

Table II. Quality of consults stratified by primary team and physician training level

Category	April-June			July-September			P value, both time periods
	Discordant, N = 124	Concordant, N = 209	P value, concordance vs discordance	Discordant, N = 147	Concordant, N = 232	P value, concordance vs discordance	
Primary team, n (%)			.005			.52	.009
Emergency medicine	8 (22.2)	8 (22.2)		6 (16.7)	14 (38.9)		
Internal medicine	74 (19.6)	106 (28.1)		84 (22.3)	113 (30.0)		
Neurology	9 (45.0)	3 (15.0)		4 (20.0)	4 (20.0)		
Obstetrics/Gynecology	3 (18.75)	4 (25.0)		3 (18.75)	6 (37.5)		
Pediatrics	24 (10.6)	74 (32.6)		43 (18.9)	86 (37.9)		
Surgery	6 (16.7)	14 (38.9)		7 (19.4)	9 (25.0)		
Specific type of team, n (%)			.79			.42	.59
Hematology/Oncology	3 (8.8)	9 (26.5)		6 (17.6)	16 (47.1)		
Infectious disease	8 (16.7)	16 (33.3)		12 (25.0)	12 (25.0)		
Medical intensive care unit	7 (22.6)	11 (35.5)		6 (19.3)	7 (22.6)		
Other	106 (17.7)	173 (28.9)		123 (20.5)	197 (32.9)		
Training level of consulting physician who wrote daily notes, n (%)			.58			.64	.065
Medical student	8 (9.1)	19 (21.6)		26 (29.5)	35 (39.8)		
Postgraduate year 1	50 (17.8)	77 (27.3)		61 (21.6)	94 (33.3)		
Postgraduate year 2	21 (21.0)	35 (35.0)		13 (13.0)	31 (31.0)		
Postgraduate year ≥3	21 (16.0)	38 (29.0)		27 (20.6)	45 (34.4)		
Resident of unknown training year	5 (19.2)	9 (34.6)		6 (23.1)	6 (23.1)		
Fellow physician	0 (0)	5 (83.3)		1 (16.7)	0 (0)		
Attending physician	20 (25.0)	26 (32.5)		13 (16.3)	21 (26.2)		

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The most common causes of burnout among US academic dermatologists based on a survey study



To the Editor: According to the 2018 Medscape National Physician Burnout and Depression report, 32% of dermatologists are burned out.¹ This represents a large decrease in dermatology burnout from 46% in 2017; however, the threat of burnout in dermatology has not disappeared.² For the first time in 4 years, dermatologists were not ranked as the happiest physicians and the percentage of dermatologists reporting extreme happiness decreased from 43% in 2017 to 33% in 2018.¹⁻⁴ The best way to understand and combat

burnout in dermatology is to identify which factors cause dermatologists to feel burned out. Sources of burnout may be different for academic dermatologists and private dermatologists given their separate settings and responsibilities. This study aimed to assess the most common causes of burnout among practicing academic dermatologists in the United States.

An anonymous Research Electronic Data Capture survey approved by the human research subjects committee at Wake Forest School of Medicine was sent to 518 academic dermatologists through an Association of Professors of Dermatology listserv e-mail. An optional question on this survey asked dermatologists to describe the factors that contribute to burnout in dermatology. Free text was collected. The dermatologists' comments were grouped into categories and are reported in this study.

Of the 518 e-mail recipients, 91 attending dermatologists (18%) participated in the survey, and of the 91 survey participants, 58 (64%) commented on causes of burnout in the field (Table 1). The most common cause, reported by 19 dermatologists (22%), was excessive documentation and time spent on the electronic

Table I. Demographic information on the attending physicians who commented on the survey

Characteristic	n (%)
Sex	
Male	28 (48%)
Female	30 (52%)
Age, y	
30-39	13 (22%)
40-49	21 (36%)
50-59	12 (21%)
60-69	7 (12%)
≥70	5 (9%)
Part-time or full-time	
Full-time	49 (91%)
Part-time	4 (7%)
Region	
Northeast	11 (19%)
Midwest	17 (29%)
South	20 (35%)
West	10 (17%)
Title	
Assistant professor	17 (29%)
Associate professor	16 (28%)
Professor	16 (28%)

medical record. The second most common factor, which was noted by 11 dermatologists (19%), was lack of protected time for pursuing academic interests such as research or teaching. This was closely followed by 10 responses (17%) regarding an increased administrative demand for productivity, causing a sense that institutions value finances over proper patient care and academic pursuits. Ten dermatologists (17%) noted bureaucratic tasks, especially those concerning insurance matters, as factors contributing to burnout. Dermatologists also pointed to a lack of support or appreciation shown by administrative bodies to the physicians (12%). Other recurring themes included bringing unfinished work home (9%), inadequate support staff (9%), frustrations with residents (9%), a loss of autonomy (7%), and difficult patients (7%).

Limitations of this study include the small sample size and possible selection bias given that only 18% of the survey recipients responded. The demographic information in [Table I](#), however, shows that attendings over a broad geographic region, age range, and professional title were reached.

The most common causes of burnout for all specialty physicians presented in the 2018 Medscape report included too many bureaucratic tasks (56%), too many hours at work (39%), lack of

respect from administrators and colleagues (26%), increasing computerization (24%), and insufficient compensation (24%).¹ Our study shows that many of these factors also apply to dermatology, but a unique cause of burnout in academic dermatologists was the lack of protected time to teach or conduct research. Academic dermatologists seek a balance between patient care and the other interests that originally attracted them to academic medicine. Institutions may be able to combat burnout by increasing protected time for other scholarly pursuits.

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Real-world drug survival of ixekizumab for psoriasis



To the Editor: Although the efficacy of ixekizumab for psoriasis has been demonstrated in phase III trials,¹ few data exist regarding its utility in real-world practice. The objective of this study was to evaluate the use and drug survival of ixekizumab in clinical practice.