

29th Annual Superficial Anatomy and Cutaneous Surgery Course, La Jolla, California, USA

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Helena Gonzalez describes here her experiences of a training course in La Jolla, California, USA.

On Saturday July 7, 2012, I travelled from Gothenburg, Sweden to San Diego, USA. At a stopover in London I met two fellow dermatologists, Carina Grönhagen, and Karin Popovic (both from Danderyd, Stockholm). We were all heading for the 5-day course *Hugh Greenway's 29th Annual Superficial Anatomy and Cutaneous Surgery* that took place in La Jolla, just outside San Diego. I had the opportunity to attend this course thanks to a newly created scholarship from the section of Surgery and Oncology of the Swedish Society for Dermatology and Venereology.

Out of approximately 100 participants, half were from the USA. The second largest group was from the Netherlands and

the third largest group from Sweden, with 7 delegates from Stockholm, Borås, Uppsala, Gävle and Gothenburg.

Previous participants had told us that the days would be long and intense, and this was completely true. Each day began at 7.30 am and finished at 9.30 pm with Board Review Sessions. These sessions consisted of multiple-choice questions typical of the Board Examinations scheduled for the American delegates immediately after the course.

The first day covered a lot of anatomy and principles of different surgical techniques, such as Mohs' surgery. In the evening there were concurrent sessions and I attended a very



Fig. 1. The team from The Netherlands sitting outside the Medical Education and Telemedicine building.



Fig. 2. Carina Grönhagen, Danderyd, Mohammad Alimohammadi, Uppsala and Helena Gonzalez, Göteborg outside the Medical Education and Telemedicine.

interesting session about surgical drawing held by Dr Deborah Watson from the San Diego School of Medicine.

The second day began with local skin-flap techniques, after which we were taken to the UC San Diego Basic Science Building for laboratory sessions, where we could practice

our skills in smaller groups of 5–6 students. The following days covered areas such as flap selection of nasal defects, ear reconstruction, periorbital surgery and ankle blocks. Practice sessions took place in the laboratory after the theoretical presentations.

There were also several very valuable workshops, consisting of problem-solving sessions in smaller groups of 10 participants. Different tumours were presented and each of us had to step up and suggest which surgical approach we thought was the most appropriate. This was not the time to be shy – if the doctor in charge of the session noticed that someone was not contributing to the discussion, that person would immediately be asked to share their opinion. Several faculty members had a military background which they were not afraid to use if necessary...

For me, the few negative aspects of the course were that it included a lot of cosmetic dermatology. I also reflected upon the fact that there were only 9 women among the 48 lecturers on the faculty list.

However, in summary this was a very useful course. I am grateful for the opportunity to attend, and this has been by far the most useful clinical practice course for me. Prior to this course I had never performed any ear surgery, but now I have excised several squamous cell carcinomas on ears with good results.



Fig 3. The laboratory building.