

dermatologists compared with \$267,232 for female dermatologists ($P = .0005$) (Table II).

Across 1000 Monte Carlo simulated data sets using a simulated random variable for FTE, the salary of men remained significantly higher than the salary of women (male dermatologists averaged a salary 1.22-times higher in our simulation). This suggests the gender salary disparity cannot be simply explained by differential FTE between men and women.

Limitations of this study included reliance on publicly reported databases with varying reporting practices. In addition, our methods had no ability to account for hours worked. However, submitted Medicare charges and standardized Medicare payments were used as a proxy for hours worked, and no statistical difference was found for either variable between men and women.

Even after adjusting for seniority, leadership rank, subspecialty, geographic distribution, and Medicare billing, female dermatologists were paid \$55,713 (17%) less than male dermatologists and were less likely to be full professors or chairs. Our study highlights the need for additional research to better understand the underlying causes for this disparity and calls for further efforts to close the gender gap in our field.

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Impact of Camp Discovery volunteerism on provider burnout and empathy



To the Editor: Burnout is a major issue in the medical community.¹ Burnout rates among dermatologists increased from 32% in 2011 to 57% in 2014, reflecting the largest increase of any specialty.² Volunteerism is associated with positive effects on citizenship, physical health, and mental health.^{3,4} This study evaluated the effect that volunteering at camps for chronically ill children has on provider burnout and empathy.

Camp Discovery is a 1-week residential camp for children with chronic skin conditions sponsored by the American Academy of Dermatology. In 2018, volunteers at the Connecticut location received an electronic survey 2 months after the camp session. The survey used Likert scale items to assess attitudes toward the camp experience and validated items from the Maslach Burnout Inventory (MBI)⁵ to retrospectively assess providers' self-reported burnout before camp. Feelings of burnout after camp ended were not measured because the MBI is not validated to assess change in this context after a short period of time.

Participants reported how often they experienced emotional exhaustion, depersonalization, and personal accomplishment on a scale of 1 (never) to 7 (every day). Frequency was defined as low (1-2), moderate (3-5), or high (6-7). Analysis of variance was used to compare MBI item scores between volunteer groups, as outlined below.

The survey was completed by 37 of 39 volunteers (response rate, 95%). Participants included 9 attending dermatologists (24%), 6 residents (16%), 4 medical students (11%), 8 premedical students (22%), and 10 nonmedical volunteers (27%). All respondents agreed that camp participation increased their empathy for children with chronic dermatologic conditions. Most respondents felt more inspired about their work (81%) and less burned out (55%) after camp (Table I).

Table I. Respondent agreement to survey items

Survey item	Respondents in agreement, %
Camp participation has...	
provided me with a network of colleagues in my field of work.	82
influenced me to do other medical volunteer work.	58
influenced my career choices.	50
exposed me to individuals with medical conditions that I had not previously seen.	97
increased my empathy for children with chronic dermatologic conditions.	100
increased my empathy for children with chronic diseases.	100
I feel more inspired about my field of work than I did at the beginning of the week.	81
I feel less burned out in regards to my professional work/school after spending the week volunteering.	55
I feel I am less burned out than my colleagues/peers.	42

Table II. Qualitative themes and key concepts*

Theme	Key concept
Personal and professional development	Personal growth Changing medical practice
Sense of fulfillment	Personal satisfaction Sense of purpose
Connection to colleagues and campers	Inclusivity of camp Connection to colleagues Connection to campers
Understanding patient experiences	Deeper understanding of chronic illness Recognizing impact of medical recommendations Humanization of patients

*Excerpts related to themes and key concepts can be viewed via the following link: <https://data.mendeley.com/datasets/djrcg36yhv/1>.

Before camp, 24 participants (69%) experienced a moderate-to-high frequency of emotional exhaustion, and 34% experienced depersonalization. In addition, 49% reported a high baseline frequency of personal accomplishment. The mean rating of personal accomplishment was higher among attending physicians (5.6) than medical students (2.8), premedical students (3.3), and nonmedical volunteers (3.3; $P = .004$).

There were 16 respondents who participated in semistructured phone interviews. Purposive sampling was used to evenly gather qualitative data from each of the volunteer roles and not oversample any one group. Interview transcripts were analyzed by 2 reviewers independently via constant comparison analysis to develop key concepts and themes.

Thematic analysis suggests the camp experience enables volunteers to grow personally and professionally, gives them a greater sense of purpose, promotes connections with colleagues and campers, and provides them with a deeper understanding of their patients (Table II; Supplemental Fig 1 is available at <https://data.mendeley.com/datasets/djrcg36yhv/1>).

Limitations include the small sample size and burnout scores collected retrospectively one time. As with cross-sectional survey design, data may be subject to recall and desirability bias. Future research should include subjects from all 5 Camp Discovery sites and track changes in burnout over time.

Our study demonstrates that camp volunteerism increases empathy toward children with chronic conditions and promotes positive feelings about work. This experience provides an opportunity for individuals to feel personal accomplishment and sense of purpose by forming meaningful connections with children and covounteers. Providers should seek opportunities outside of the traditional clinical setting to better understand the patient experience and connect with colleagues in an effort to decrease burnout.

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Assessing the financial literacy of dermatology residents: A nationwide survey



To the Editor: Currently, nearly 90% of medical school graduates enter residency with medical education debt.^{1,2} Given that dermatology residents do not earn a high income until later in their careers, navigation of this interim period can be difficult.³ Thus, this study sought to assess residents' comfort levels with core financial topics and their interest in receiving financial education during their training.

An anonymous electronic survey was designed using Google Forms. The study protocol was approved by the University of California, Irvine institutional review board under exempt status. The surveys were distributed nationwide via the Association of Professors of Dermatology e-mail

distribution list in July 2019. Responses were collected during a 6-week period, after which data were downloaded into Excel (Microsoft, Redmond, WA) for statistical analysis.

Responses were received from 133 dermatology residents (31% response rate) (Table I). Most respondents were older than 30 years (51.1%), female (61.7%), and white (70.7%). The vast majority (91.7%) came from medical schools that provided 5 or less hours of financial curriculum. Residents displayed a bimodal distribution of student loan debt, with 32.4% possessing no loans and 30.8% possessing greater than \$200,000 in debt. Residents' levels of comfort with several financial topics were assessed, with repaying student loans and estate planning reported as the most and least comfortable subjects, respectively (Table II). The financial areas residents were most interested in learning about included negotiating salary (88.7%), investing (73.7%), tax planning (66.9%), and purchasing insurance (63.9%). Finally, nearly 95% of respondents would be interested in a financial education curriculum in residency.

The results of this survey have numerous implications. Almost all residents received little to no financial education in their medical school curricula, likely explaining why 66.9% of residents derive financial knowledge through personal research alone. It would seem that during each phase of higher education—undergraduate, graduate, and postgraduate—the responsibility of financial education is deferred to the next, resulting in a failure to teach even the most basic of economic concepts. When taught, the most common focus of medical school financial curricula is often student loans and budgeting, which was reflected in the residents' levels of comfort with these topics.⁴ Financial considerations that are more relevant during residency, such as negotiating salaries or purchasing insurance, were areas of great interest and should be the basis for a personal finance curriculum in dermatology residency. The overwhelming interest in a formal curriculum likely indicates a lack of financial confidence from personal research alone.

Residency, understandably, is focused on training competent dermatologists. Nevertheless, adequate preparation of residents for a lifetime of dermatologic practice should also consist of an acknowledgement of the issues that arise beyond patient care. A failure to do so would be a disservice to trainees and may result in lost opportunities