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Benchmarks of and obstacles to success as reported by academic dermatology faculty

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The objective of this study was to elucidate factors perceived by academic faculty to be barriers to a successful academic career in dermatology. From 2007 to 2008, a survey about personal characteristics and career development was mailed to faculty members of one academic dermatology department per state in the United States. Free text answers about perceived benchmarks and obstacles to success were interpreted and categorized. We investigated differences between junior ($1 \leq 10$ yrs on staff) and senior (>10 yrs) faculty. Respondent characteristics were compared using the Student *t* test and χ^2 analysis in SPSS 15.0. The response rate was 37%. Junior ($n = 86$) and senior ($n = 95$) respondents had a mean (SD) age of 40.2 (7.3) and 54.7 (7.7) years ($P < .001$), and had spent a 5.4 (2.8) and 22.0 (7.8) years in academics ($P < .001$). Junior respondents were more likely to be female than senior respondents (57% vs 36%; $P = .006$) and spent a larger proportion of time in clinical care ($P = .085$). Senior respondents were more likely to have a research niche (40% vs 55%; $P = .045$) and to have international/national recognition for their work (52% vs 7%; $P < .001$). There was no significant difference in salary sources and grant funding between groups. For both junior and senior respondents, the two most frequently reported benchmarks of a successful academic career were publications (30% and 24%) and recognition by peers (19% and 32%). The ability to obtain grants and federal funding was the third most frequent benchmark for junior respondents (13%), while personal satisfaction ranked third for senior respondents (23%). For both groups, the three most frequently reported obstacles were time constraints (36% and 32%), funding for research (20% and 25%), and salary (17% and 25%). Consistent with previously published findings, time constraints and research funding were important concerns to academic faculty and we have found that those perceptions do not change with length of time in academia. Research funding appears to be of greater concern for junior faculty as it was frequently expressed to be both an obstacle and a benchmark of success. Currently, there is a relative shortage of academic dermatologists and new faculty are facing increasing demands to spend more time in clinic given less federal funding resources for research. It is imperative that junior faculty be provided start-up and bridging packages with protected time and funding set aside for academic endeavors.

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A comparison of Dermatology Life Quality Index scores in a dermatology practice setting

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While skin diseases are rarely life threatening, their impact of a patient's quality of life (QOL) can be massive. The Dermatology Life Quality Index (DLQI) was developed by Andrew Finlay and provides a simple method of scoring the impact of skin disease on quality of life (QOL). There are 10 questions covering symptoms and feelings, daily activities, leisure, work and school, personal relationships, and treatment. Each question has four possible responses: "not at all," "a little," "a lot," or "very much," with scores of 0, 1, 2, and 3, respectively. "Not relevant" is also scored as 0. The DLQI is then calculated by adding the scores of each question, giving a maximum of 30 and minimum of 0. The higher the score, the greater the level of impairment of QOL. Since May 2006, 668 new patients attending an academic private dermatology practice have been prospectively asked to complete a DLQI questionnaire on every visit. Of these, 526 patients (79%) completed their baseline DLQI. The mean DLQI for all patients was 5.5, for acne patients 4.5, for alopecia 2.7, atopic eczema 11.0, psoriasis 10.0, rosacea 4.6, skin checks 1.5, and vitiligo 3.5. Surprisingly, bullous diseases scored only mid-range among presenting first visit patients with epidermolysis bullosa at 9.8, pemphigus vulgaris at 6.1, and bullous pemphigoid at 4.2. This suggests that DLQI is not an appropriate measure for all skin diseases, prompting the Department of Dermatology, St George Hospital, to develop specific QOL instruments for epidermolysis bullosa. The baseline data for new patients and their follow-up DLQI scores are being evaluated as a clinical outcome measure.

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Muppies as a way of skin cancer primary prevention

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The incidence of skin cancer has increased related to sun exposure abuse. It is important to modify the behavior of populations worldwide toward ultraviolet (UV) light radiation everywhere, at the beach and country, hobbies, sports and work, from children to adulthood. Repeated campaigns concerning sun protection measures have been made in Portugal, more actively since 2003, aiming the primary prevention of skin cancer. Skin cancer primary prevention actions should be frequently repeated and should use a simple and attractive language adapted to the population. Local intervention has been made at schools, seaside, medical faculties, and toward health professionals' formation. Our objective is to reach all of the population regarding the adverse effects of UV light and strategies of avoidance. Mayors from the largest cities have been sensitized to this problem as a public health threat and have allowed the fixation of hundreds of muppies near schools and faculties, leisure, and sport areas and along the seaside, alerting for UV consequences during the spring and summer months. Simple language with direct information has been used. In the last years, illustrative images have exposed along with elucidative sentences like "We won't see the sunshine but in the shadow we must stay," "This summer I won't get scalding," "Warming up, going to school or playing, protection needed," "Summer without scalding, sun with moderation, shadow as protection," "Sport in summer with good protection," "Dawn and sunset... doesn't get scalding and the skin doesn't age," "Increased shadow, appropriate hour," and "Unprotected... aged... protect to avoid aging." The adequate hours of sun exposure, the importance of the shadow, and the risk of reflecting surfaces, the use of clothes with proper fabric and design, hats, sunglasses, and sun protector application, alerting to the problem of false security, have been advised. The primary prevention—performing repeated sensitization actions and specially focused on children and teenagers at schools and leisure areas—will be more effective in the behavior's change, and consequently, in the reduction of cancer incidence, as it was suggested by the CDC/USA. Progressively, thousands of persons have already been sensitized.

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P1908

Consumers' preference of cosmetic procedures: Experiences of a single laser center in Taiwan

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Background: Cosmetic dermatology is a comprehensive subspecialty encompassing a range of subjects and has been rapidly expanding around the world. These include the use of cosmetics, make-up techniques, skin care maneuver and products, noninvasive cosmetic techniques, and surgical procedures. People are interested in this field because it impacts aspects of appearance for individuals of both genders and all ages.

Objective: The study is aimed to explore the consumers' experiences and prospectively analysis of the consumers' preference in cosmetic procedures.

Methods: The first visit to skin laser center of a university hospital was collected using questionnaires which including age, sex, skin problems, and preferred cosmetic procedures from March to May, 2007.

Results: This study included 264 consumers with female predominance (82%), with a mean age of 39 years (range, 7-82 yrs). Most consumers were in their thirties and forties (46%). The majority of the purposes are for cosmetic procedures rather than skin disease treated (84% vs 16%). Among cosmetic procedures, pigment and nevus removal account for more than 60% of preference, followed by scar revision (12.5%), wrinkle reduction (6%), and hair removal (3%). Among skin diseases, acne vulgaris ranks first (45.7%), followed by eczematous diseases (31.4%).

Conclusions: This study shows the trends of consumers' preference of attending cosmetic procedures in a dermatologist-based laser center. The certain amount of dermatologic diseases emphasized the service role of dermatologists. The high preference of laser pigment removal rather than invasive procedures also highlight the cosmetic needs of consumers here. Different age groups show different preference trends, which should be evaluated carefully in order to provide prompt services. There still exist developmental spaces of growth for more advanced noninvasive/minimally invasive procedures in the future. In addition, the increasing proportion of male consumers also arises the focus on providing tailor-made protocols.

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