

The life of a Mohs specialist

Why did you choose to pursue a Mohs specialty?

It stemmed from my academic interest in the management of dermatology issues in organ transplant patients. I started a dermatology multidisciplinary clinic for organ transplant patients at my institution, and quickly realized I needed to become proficient in Mohs and dermatologic surgery so I could best provide comprehensive care for these patients. It is well known that organ transplant patients are often afflicted with aggressive skin cancer which contributes to tremendous morbidity in their transplant life. An understanding of complex histology, tumor behavior, and tumor extirpation were skills I learned during my Mohs fellowship. These therapeutic skills proved vital to the care of these complex patients.

What personality traits are most desirable and helpful in this type of work? (Is it more social or solitary? Do you need good “people” skills?)

An empathic, caring personality is important in any aspect of patient care, but more so when taking care of a patient who is worried about skin cancer. A Mohs surgeon who can relate and identify with the patient will help to alleviate the patient’s fears about the Mohs procedure. The Mohs surgeon should patiently listen to the patient’s fears and concerns. Post-operative care is extremely important for good patient outcomes, so the Mohs surgeon should be attentive to the patient’s questions and be available for questions in the post-operative period. Excellent surgical technique requires attention to detail but histological confirmation of tumor extirpation requires being meticulous and focused when assessing tissue sections.

What’s a typical day in a Mohs clinic?

• What you are doing in the morning, afternoon and into the evening, etc.

A typical Mohs surgery day starts with patient evaluation, consent for the Mohs procedure, clarification of histology as provided by dermatopathology, and correct site identification. Patients are staggered during the day depending on tumor type and location. Despite the surgeon’s best efforts, one can never really predict how a typical Mohs day will go. Ongoing communication with the patient and coordination with staff is critical, especially if the patient’s Mohs procedure takes longer than expected (i.e. the tumor requires more than the expected number of stages to clear). After my Mohs patients are taken care of and post-operative instructions are given, I usually see patients who require skin cancer screening examinations. These patients are typically seen in the later afternoon after the Mohs day is over.

• What are the various tasks (how much time are you spending with patients, office work, other?)

I would estimate that 90 percent of my time is spent with patient care and 10 percent with administrative activities.

• Does the work vary at different times of the year?

The summer time tends to attract patients who request skin cancer screenings and pigmented lesion evaluations.

What areas of your residency training and education are being put to use the most?

Dermatopathology and dermatological surgery training.

How does a career path in Mohs differ from other subspecialties?

Mohs is a referral type subspecialty, therefore networking in the community and providing excellent care of patients is important. I like to maintain my general dermatology skills so I continue to take care of patients who do not require surgery, but have other medical dermatology concerns.

In terms of need, workforce, and opportunities, how does it compare? (Is it more difficult to land a Mohs position than another subspecialty?)

There is still a great need for general dermatologists around the country, but there remains a great need for Mohs surgeons outside of the metro areas.

If residents are considering a Mohs subspecialty, what else should they be considering? Any special training or ways to increase their proficiency beyond their residency?

The ability to perform Mohs surgery and reconstruction is a life-long lesson. If a resident is considering becoming a Mohs surgeon, I would certainly recommend applying for a fellowship in Mohs surgery with the ACMS. It’s also always a good idea to have colleagues at hand with whom you can discuss some of the more challenging cases.

Is there something specific to Mohs that is personally rewarding? Why will residents feel satisfied with this choice?

Mohs surgery is a wonderful profession, but it can be challenging. Surgery is tiring and our patients are understandably worried because they have skin cancer. Personally, one of the aspects I enjoy about being a Mohs surgeon is my patient comes into my clinic with a skin cancer and to the best of my ability leaves without it. Also, because I perform all my reconstructions and my patients are generally awake, I have a wonderful opportunity to spend time with my patients, learn more about their lives, and try to relate to them in some way so that their experience with me is a pleasant one. That is a true privilege. **DR**



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To find out more about Fiona Zwald’s practice, visit www.dermatologyconsultants.org

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