Intergenerational Dermatologists: Two Generations of Dermatologists Reflect on the Field

WITH PETER RULLAN, MD, AND JENNIFER RULLAN, MD

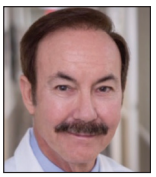
by Heidi Splete

>> Although many children follow their parents' paths to medical school, the specialty of dermatology seems to have distinctive family appeal. *Practical Dermatology*® reached out to several dermatologists with family connections for their perspective and reflections on the field.

This segment features Peter Rullan, MD, and his daughter, Jennifer Rullan, MD, who now practice together in San Diego, CA. The extended Rullan family includes 21 physicians across four generations; this father/daughter duo shares what drew them to dermatology, and how the field has changed.

Practical Dermatology: What inspired you to pursue a career in dermatology?

Peter Rullan, MD: I am a son of an ENT physician. When I was in medical school, my father suggested dermatology to me because it was not hospital-based and had normal hours that allowed for quality time with my own family.



Peter Rullan, MD

PD: How much, if at all, did you encourage your children to pursue a medical career in general and dermatology in particular?

PR: I never pushed my two oldest daughters to become doctors, but they saw that I loved what I did as a dermatologist. They visited my office many times as teens to get facials for their acne, and to watch some procedures, and they decided independently to pursue medicine.

My oldest daughter, Jennifer, joined me in practice 10 years ago as a board-certified dermatologist, and my second daughter, Michelle, is a board-certified family physician /geriatrician in Boston.

PD: What do you think are some of the greatest changes in approaches to training and practice in dermatology since the time you began your career, and when your daughter entered the field?

PR: Dermatology has evolved beautifully since I finished my residency in 1983. I train many dermatology residents in the San Diego area, and I am impressed by how smart and skilled they are. My residency at the University of California, Irvine, was heavy on derm-path (with Dr. Ron Barr) and psoriasis (with Dr. Gerry Weinstein). When I tell them that I have done liver biopsies on patients on methotrexate, they can't believe it! When on call, we had to rely on pagers to deal with medical urgencies outside of office hours. Everyone worked five days a week, and most of the doctors were male. Now the specialty is much different and better, with everyone taking more personal time for family responsibilities, but still earning a good income.

The growth of lasers is another significant change. Lasers have become a necessity in most practices, despite the need to account for the overhead costs. Electronic medical records are a godsend; they allow for much more thorough documentation, especially with embedded photography. Digital photos and PowerPoint presentations have facilitated teaching about our specialty's successful outcomes. Many new drugs have revolutionized the treatment of conditions including psoriasis, atopic dermatitis, vitiligo, and alopecia areata. The ability to access information online can help patients become better informed, and I have learned a lot from my patients this way.

PD: What aspects of dermatology training and practice have stayed the same?

PR: In medical dermatology, evidence-based decisions have not changed, nor has caring for your patients, valuing them as individuals, and listening to their concerns.

Doing a biopsy with almost pain-free injections and not leaving a scar will never go out of style. In cosmetic dermatology, the use of before-andafter digital photos of procedures has helped us enormously. Again, lasers have had a huge impact on practice. When I first started, I would treat acne scars with wire-brush dermabrasion or TCA peels. I

would do sclerotherapy for nasal veins, since we had no safe vascular lasers. Dermatology ultimately became a "surgical" specialty, with the addition of tumescent liposuction, fat transfer, Mohs surgery, and reconstructive surgery.

Dermatologic Surgery fellowships were rare or nonexistent, but now they are essential to becoming a dermatologic surgeon. My daughter and others of her generation now have so many options for cosmetic dermatology, with dozens of fillers, neuro-modulators, ablative and non-ablative laser, devices, cold lipolysis, and many other tools, including chemical peels

PD: Did you advise your daughter on any pearls and pitfalls of practicing dermatology?

PR: In terms of medical practice, I have shared pearls on chemical peeling, which is a main part of my practice, and the importance of hands-on treatments such as acne surgery, salicylic peels, and lasers. Jennifer has perfected a "hands-on approach" to immediately alleviate any symptom; injecting a large pimple or draining an abscess will always win you a loyal patient. On the management side, I have shown her the importance of valuing your employees. Our staff makes us, and if we want more from them, we need to invest in them.

PD: What do you enjoy most about having your daughter follow in your career footsteps?

PR: A number of years ago, Jennifer and I were both selected to present at the annual pre-AAD Chemical Peel Course, speaking together for the first time. She spoke first, and as we crossed paths by the podium, I realized what a uniquely special moment this was, sharing the podium with my daughter. As I stood in front of the microphone to begin my presentation, I choked and began to cry. The audience realized this was a wonderful and emotional moment, and they gave us a standing ovation.

Another of my proudest moments was being in the front row when she presented a series of chemical peel videos that she had created for the American Society for Dermatologic Surgery (ASDS).

We have published, and continue to publish scientific papers together on cosmetic dermatologic topics, and we often teach workshops on chemical peels together. I love how she "has my back," when we teach, since I am not as detailed as she is. Students always they're inspired by seeing us work together so well. We are a great team, and I am truly blessed.

Dr. Jennifer Rullan recalls the early influence of family on her entry into medicine, and the evolution of her focus on dermatology.

PD: As a child, and as a teenager, what did you think about your father's job? Did that impact your decision to choose a medical career?

Jennifer Rullan, MD

Jennifer Rullan, MD: As a teenager, I didn't know how cool my dad's job actually was, but I did recognize how happy he was and how much his patients loved and trusted him. He helped me and so many friends and family all the time, and I knew how to manage acne with prescription medications and perform acne facials by the time I was 11 years old.

PD: Did you know upon entering medical school that you wanted to pursue dermatology?

JR: During college, I learned about other medical specialties and other careers outside of medicine. These experiences taught me that nothing fascinated me as much as the skin. In medical school, dermatology was by far the most compelling and enjoyable area for me, and revisiting my dad's clinic on breaks gave me a new perspective on how special this field is.

PD: What are some differences about your dermatology training/medical school experience compared to your father's experience?

JR: My father and I both attended medical school in Puerto Rico, as did many other physicians in our family. Dermatology has changed radically in the last 40 years. My dad was doing liver biopsies during his training, but that was ancient history when I was training; we had new biologic medications to replace the older and riskier drugs that required liver biopsies.

Meanwhile, cosmetic dermatology had expanded from chemical peels to include lasers and injectables. In my training, lasers, fillers and Botox were part of our curriculum and board exams. Medicine is constantly evolving, but cosmetics is radical changes every few years that requires constant training and involvement to stay up to date.

PD: How have these evolutions in training informed how you practice?

JR: My residency training at the University of Puerto Rico was incredible and occurred in both English and Spanish, so I was well prepared for the real world of practice in San Diego and a diverse patient population with regard to ethnicity and socioeconomic status.

PD: What are some changes in the field that have impacted not only how you learn the basics, but also how you manage clinical practice, that may be different from your father's generation of clinicians?

JR: I examine every mole on a patient's body with a dermatoscope, but my dad quickly scans and looks. The older generation wasn't trained with this new device, but clinicians of my generation and forward cannot examine a patient without it. I was trained in Mohs surgery, complex medical dermatology, and cosmetic dermatology, which were not part of the formal training when my dad was in school. I was well prepared when I joined my dad's state-of-the-art clinic that provides medical, surgical, and cosmetic care. However, my dad has been performing advanced procedures for decades, including full-face phenol peels, which are not currently taught in medical school. I was not prepared for those, but once my dad taught me the technique, I created my own modified version; I do half of a face of this procedure to avoid anesthesia and cardiac monitoring.

I am more likely than my dad to seek information from other doctors online for a second opinion; he is more likely to call a doctor friend or two and ask opinions that way. Overall, online access to information and virtual visits have been good for our practice and for medicine as a whole.

My dad has seen many practice trends come and go, so he waits for evidence and time for the reality of new techniques and procedures to emerge. He serves as my best example of how to stay calm when a staff member leaves or if a patient is upset; he has the experience to know that this is part of the practice, and everything will work out.

PD: What are some of the benefits (expected and unexpected) about having a parent in dermatology?

JR: We make each other better, we teach each other, and we balance each other's strengths. A complicated surgical case goes to him, and a very high-risk melanoma patient comes to me for skin exams. I also have learned from him about being a kind and humble leader. Sharing a practice provides a safe place to discuss, learn, and grow, and he often brings clarity when I am unsure about something. Being in a group of doctors who help each other is beneficial for patients and the doctors; just as being around good parents or strong families will help you be a better parent and have a healthier family. ■