



## SkinInternal Medicine 2019: Dermatology for the Non-Dermatologist

4/12/2019

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.
- Accurately diagnosing melanoma.
- 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. [142-3.87]	(0)	(1) .70%	(16) 11.27%	(125) 88.03%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [141-3.79]	(0)	(2) 1.42%	(25) 17.73%	(114) 80.85%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [139-3.82]	(0)	(3) 2.16%	(19) 13.67%	(117) 84.17%

### 2. Please elaborate on your previous answers. (54)

Acne treatment & dermatitis treatment

Well done

More knowledgeable about psoriasis

Great Practice pearls.

Very informative and easy to understand

Better approach to eval and treatment of skin conditions.

As a pediatrician, I feel more confident not only in my ability to assess dermatologic conditions but also more confident in my ability to treat the more common conditions

Very informative!

I feel that the Dermatology procedures and cutaneous signs of internal disease and acne and rosacea were very informative and have increased my comfort in treating patients.

good information

learned a lot of great tips

I am better able to recognize Derm diseases in my OBGYN practice, start proper treatments and refer to proper sub specialists

Identification of lesions

It helped shine the light on some things that get overlooked when taking care of pt's chronic medical conditions

No comment

I will be able to better prescribe the proper medications for my patients.

I feel competence will occur after implementing the information obtained today.

Competence will come once I have implemented the information presented today and I become more comfortable with it.

Not only will I be more confident in my skin lesion diagnosis in the office but I will be better prepared to treat several of these disorders and may actually refer out fewer cases.

Very good conference. I learned some new medications and treatment.

Excellent conference. Very well organized and great topics.

New treatment options and better reference books on Dermatology.

refined knowledge

Na

Great topics in dermatology. New treatments, differentials, new evidence

Enjoyed topic that were discussed. They were very informative.

Gained knowledge in those areas.

...

psoriasis treatment is expanding

I will be able to treat my patients more quickly and more effectively since attending this conference.

Briefly spoke about these practice gaps.

Such an enlightening CME with great information on practical applications in primary care and women's health

I am more confident about DX now and learned helpful treatment pearls.

Differentiating cellulitis and stasis dermatitis was a refresher in this category

Common office practice Dermatology conditions were well described and treatment was clearly discussed.

I feel like the slides were very rushed, by no fault of the speakers- I think they were just crunched for time with more than enough content to review. The quality of the printouts were hard to read and therefore made it hard to keep up. Color photos are

necessary on the printouts, otherwise there is really no benefit to include the photos on our print outs bc we cannot see the rash well enough to matter for future reference. I was expecting more guidance in the basics of treating skin 101, seemed more geared towards those with a solid baseline of derm knowledge which unfortunately just is not where I am at.

I really enjoyed the entire conference! I feel more confident dealing with derm issues in the office now.

never knew about guttate psoriasis and kids with strep

Very good conference

Increase recognition and how they are treated

I am more comfortable recognizing and treating different dermatological issues.

Excellent cme, defined the conditions and treatment options of the noted topics.

will try new tapering dose of steroid topicals

the conference gave increased knowledge on how to treat with standard treatment, the common dermatological conditions

n/a

Great learning experience.

I felt the conference had some excellent resources.

very educational- many more differentials than I will see in allergy but great knowledge to have

Very informative - will understand how to differentiate between stasis derm and cellulitis

I am certified in Dermatology so I know a lot about this subject already.

I feel more confident in treating things I would have historically referred

I was not confident in diagnosing & treating skin problems; this course definitely helped.

This conference was a phenomenal educational need for our community. thank you.

### 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 [141-3.91]	(0)	(0)	(12) 8.51%	(129) 91.49%
Joseph Fowler, MD [140-3.74]	(1) .71%	(4) 2.86%	(26) 18.57%	(109) 77.86%
Carrie Davis, MD [139-3.87]	(0)	(0)	(18) 12.95%	(121) 87.05%
Stephen Wolverton, MD [139-3.39]	(5) 3.60%	(20) 14.39%	(30) 21.58%	(84) 60.43%
Cindy Owen, MD [141-3.89]	(0)	(1) .71%	(14) 9.93%	(126) 89.36%
Molly Moye, MD [141-3.88]	(0)	(0)	(17) 12.06%	(124) 87.94%
Tandy Repass, MD [139-3.86]	(0)	(1) .72%	(18) 12.95%	(120) 86.33%

### 4. Please elaborate on your previous answers. (55)

All speakers presented relevant information. Timely. Answered questions

Knowledgeable, provided good, practical tips

I felt that the presenters had excellent slide presentations and were able to speak to all levels of education and practice

difficult to hear and understand most ladies 50% of the time due to poor audio and imperfect enunciation

great speakers

All speakers were very thorough and the information presented was well done

All were knowledgeable

difficult to hear due to enunciation or speed of speech

Stephen Wolverton seemed to ramble a lot and was difficult to understand. I was looking forward to his topic, but couldn't follow his lecture at all.

Specifically with Dr. Moye, she went above and beyond to describe good technique when it comes to biopsy procedure.

Dr Wolverton was hard to understand and I felt it took him too much time to get on topic.

Excellent speakers! Especially Dr. Davis!

Its not helpful to you for me to rate everyone excellent but given the time constraints and the vast amount of information they tried to cover I think they all were excellent.

The last speaker seemed very knowledgeable but was very difficult to hear him in the microphone. I would have liked to heard more.

Excellent speakers.

Very knowledgeable MD's

male physicians rambled

NA

speakers were excellent

Like how the material presented was easily understandable and cost saving ideas given

Very knowledgeable and passionate about their topics. I appreciated the clinical pearls along with OTC medications list.

all were excellent.

I can tell Dr. Wolverton is really smart, but his lecture was hard to follow. I don't think I really learned anything from him, and I couldn't understand his train of thought.

...

All speakers were excellent. it's hard to be the last speaker.

joe cannot stay on subject. it is end of day and he drags it out.

Hard to understand Tandy

Presentations were great! Some of the power points were too small to read when printed out.

Speakers did a good job keeping interest and staing revelant

Last presentation was very confusing as were the slides. It wasn't helpful.

I'm sure Dr. Wolverton knows a great deal about his subject, but I could not follow the lecture.

I did not understand or retain one take away from Dr. Joseph Fowler. His lecture was all over the place and would go from 1 subject to the next without finishing a topic. Hard to follow

I would have like to learn more with poison ivy

The very last gentleman (speaking on steroids) was very nice and seemed personable and knowledgeable but was very hard to follow his dialogue. My table kept exchanging glances, thinking what in the world are we talking about. Unfortunately, this lecture on steroids was the one I looked forward to the most and did not get anything out of it. I was hoping for more concrete recommendations and "what ifs" scenarios

Everyone was great!

All speakers were very good.

All very good

Dr. Fowler's lecture was not well organized.

every speaker was excellent

Dr. Wolverton goes off topic too easily, difficult to follow/get anything pertinent that he does discuss Dr.Fowler was enjoyable to listen to but felt his info could have been more in-depth

All of the speakers were very knowledgeable

Excellent speakers.

all speakers were very informative

n/a

The majority of presenters did an excellent job.

Dr. Moyer was an incredible speaker

All very good, very knowledgeable, excellent speakers

I enjoyed hearing the speakers

All of the speakers were very informative and the topics were relevant to my practice.

Felt like each presenter was clear, concise and helpful

Everyone was truly engaging and capturing as a speaker

nothing to add

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (108)**

Acne updated

New medication

Minimal as I work Urology, but some slides did give me some pause. Perhaps I have seen some of this in reality and need to reassess.

Protocols and medication.

Pay more attention to detail

Start with topical retinoid for acne treatment, continue to avoid neosporin for noninfectious wounds, consider referral for patch testing

I will implement better follow up of dermatological conditions. Too often I assume my initial treatment is effective. I will be less hesitant to use retinoids and benzoyl peroxide. I have always worried about bleaching and hypopigmentation .

Refer hidradenitis patients for biologics

You are

Will treat acne differently by using a topical retinoid as the basis for all patients.

Retinoids for all acne patients! More biopsies!

Perform more biopsies when pt not responding to treatment

More dermatology referrals

new protocols with acne

Identifying "sneaky" skin cancers Treatment options for acne

using aluminum chloride for hemostasis better biopsy technique

OTC options

work on acne combos instead of just single tx; socks come off for PE for skin check

Prescribing for acne.

I will make sure to not use topical antibiotics (clindamycin) as monotherapy

Would like to start doing more biopsies instead of always referring out.

Will start doing more shavings and biopsy vs. referring out, looking more in depth to pt's history and physical exam for possible underlying malignancy

Some of the things said simply confirm that what I have been doing for the last 39 years is the correct Rx. I will not so quickly refer out my molluscum patients. I will be more proactive with my patients in acne Rx early and aggressive. I will use more vasoline and get rid of the poly and Neosporin in the office. I will use Otezla for my Psoriasis patients. I am not comfortable with the biologics yet. I think specialists only on that group. I will be proactive with asking and looking for more genital lesions. I will not become complacent with steroids systemically or otherwise.

being more aggressive with treatment of psoriasis

use of new medications

More aggressive for treatment

If we can finally get lidocaine with epi back in stock I'll get back to doing shave biopsy

consider more biopsies

increasing starting potency of steroids

New treatment for acne with antibiotic use.

I will be more aware of the systemic illnesses that can be present with dermatological conditions.

Accutane prescribing

I will change the way I treat Rosacea based on attending.

new meds

Treatment of acne

being more aggressive when treating psoriasis

new medications especially biologics

different medication choices

Will apply clinical pearls and pass along OTC remedies. Additionally screen for disease processes associated with skin disorders.

Accutane for all acne patients.

complete head to toe skin assessments

...

medications

less antibiotics in acne

acne treatment

Using retinol earlier. More biopsies.

Understand tests to better assess systemic disease

new medications

I will use stronger topical steroids for some conditions that I was not effectively been treating in the past.

longer steroid taper for contact dermatitis

acne treatment. retanoid for all

I feel more comfortable prescribing accutane for the appropriate patient.

referral to Derm if no result early.

Biologics for HS, specifically. Many others

not prescribe oral steroids so readily

Improved TX of rosacea. Also learned more inexpensive options for dermatologic treatments.

topical retinoid for acne perianal strep for guttate psoriasis

Knowing when to refer to dermatology (earlier than later)

Good to know the top 8 otc favorites. Stasis dermatitis vs cellulitis very helpful. Thrilled to have the Acne protocol

Easier to identify skin lesions

Withholding antibiotics if stasis dermatitis is expected instead of cellulitis

different medications with poison ivy

Limit antibiotic use to no > 3 mos. everyone gets a retinoid

I feel that I will be able to have a better interpretation of Psoriasis. Referral for patch testing on recognizing Contact Dermatitis. Consideration of Dupixent for Eczema patients.

The OTC recommendations I will certainly use more.

I will be more vigilant about monitoring lichen sclerosis.

I will know how to treat several skin conditions and which ones I will need to refer to derm.

psoriasis care

patch allergy testing

More referrals to Derm

Hidradenitis Suppurativa

Different meds

Treatment of skin issues

updated acne treatment guidelines and in-office procedures.

Different medications

acne tat

New treatment protocols for acne.

I am hoping to not make as many referrals to DERM for some of the uninsured patients in my clinic, in an attempt to save them money

steroid topical titration

using eucrisa in treatment of eczema

loved the practical over the counter slides!

always using retinoids for acne

wont use topical steroids as much; will be able to recommend cheap, effective OTC meds for acne and rosacea

Treat acne with adapalene

More confidence with biopsies.

different medication, referrals earlier/later

Diagnosing and removing skin lesions.

I will change the way I manage acne

Be more proactive in managing acne in patients presenting for other complaints

I felt the area where the speakers were was dark.

Different treatment for acne

tx of contact dermatitis

Medication recommendations

Retinoids to all acne patients

refer more to dermatology

Limit antibiotics for acne Promote isotretinoin - I may not write it but would offer it as an option from dermatology Be more aware of the skin and how it can be a clue for underlying disease process

Use of prednisone. Consideration for Accutane

identification of challenges of dx psoriasis

I may prescribe Plaquenil for Discoid Lupus to help prevent systemic lupus

I learned different treatment options to implement in practice

more primary care skin biopsies

My diagnoses will be more accurate, so my medications will change to more appropriate treatment.

None come to mind at this time.

nothing to add

Retinoids first line for acne

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

(125)

Certain (46-  
36.80%)

Very Certain (70-  
56.00%)

Maybe (5-  
4.00%)

N/A (2-  
1.60%)

Not Certain (2-  
1.60%)

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (81)

Skin issues by ethnicity

Pediatric rash

Dyscoid lupus

None

Urticaria.

Cancers

Integrative Medicine. More and more people ask about natural treatments.

Differentiating look alike rashes

Coding

Peds rashes in the ER

Anti aging skincare

Hair thinning in healthy women.

more in depth discussions on each or selected topics

rashes in pregnancy

ob gyn related Derm

Cosmetic procedures and side effects

Specific OTC products, not just the ingredients to look for.

Increased procedure technique as well as more dermatological findings for internal medicine diseases.

We talked alot about doxycycline in Rx for acne and other Rx. What are the second line antibiotics if patient cannot tolerate these? Keflex? Zithromax? etc etc. Discuss primary care use of biologics. Nail diseases. Always do yearly review of acne, rosacea, dermatitis, psoriasis, skin cancers. Geriatric derm--common benign and common not so benign. Pediatric derm--benign and not so benign. Skin findings in Internal infectious disease.

eczema: Have you heard if Dr. Aron Regimen? I had difficulty getting a few Md's (primary care) to get on board with writing the compound script.. His regimen has changed my daughters Life

same topics that we heard today

common skin conditions

Abscess care and management. Which antibiotics are best for which region!

surgery

more pictures and hints for diagnosis

Skin changes in pregnant women

hands on stations to practice suturing, biopsies, etc

Dermascopy use and how to How to treat chronic Pruritus us with an unknown cause

NA

geriatric term

Skin care recommendations for Geriatrics

eczema: Have you heard of Dr. Aron Regimen for treating eczema? This did wonders for my daughter

more on differentials, what primary care can do prior to referral etc.

Drug reactions rashes and best ways to treat them

Common geriatric skin disorders and treatment.

more genital dermatology since I am an OB/Gyn.

...

Acne and psoriasis

emergency department/hospital skin disorders/screenings

Melasma

Pregnancy dermat, geriatric dermat, anxiety hives

What type of lesions should never be biopsied in a general practitioner's office.

anti-aging?

more skin cancers and pregnancy safe meds

NF1 - children that present with café au lait spots

I would like to hear more about rash identification and treatment.

Spots on face, rashes, cosmetic, Aging treatments, best regimen.

pregnancy and post partum skin conditions in office dermat procedures for pcp workshop

dermatology in the inpatient setting

rashes--fungal vs dermatitis. Unfortunately no one does KOH anymore so we need to know some basic parameters to distinguish. Pityriasis Rosea comes back over and over, often to different providers...Suggestions? identification of Tinea Versicolor. I think we should talk about acne and rosacea at every session

more on acne

esthetic skin care incorporation into practice

Urticaria

steroids- when to use, when not to use. When to taper, when not to taper. What about high risk individuals- when would you treat with steroids regardless of the risk.

I would like to know more about cosmetic procedures so that I know what my patients are having done.

I would like to hear about some more skin changes that occur from chronic diseases and also some common aesthetic procedures and the risks and benefits of them such as Botox, fillers, microneedling, etc.

systemic disease; urticaria

Cosmetic dermatology

Hair loss: proper work up and treatment options. In office procedures. How to help patients with improving complexion once acne has been cleared: smoothing texture, evening skin tone, etc

Nail issues Skin conditions that indicate more common underlying causes

Skin cancer

Dermatological issues related to Diabetes.

how to identify rashes

Procedures

Uncertain at this time.

nail psoriasis and different treatments

pediatric dermatology common rashes

would love to delve more into procedures and when to shave vs punch biopsy

specific medications steroid use when indicated and when NOT indicated

KP

Skin procedures

pregnant patients

Eczema and psoriasis

immunotherapy

Skin cancers

Nails

medspa- I get asked about this alot and don't know the recommendations for peels, treatments, etc

I don't have any recommendations at this time.

nothing to add

Biggest mistakes made from primary care/ER, pregnancy derm conditions

skin cancers, elderly skin conditions

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

**(130)**

Yes <sup>(130-</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? (5)**

More about when to refer

Na

I'm concerned about overuse of steroids. I give very long courses in poison ivy to prevent rebound--as recommended in UpToDate.

n/a

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

**(133)**

Yes (130-  
97.74%)

No (3-  
2.26%)

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

There were a ton of pharmaceutical reps present...

n/a

**12. Please provide any additional comments you may have about this educational activity. (48)**

Very helpful, but would like to hear about discoid lupus

I really enjoyed all presentations. All speakers brought informative points to the table. Great pictures.

Room layout and temperature distracting.

It was excellent !

Great food and liked the exhibits!

Great job this year. Please consider color pics in book or offer access to color pics online.

difficult to understand 50% of the presentations due to talking too fast by most female presenters.

Loved it!

Excellent

Slide pics in handout too small to read ----so NOT helpful to refer back to or reread; speakers seemed pressured to get too much in in too little time

I thought that this setup was rather well thought out in terms of the TV placement, gum in the bathroom, and charging stations. The talkers were well informative without being too long. The Q&A format was really great too! I like anonymous nature of writing the questions down. I would recommend a "clicker session" for next year so that we can learn more interactively.

venue was very good, temperature too cold.

Tons of information very quickly. Keep up with giving us the written version of what was said via slides or your excellent lists sent via E-mail.

If you could make the slides available larger and in color the hand book would be an awesome reference piece

I will attend again.

Well done conference presenters and the whole dats affair was splendid. Left the conference with new ma Retail and the desire to look more information up on several topics provided.

Color PowerPoint/ bigger font on slides

More please

My second year of attending. Like the 30 minute lectures and question and answer sessions. The food for the day is awesome.

Very rewarding.

would definitely go again

did not like venue - going up and down stairs.

This was great. I hope I can be off next year to attend again.

Excellent learning experience! I look forward to next year.

More isn't always better. Slow down on the presentations (except that last one). I didn't have time to process it, write notes, etc. Slides were small in handouts.

Excellent and very knowledgeable speakers. Sometimes during question and answer time when the speakers were talking to each other as in a panel discussion, it was hard to hear what they were saying.

none

Enjoyed the conference

Please market more to physicians as NP appeared to outnumber MDs at this CMR course.

Great venue, great relevant information

The entire seminar is very well ran!! , I personally do not mind any repeat on skin cancer identification etc. Really appreciated the info on psoriasis and Hidradenitis Suppurativa Really liked the "5 minute" treatments talk

I enjoyed the conference.

Excellent CME.

the booklet and slides need to be larger so they can be read easily and used for reference. The skin conditions should be in color to give some comparison

please use larger font on slides for next conference

less about drugs that would not be prescribed by primary care and more pictures and differential focusing on when to refer

would have been better to be in a facility with a separate place to gather outside to eat or mingle

very informative. the touches of candy, social media and organization for fabulous

Very Well organized.

n/a

Excellent course

bigger slides to read

Very helpful, well orchestrated conference

I thought it was a good overview with some great pearls. Great location. I liked the short to the point presentations.

It was very educational. I would love to see the slides in the book provided in a larger font.

I think that the presenters needed a little more time to cover their topics

Fantastic, better than last year!

Great conference! I look forward to next years.

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.