

February 2016

About me

Hey there! My name is Bolu Ogunyemi and I am a PGY-3 in dermatology at the University of British Columbia.

My hometown is on the other side of the country – St. John’s, Newfoundland and Labrador. I completed my undergraduate training (honors double major in sociology and medical sciences) at Western University in London, Ontario, before graduate training in epidemiology and medical school at Memorial University of Newfoundland in St. John’s.

Why I chose dermatology

My interest in dermatology was piqued after shadowing one of the dermatologists while in Newfoundland. I enjoyed seeing patients of all ages and was interested in the tremendous variety of skin disorders. For me, an important draw of dermatology was the ability to diagnose dermatoses clinically, and I really enjoyed working through differential diagnoses.

During medical school, I completed rotations in a skin cancer clinic, pediatric dermatology clinic, and in wound care and contact dermatitis. At that stage I felt that the breadth of dermatology would surely sustain my interest. I began research in psoriasis and psoriatic arthritis and was really interested in new immunomodulatory medications used to treat psoriasis and other skin disorders. I was also quite interested in dermatologic manifestations of systemic diseases such as connective tissue diseases and endocrinopathies.



Clinical Life

What does a typical day of clinical duties involve?

Dermatology (Inpatient rotation) – A Typical Day	
08:00–09:00	Inpatient consults. Receive handover from resident on the prior evening’s call to see if there are any pending dermatology consults.
09:00–11:30	Re-assess inpatients that dermatology service has been following. Complete new consults as needed.
11:30–13:30	City-wide patient rounds. Core dermatology residents will assess patients referred for input on diagnosis or management – often very interesting cases! The resident will decide on an impression and plan of management and present this to fellow residents, academic and community dermatologists, and dermatopathologists.
13:30–14:30	Residents attend a lecture by a dermatology staff or postgraduate fellow. Residents may work on weekly dermatopathology cases during this time.
14:30–16:30	Complete new consults and follow up with inpatients as needed.
16:30–18:00	Review new consults and updates in known patients with staff dermatologist

Dermatology Resident Profile — Bolu Ogunyemi

Dermatology (Inpatient rotation with 3 weekly clinics) – Weekly Schedule at a Glance								
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
06:00								
07:00						Journal Club		
08:00		Clinic	Clinic	Pathology training	Inpatient consults	Clinic		
09:00								Inpatient consults
10:00								
11:00								
12:00					Academic Half Day			City-wide patient rounds
13:00		Inpatient consults				Inpatient consults		
14:00							Time to read or review pathology slides	
15:00								
16:00								
17:00		Review with staff		Review with staff		Review with staff		
18:00								
19:00								
20:00								
21:00								
22:00								
23:00								
00:00								

What kinds of clinical rotations are required in your program?

The first two years of my program were largely off-service. I completed rotations in family medicine, general internal medicine, and general pediatrics. During this time, I also completed rotations in disciplines closely related to dermatology, including rheumatology, infectious diseases, and plastic surgery.

During PGY-3 to PGY-5, the core dermatology years, residents complete rotations in pediatric dermatology, dermatologic surgery, community dermatology, inpatient dermatology, research, and dermatopathology. As well, structured outpatient clinic rotations give exposure to wound healing, lasers and phototherapy, a combined dermatology and rheumatology clinic, HIV dermatology, and dermatologic oncology. We are given ample elective time and many residents complete electives locally, nationally, or internationally.

Which of your personality characteristics have been particularly helpful in your field?

Attention to detail. Sometimes the skin reveals subtle clues that may evade the untrained eye. Paying careful attention to the distribution, color, and quality of lesions on palpation are essential in learning dermatology. They say that a dermatology trainee should be able to describe a dermatosis so well that a dermatologist will be able to paint an accurate picture of the eruption or skin lesion!

Communication. Having been involved with public speaking and creative writing most of my life, communication in many forms was something I looked forward to. Effectively being able to communicate with patients and their families, staff physicians, and other colleagues is central to this residency. Dermatologists treat patients of all ages with problems ranging from cosmetic to life-threatening, so being able to communicate with people from all walks of life is essential.

What are the best aspects of your residency?

The ability to make a diagnoses clinically is exhilarating! Armed with only our minds and our eyes (and sometimes a dermatoscope), a physician can diagnose, manage, and reassess many dermatologic disorders. A lab value, imaging result, or monitor won't tell us how a patient's skin is doing – it will often be obvious to see. I enjoyed many rotations during medical school. With dermatology, I appreciate the overlap with pediatrics, internal medicine, surgery, pathology, and oncology. There is truly great diversity in this field.

What are the most challenging aspects of your residency?

Diagnosis can be difficult at times, especially at the beginning of core dermatology training. Since there are so many disorders, it takes a while to develop a framework to classify dermatoses in a way that is useful. Fortunately, senior residents and dermatology staff take time to help more junior dermatology residents with this process. Residents soon can build their own approach to diagnosis.

What is one question you're often asked about your residency?

"You guys have a call service. Surely there can't be any dermatologic emergencies? Isn't it all acne?"

In reality, the variety of pathologies in dermatology is enormous. Dermatologic emergencies include Stevens-Johnson Syndrome, toxic epidermal necrolysis, necrotizing fasciitis, staphylococcal toxic shock syndrome, and Rocky Mountain spotted fever. During residency, we have an opportunity to assess patients with these maladies; it's not all 9-to-5 and certainly not all eczema or acne.

Can you describe the transition from clerkship into residency?

My first two years of residency were largely off-service. Many rotations were similar to those during clerkship (family medicine, general internal medicine and subspecialties, pediatrics as well as subspecialties). As a resident, much more was expected in terms of level of responsibility and overall patient load. As well, I often had the opportunity to teach medical students, which was refreshing.

What are your future practice plans?

I hope to work in a community dermatology setting with a hospital appointment. I like the idea of the autonomy that a community dermatology practice gives. As well, I wish to dedicate quite a bit of time help train dermatology residents, off-service residents, and medical students. I would like to continue research in dermatoepidemiology and I will seek leadership opportunities in the dermatology community.



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What are your fellow residents like and how do you interact with each other?

I get along quite well with my fellow residents. We are a diverse group and everyone brings something unique to the table. We rely on each other for clinical duties and more senior residents ensure junior residents are on the right track!

Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

My research interest is in dermatoepidemiology, specifically epidemiology of psoriasis, skin cancer, and occupational skin diseases.

I have taken on a number of leadership and administrative roles during residency. I am a co-chair of the Resident and Fellows Society of the Canadian Dermatology Association (CDA), and sit on the boards of directors for the CDA and the Canadian Professors of Dermatology. Along with fellow UBC dermatology residents, I volunteered for the CDA's skin cancer prevention screening program.

I have been involved with the residency training committee in the department of dermatology and with Resident Doctors of British Columbia.

In addition, I enjoy global dermatology and have completed a dermatology elective rotation at the Vascular Anomalies Center and University of Medicine and Pharmacy in Ho Chi Minh City, Vietnam.

What is your work-life balance like, and how do you achieve this?

I like to play basketball and enjoy running, road biking, and going to the gym. I find that keeping fit is a great source of stress relief. Spending time with colleagues outside work hours and developing strong relationships is important to me. Talking with family and friends outside of medicine is useful to keep things in perspective. I love to travel and have been fortunate to be able to travel abroad several times during my residency for conferences, clinical rotations, and leisure. I set limits to commitments that I undertake. This prevents me being overworked and not putting enough energy into my different pursuits.



For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.