, reminding me why we do what we do, and showing the impact that we as physicians can have. When I walk home from clinic, I always know that I have done my best to help people that day.

**The most challenging and rewarding aspects of dermatology:** Keeping up with advances in dermatology is always a challenge, and never more so than it has been in the last 10 years. We have made so much progress in treating really complicated conditions and discovering the genetic basis for others. Expanding our repertoire to include a wide scope of practice is both challenging and what makes dermatology fun and interesting.

People often underestimate the profound impact of skin disease on patients' lives. There is nothing more rewarding than walking into a room with a patient who has been suffering and being able to rapidly, and sometimes instantaneously, make a diagnosis and implement a plan that makes them feel better quickly, and brings them back to a place where they don't have to think about what it's like to have a skin disease.

**How life in dermatology has been affected by the global pandemic:** While dermatologists have been practicing teledermatology for decades—the camera resolution and tech to do so has been available for years—key barriers such as regulation and reimbursement had kept us from practicing telehealth at the scope necessitated by the pandemic.

Interestingly, I believe there had always been an overestimation of how many cases could be effectively managed by telehealth. Typically, people have always thought that sending a picture of a single mole would be the easiest and most ideal use of telehealth. In fact, it's probably the worst. The lighting for that image really matters, as do the other moles on that person's body, and it's not
possible to properly evaluate that context reliably with telehealth.

On the other hand, diagnosing and managing a rash, or providing ongoing management for a patient with a complex skin disease who requires advanced therapy is much more manageable, and we did a lot of that very successfully during the pandemic.

Like everyone else in medicine, we are innovating in all sorts of ways to take care of our patients. The specialty experienced a V-shaped recovery, indicating that the demand for our expertise is still very strong.

How my lifestyle matches, or differs from, what I had envisioned: What I loved about dermatology as a medical student was the ability to make a diagnosis based on your own observation and inductive reasoning. Even when we rely on the evaluation by a dermatopathologist, we are trained to interpret those findings ourselves, and so it remains a specialty where the physician's own diagnostic thinking is paramount.

I also loved the variety—the fact that you could treat all ages from babies to adults, the procedural aspects, the immunology and fascinating biology, the long-term relationships with patients, the challenges of diagnosing acute disease and the quick, decisive pace. Because of the way ambulatory care is structured, it is also a specialty that lends itself to careers with multiple areas of focus, whether it be research, administration or other forms of leadership.

One question physicians in training should ask themselves before pursuing dermatology: There are several questions that make sense to assess whether you are a good fit for dermatology: Do I like a fast pace and making numerous decisions in a quick period of time? Am I good at pattern recognition? Can I make people feel at ease quickly and project confidence? These are traits that are often found in dermatologists, and often enable success in the specialty.

Quick insights I would give students who are considering dermatology: Dermatologists tend to be very good test takers, so if you are thinking about the field, planning early with your preparation is likely to matter. And with any specialty, you need to make sure you find it has a pace and content that gets you excited. The great thing about medicine is that there is so much variety that you can really choose something that is an excellent fit for you and have an amazingly gratifying career making people feel better.