



## SkInternal Medicine: Dermatology for the Primary Care Provider

4/13/2018

This activity was created to address the professional practice gaps listed below:

- Utilizing new medicines that have come to market in the last 24 months to treat atopic dermatitis.
- Identifying and appropriately treating the different subtypes of rosacea.
- Discerning between stasis dermatitis and cellulitis, resulting in unnecessary hospitalizations and use of antibiotics.
- Differentiating between tinea skin infections and dermatitis, leading to ineffective and often detrimental combination therapies.
- Diagnosing melanoma correctly which leads to improved patient outcomes.
- Diagnosing cellulitis in the inpatient setting, leading to unnecessary hospitalization and antibiotic use.
- Identifying new evidence for emerging theories on the pathophysiologies of various types of psoriasis.

### 1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Disagree		Agree	
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [134-3.82]	(0)	(0)	(24) 17.91%	(110) 82.09%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [133-3.77]	(0)	(4) 3.01%	(23) 17.29%	(106) 79.70%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [132-3.77]	(0)	(3) 2.27%	(24) 18.18%	(105) 79.55%

### 2. Please elaborate on your previous answers. (62)

good and educational

N/A

Increased my knowledge in regards to diagnosis and available latest medications

Some topics were good, others were dumbed down for Np,s

Lectures provided review of common dermatologic conditions and their treatments. I am more confident regarding generating a differential diagnosis and providing treatment.

Pearls on how to approach the skin assessment for LE diagnosis

This was great and I learned so much regarding treatments & efficacy.

Helped me improve at treatment of derm diseases

Since Im an OB gyn- we see a lot of women with skin conditions. This was a great refresher

I will be implementing what i learned in practice

Better overall knowledge. More security in down what I've been doing, added a few new ideas, and remember to refer when not sure

Nice review of topics I learned about in residency, and I learned TONS of material I didn't already know.

Learned importance and need for biopsy.

Was very informative on conditions that we are struggle to treat: HS  
appropriate biopsy techniques

Better able to recognize similarities and differences in common skin diseases

By attending this conference I feel more confident in managing skin disorders and when to refer to dermatology.

Reinforced what I knew plus gave me new information.

The flood of new medicines is always overwhelming and it is good to know what the faculty is recommending

The conference was great. The visual issue caused a bit less learning as pictures in dermatology do help. Yet I still had a great experience.

The information was up to date and all gaps were addressed.

I learned about a lot of new creams/medicines for excema, AD, psoriasis and other conditions. I learned about which things you should do a punch biopsy on and which things you should do a shave on, etc. Very helpful info!

useful information

nothing to add

Increase ability to treat and identify different, common skin disorders

It is always good to hear the experts give clues to which new medicines they are using.

gained a lot of knowledge regarding skin conditions that I was previously uncertain about

Well presented

The speaks were well educated and knowledgeable about their areas of education.

I feel more confident is prescribing and recognizing certain illnesses.

I feel more confident in prescribing and diagnosis/

The lightening issues were a problem but also the seating was not placed in a manner that allowed for good visualization of the screens either

when to perform shave biopsy vs excise lesions with deep shave vs punch biopsies

Primarily confirming that most of the recommended treatments I am ordering correctly.

Very informative

Excellent speakers and information relevant to my current practice

the classes were informative

learned of new meds to use

I feel more knowledgeable going forward to diagnose or test for different skin conditions.

Visual pictures and would appreciate color slides.

As a Medical Aesthetician it was helpful to be able to learn how to recognize different skin diseases.

As expected, since I am in Pediatrics, some of the topics addressed presented mainly academically interesting material, but not topics that will directly influence my practice.

This educational activity expanded my knowledge and introduced me to others in various fields and allowed me to bring back knowledge to my practice.

I will use much of the information learned from this CME in my daily practice

I learned about new RX for atopic dermatitis, RX for rosacea, & how to DX melanoma

I have a better grip on the basics of acne treatment now

will improve overall assessment and treatment skills

I am an RN, so not diagnosing any skin conditions, but liked seeing and learning treatments.

I have more basic knowledge of current recommendations for treating basic skin conditions

This really helped me with the new meds on the market.

it was great to hear from the experts in their fields of study

very good info

I had re-enforcement of previous knowledge of treatment of skin diseases.

I feel more confident in my ability to diagnose and treat common skin issues.

great information which will be useful in clinical practice.

learning the proper medications to help treat fungal infections-not giving steroid and fungal medicine in one combination; recognizing skin cancer and getting them to proper provider; recognizing stasis dermatitis v cellulitis

really good lectures and discussions applicable to practice

Better evaluation skills with respect to common skin conditions.

Dermatology is not the focus of my current nursing practice; however, Dr. Landis is a friend and I attended to increase my personal knowledge.

**3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)**

	Poor	Fair	Good	Excellent
Megan N. Landis, MD [134-3.82]	(0)	(3) 2.24%	(18) 13.43%	(113) 84.33%
Joseph Fowler, MD [132-3.81]	(0)	(2) 1.52%	(21) 15.91%	(109) 82.58%
J. Scott Kasteler, MD [134-3.83]	(0)	(0)	(23) 17.16%	(111) 82.84%
Michael P. Sheehan, MD [131-3.82]	(0)	(0)	(23) 17.56%	(108) 82.44%
Stephen Wolverton, MD [132-3.41]	(0)	(20) 15.15%	(38) 28.79%	(74) 56.06%

Cindy Owen, MD [132-3.73]	(0)	(4) 3.03%	(28) 21.21%	(100) 75.76%
Molly Moye, MD [132-3.90]	(0)	(0)	(13) 9.85%	(119) 90.15%
Tandy Repass, MD [127-3.80]	(0)	(1) .79%	(23) 18.11%	(103) 81.10%

**4. Please elaborate on your previous answers. (64)**

Dr Landis talks fast and difficult to understand, but very good

N/A

Dr Landis' presentation were excellent and professional.

Poor lighting hurt everyone. Points off for SW for goofiness. Points off for CO for trying to do too much.

They all were very well prepared, excellent speakers that were able to keep me engaged.

Well done. All providers were outstanding in their knowledge and approach to the audience.

Speakers were extremely knowledgeable!

Great lecturers

Dr Wolverton is well known in his field but he didnt teach much and only spoke about his family and experiences. Would have loved for him to share his knowledge more

great lecturers. very knowledgeable

Excellent

First conference I've ever been to wheee all speakers were MD. And all were good speakers. I stayed interested the entire time!

Fantastic speakers, not only enjoyed the content but also the various lecturing styles/personalities of all the speakers. I wish Dr. Owen could have spoken longer, but perhaps that's partly because her topics especially interested me.

Enjoyed and appreciated all the valuable information from all the speakers

excellent presentations

Everyone was extremely passionate and knowledgeable in their discipline.

Dr. Wolverton spent too much time discussing family in the short amount of time that he had to discuss his topic.

All speakers were good. Matching good advice with a good example on a teaching slide is very helpful

Dr. Wolverton was a bit distracted but it was enjoyable to listen to such a noted professional.

Dr. Wolverton could use his time more on education and less on his family history.

It was evident all MDs were experts in the area they were speaking.

everyone was great!

all were good

everyone was excellent

All speakers were good, some better than others.

Dr. Owen was knowledgeable and her discussion was interesting but it seemed to be more directed toward a hospitalized pt rather than a pt in primary care. Dr. Wolverton

was all over the place.

Had some difficulty understanding a few of the speakers intermittently

Stephen Wolverton, MD was my favorite presenter!

everyone did an excellent job

All speakers were good. Some were excellent.

appreciated the information each speaker shared

In review of Dr Wolverton's credentials, expect he is expert in his knowledge, competence, & experience. Would prefer he share some of this rather than waste time telling of family affairs.

Each speaker provided excellent information. Some speakers are just naturally more appealing to an audience.

Dr. Landis talks too fast and her voice drops down at the end of the sentences making her difficult to understand. Dr. Wolverton is a very nice and would love to talk to him on the side but as a speaker, he wasted a huge amount of time and didn't elaborate on the topic enough. Thanks

Dr Wolverton rambled way too much.

All of the speakers were very knowledgeable and entertaining.

Certain areas pertained more to my field

Some fields pertained to me more than others

Main request for Dr Landis--please slow down. You are difficult to understand sometimes. Dr Wolverton was simply too distracting and tangential. For an expert in the field I would really like to glean from his knowledge, not his family history. Dr Repass gave an excellent update for pediatrics.

I believe everyone did a good job. We had a hard time seeing the screen at some points but I love that we had the valuable handouts.

All speakers were wonderful

all excellent

Dr. Moyer: Too much derm technique in talk on skin CAs (I don't do skin bx), melanoma session was excellent.

All speakers were well versed on their topics.

Every speaker was excellent and held my attention.

Dr. Owen tried to cram too much in not enough time.

They were very knowledgeable and thorough in their discussions and explanations

speakers were knowledgeable

All speakers did a great job. Tandy especially did a nice job in speaking to that which is relevant to primary care.

Dr. Owen's presentation was very superficial due to the amount of information. Clearly she loves her work; however, speaking about the common topics would have been more beneficial for me. Dr. Wolverton seemed to have a difficult time staying on topic and sharing relevant material.

Dr Owen

None

all great speakers! so much knowledge and easy to understand

loved it!

clear presentations

All of the presenters were great; however, Dr. Wolverton did not truly give much of a presentation as much as he just spoke of his personal relationships/memories of other presenters.

Dr. Owen's presentation was too high level for the audience. Dr. Wolverton is no longer an effective communicator. Everyone else was great!

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (101)**

Different meds

more aggressive treatment of stasis dermatitis

Use of steroids more appropriately for skin conditions.

I will use different protocols and medications on treating acne, eczema, etc.

Better knowledge of discussed materials and more effective treatment

more aggressive in the treatment of psoriasis

minor stuff, mostly reinforced my learning

Heightened awareness of allergic dermatitis and its treatments.

Completing more thorough skin check Not prescribing antibiotic for vascular dermatitis (will use the severity scale)

The screens were difficult to see due to the lighting/sun.

More full body skin exams. Increase the number of biopsies, instead of a referral.

Biopsy, everyone gets a topical treatment and referral to derm with no improvement with primary care treatments

medications

Acne always get retinoid

Shave biopsy over punch now

I think I will be more confident in diagnosing and treating the various forms of dermatitis. I also was reminded about how I so often forget to do a detailed skin on patients. This is often due to lack of time and pts' many pressing concerns, but gosh, catching an early melanoma could be absolutely life saving.

Increase in biopsy of suspicious wounds

add benzoyl peroxide to acne regimen

Recognize difference between cellulitis and stasis dermatitis

Decrease use of Lotrisone

Limit use of Lotrisone

New awareness of the dangers of high potency steroids on thin skin areas.

Referral sooner for psoriasis for biologic therapy

I use too much lotrisone. I will not be this any longer. I feel much more educated in managing acne with my primary care patients and more educated in talking to my pts

about biologics in managing psoriasis

New protocols when treating certain skin conditions

I will stop using combination creams

Making sure antibiotics for acne are used correctly.

I will be prescribing different medications for acne and rosacea that I learned at the conference. I was previously doing it wrong!

different medications

Need to be able to see the screens, poor visibility and more tables were needed

Increase knowledge of types of drug reactions

new treatments

I will avoid high potency steroids on thin skin.

more clear on diagnosis and medication management

More stream lined plan for the treatment of acne and psoriasis

better visibility

patient education handouts

Add Accutane earlier in treatment process and not use antibiotics greater than 3 months

I will be informing the providers at the office I work about all the information that was attained during the lectures.

better identify pathology and refer when appropriate

More referrals

different medication

identifying certain rashes

I will avoid high potency steroids on thin skin, and skin folds.

I will avoid using high potency steroids on areas of thin skin and in skin folds.

margins in melanoma resection

Avoid Lotrisone for Inverse PSO

Refer infants earlier with hemangiomas

Better recognition of lower leg dermatitis versus cellulitis. Identification of drugs causing issues in elderly. Hypervigilance for potential drug reactions. Early referral to dermatology for ongoing problems.

Use of different medications for rashes

Use of protective mask whilst cauterizing

better screening and evaluation thresholds. More likely to Bx lesions and send for review.

Treatment of acne and use of a retinoid for every patient.

will make sure patients use medications daily, rather than spot/as needed treatment for acne.

no prescription of combination medication for AD

Everyone will get a Retinoid!!

Will consider new meds, will treat acne better, and will refer appropriately (unsure in past when to refer certain conditions)

new medications

I may consider changing my tinea treatment protocol.

I will start to biopsy more lesions as I see fit instead of referring straight to dermatology. I will also be able to treat conditions more effectively, such as warts, etc.

I will be able to better consult patients if I see something out of my scope.

Being able to identify skin diseases

different medications, new protocols

More referrals for significant acne vulgaris, earlier referrals for parents wanting treatment for infantile hemangiomas, consideration for culturing tinea infections to target treatment. and more use of oral medications for tinea nail infections.

Change in steroid use

We are having skin reps come to speak with our office. We have not had this before. It will be exciting

I will look at skin problems differently and use what I have learned to diagnose.

more confidence

assessment/treatment

Use of different medications

treatment for status dermatitis

The slides were not visible would like more depth on some of the dermatitis/other skin disorders

Use ointments more often due to higher potency, avoid using steroid-antifungal combos, use topical retinoids more consistently & only short course ABs for acne.

I will feel more comfortable with cryotherapy

Not in my scope of practice

I will now use over the counter adapalene for my acne patients before trying other more expensive combinations.

trying different medications

earlier referrals

I now know that all pts with acne can use Retin A and I will prescribe tretinoin for acne. metronidazole cream for rosacea.

Treating psoriasis as a chronic condition that has many other possible comorbidities referring to derm for delayed wound healing

Everyone gets naked for a skin assessment! If the patient chooses not to, it will be documented in the chart.

Use of different medications HSV identification, treatment Identifying melanoma and high risk pts

more thorough skin cancer screenings &/or derm referrals for same

Learned alot of new medications to try

don't prescribe combination steroid and fungal medication

tips and pearls

I will use newer medications



management/meds  
N/A  
medication use  
Use of Retinoid. Skin biopsy techniques  
More thorough skin evaluation  
acne tmt

**6. How certain are you that you will implement this change?**

**(112)**

Certain <sup>(46-</sup>  
41.07%)  
Very Certain <sup>(59-</sup>  
52.68%)  
Maybe <sup>(4-</sup>  
3.57%)  
N/A <sup>(3-</sup>  
2.68%)

**7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (78)**

more specifics, ie treat with steroids.....should say for example specific drug, dose and duration  
NA  
Nothing comes to mind  
Dermatological presentation of systemic diseases  
Anything pediatric  
Rare/unusual Infectious Disease rashes, common travel specific rashes and rashes in pregnancy.  
New rashes/vasculitis should be an hour or more on its own as a topic. Skin issues that are related to the drug epidemic and how to care for these patients.  
More on pediatric dermatology  
Alopecia  
vulvar and vaginal skin problems, common skin conditions seen in primary care  
Hands on skills of cyst removal. I and D also would be helpful  
Vasculitis. More confidence needed in my workup  
I think it would be fun to learn about some of the dermatology zebra topics that a generalist would have a chance of seeing at some point in their careers. I would like to learn more about bullous diseases, dermatological manifestations of autoimmune disease/renal disease/sarcoidosis/hematologic/oncologic disease/hiv, vasculitic rashes. The list goes on and on...there's so much to talk about!  
Medication and the preferred dose ranges  
Moisturizers and specific brands recommended.  
moisturizers  
What is the differential and what is the significance of various petechial rashes?

Results on ongoing trials for treatment of melanomas.

pediatric rashes

vulvovaginal derm

more on differentiating rashes.

I'd like to hear MORE about HS - what types of creams/washes I could try before Humira or before sending to a dermatologist.

hives

alopecia, drug rashes

updates in acne, cost effectiveness

more rashes to discuss

I would like to hear more about the kinds of biopsies needed for different kinds of lesions, and then we should see copies of slides from pathology that make the definitive diagnosis.

wound management

Keratosis Pilaris.

n/a

Rashes. Treatment options.

leg cellulitis

Diabetic complications

diabetes complications

skin products, identifying rashes

What is the best treatment for spider bites with a significant inflammatory reaction?

What is the best treatment for spider bites that have a significant inflammatory response?

pediatric skin conditions, TEN

Varicose Veins and hallmarks for skin changes to identify chronic illnesses

Exanthems related to vaccines; the presentations of those diseases the vaccines are given to prevent since so many patients are not receiving vaccines; have noted different presentations creating difficulty to diagnose; many younger providers have not seen some of the disease presentations.

Treatment of alopecia in young/middle age adults and potential mental health effects.

More specific information to rashes and their specific treatment, such as with photos would be very helpful

Emergencies in dermatology (I wish Dr. Owen would have been able to speak longer)

recognition of bug bites and treatment

cosmetic procedures, reasons and procedures.

More about Steven Johnson's Syndrome, DRESS-- protocol of treatment. I would also like to hear about red flag rashes that come on with certain illnesses such as Kawasaki's disease.

Recognizing anything that is potentially dangerous to the patient or myself during any type of skin treatment.

Recognizing skin disease and its potential hazards

New changes in isotretinoin labs, new changes in psoriasis treatments

In the future, possibly consider pediatrics topics in one half of the day and adults in the other half so that participants might attend either/or both halves of the conference. Though the cancer discussions weren't unrelated to peds, the stasis dermatitis generally is, and I have yet to treat psoriasis after 24 years of Pediatrics (as could also be stated by the pediatrician I sat next to).

Radiology

Primary Care Derm

PIH- treatment, Melasma

PCP dermatology

anything derm

viral rashes

More in depth work up of urticaria

Systemic diseases w/ derm manifestations, e.g. lupus, vasculitides, PCT in chronic hepatitis C: how to recognize them in order to DX the underlying condition, basic management by primary care providers.

I can't think of anything- a lot was covered.

melanoma

Fungal rashes, it will address when to treat and when to refer

more skin education

Benign and malignant moles

when to biopsy. kids exanthems

more on acne

Common rashes and their association with diseases. The butterfly rash and lupus. Rashes are difficult to diagnose and treat.

Hair loss

impossible rashes!

really enjoyed lecture on allergic reactions and how to differentiate types.

Psoriasis, atopic dermatitis

lupus and autoimmune skin rashes we may see in primary care for the first time at diagnosis

drug rashes and skin emergencies was too big of a topic need separate talks.

skin disease pertaining to metabolic disease

Skin cancer

More discussion about biopsy procedure for different types of skin lesions.

## **8. Were the patient recommendations based on acceptable practices in medicine?**

**(118)**

Yes <sup>(118-</sup>  
100.00%)

**9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (4)**

NA

n/a

n/a

**10. Do you think the presentation was without commercial bias?**

**(123)**

Yes <sup>(123-</sup>  
100.00%)

**11. If you answered No on the above question, please list the topics that were biased? (3)**

n/a

n/a

**12. Please provide any additional comments you may have about this educational activity. (49)**

couldn't see pictures on screen due to sunlight. most of syllabus too small to read and therefore not usable as a reference, layout of syllabus up and down confusing and not a standard, except last section was correct.

I was very satisfied with the content and speakers were all excellent presenters. The anonymous Q&A was informative as well. Disappointed that pictures on slides were difficult to see.

Visual system was very bad and useless. Dermatology lecture without picture is meaningless. Sunbeam was right on screens, nothing, truly nothing could see. Kyes managers should have enough common sense that sun roof windows should be covered to prevent such an issue. If the provide such a hall for convention, they should cover sunroof windows with remote control blinds. Most of audiences were disappointed about visual system.

Some topics, Dr Owen dumbed down the topics for NP,s

Liked venue; however, you MUST have a darkened room for derm slides. Despite great topics and very good speakers, this really detracted from the conference. Huge oversight!

Fantastic conference, would definitely recommend to colleagues.

Well prepare conference. One of the best programs I have attended since leaving the University to practice in the private setting. Very knowledgeable MD who truly showed that they are committed to education. Would like to see more events.

We couldnt see the screen which is an awful shame since we were trying to see the examples of skin problems. The light was coming in through large windows. The venue was very nice otherwise and the lunch great

Pictures were not visible and would have been very helpful. Also helpful to slow down. Maybe less topics but more depth or start simpler

slides in booklet could have been more clear/uniform text or put on thumb drive .....

Defiantly enjoyed the conference and will attend next year

For your aging participants who have progressive hearing challenges the sound system is always of paramount importance. You need monitors in the audience to give continuous feedback to the speakers on both volume and clarity.

One of the best CME conferences I have attended. Topics were highly relevant to the target audience. Speakers were engaging, knowledgeable, and approachable.

The conference was well organized. The food was great. The speakers all very knowledgeable. I know the visual issue will be fixed. I would recommend this to any provider and I look forward to next year!

great location/difficult to see the slides with the bright morning sky/great speakers  
great conference. Glad to attend.

good conference

none

Need better or shielded screens, Hard to see slides due to light.

Looking forward to seeing the teaching slides on the web.

I would like to see more information on wound management if applicable especially for chronic conditions seen in primary care. More

I enjoyed it despite the lighting issues.

It would be nice to see more vendors that have products that a family practice provider would prescribe. ie more topical agents that are 1st line and 2nd line.

Enjoyed the question answer time

Enjoyed very much. Look forward to future conference.

Would attend again next year if local.

PowerPoint presentations are difficult to read when blue text on a black ground. While Dr. Owen's lecture was informative, the volume of material and subject material was too complex for this limited lecture. Many of the conditions were so similar. More information on how to distinguish between the various conditions would have been helpful. Good format overall. Good lectures overall. Appreciate the conference running on schedule and lectures adhering to format and times.

Very good, looking forward to next year

dermatology requires good images of skin. Lighting was not good, especially in morning

I really enjoyed it. I feel that I learned a lot. I hope to attend again next year!

As an Aesthetician its difficult to find learning opportunities to broaden my knowledge, and I was grateful to have this opportunity to help me further myself and be able to better treat my patients.

As a medical aesthetician its hard to find medical knowledge.. This was extremely helpful for keeping my patients as well as myself safe.

I have not been to a conference that allowed such lengthy time for Q&A and ALLOWED time for questions to be submitted by the audience as freely as you did. That was a wonderful feature and accomplished very efficiently!

Good meeting, difficult to read handouts and see screen (small print and shadowing).

Thank you for providing this very valuable information!

better lighting for slides/pictures

(1) Excellent meeting venue however the sunny room made the photograph slides difficult to see (critical for Derm presentations). (2) Some presentations used fonts that were too small (Moye AM, Landis PM). (3) Some presentations used backgrounds that did not allow legibility of text (Fowler).

pertinent, useful information presented, thank you

better site next time for easier viewing of slides and material. also more seating or not over booking. we did not even get a table which made the day very uncomfortable

Every speaker was phenomenal and was obviously an expert in their area of the field. Amazing all around! I learned so much

Well put together. Very informative. As a fairly new FNP, I would like to hear a specialist's perspective on when you would like to see a patient referred and what testing you would like to have completed prior to the patient arriving to your office. A short session on correct terminology with pictures would also be kind of fun. The only complaint is in regards to the lighting and not being able to see the presentation and pictures very well. Very professional, and will use the handouts and book provided frequently.

My first time attending. Appreciated the "laid back" approach to the program  
great conference! thanks so much for putting this on and look forward to next year  
N/A

This conference provides a great learning opportunity for the primary care community!!

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.