UNIVERSITY OF LOUISVILLE
CONTINUING MEDICAL EDUCATION & PROFESSIONAL DEVELOPMENT

Winter Skin Seminar 2019

January 25-29, 2019

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

• Recognizing common benign dermoscopic patterns.

• Recognizing and managing common oral mucosal lesions.

• Using newly identified autoimmune serologic testing for use in patients with cutaneous lupus.

• Ordering appropriate tests to diagnose polycystic ovary syndrome (PCOS) in patients who present with acne, alopecia, hirsutism, and/or acanthosis nigricans.

• Utilizing alternative therapies for the treatment and management of chronic urticarial.

• Identifying new evidence for emerging theories on the pathophysiologies of various types of psoriasis.

• Applying the most recent guidelines for diagnosis and management of acne.

• Identifying the benefits and limitations of surgical and nonsurgical techniques as well as topical treatment options for aesthetic dermatology.

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. [92-3.96]	(0)	(0)	(4) 4.35%	(88) 95.65%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [90-3.93]	(0)	(0)	(6) 6.67%	(84) 93.33%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [91-3.93]	(0)	(0)	(6) 6.59%	(85) 93.41%

2. Please elaborate on your previous answers. (37)

Always an excellent meeting

wont do liver biopsies for mtx anymore

Better dermoscopy and evaluation of oral lesions

I particularly enjoyed the Rheum/ Derm lectures, Acne update, and the lecture of female pattern hair loss. I will change the way I treat these conditions based on the lectures at the meeting.

Great speakers, learned a lot

EVERYTHING in the lecture on Social Media Trends in Skin-Related Behaviors in Pre-teens & Teens was new for me.

excellent connective tissue, oral pathology and dermoscopy talks!

Yes, for example Dr. Stein gave a very comprehensive overview on dermoscopy complete with good tips on how to increasingly incorporate dermoscopy into practice.

Expanded knowledge base on current diagnostic and treatment regimens.

As a family physician I have gained well needed new information regarding the latest treatment modalities of many derm conditions that I may come across in practice

new knowledge and and reinforcing of previously learned knowledge.

excellent topics. speakers with good knowledge based on body of experience and evidence based medicine.

I realized how many diseases are treated w biologics

excellent speakers, very practical information

Dr Callen: Thank you!

excellent talks, thank you Dr. Callen

Thanks Dr Callen

I definitely gained confidence in recognizing different oral pathology, and feel good about treatment courses for these conditions whereas before I may have been a bit hesitant in treatment, preferring to refer pts out to an oral surgeon. Also, getting different perspectives on treating chronic conditions like psoriasis, CIU, discoid lupus and acne will help me with quicker decision making and therapeutic treatment options in these pts.

Excellent new information

Great pearls: Sub-antimicrobial doses of oral antibiotics in acne actually do not result in more Antibiotic resistance. Topical retinoids reduce bacteria more than I realized. New studies show that isotretinoin does not increase the risk of Inflammatory Bowel disease. ETC ---

Honing my ordering of tests in PCO and chronic urticaria

I am professionally enriched by the topics that were discussed, especially off label uses

refine my OCP/spironlactone choices for acne, reinforce the importance of a UA for SLE, include more oral exams in my evaluations etc

Great lectures with excellent clinical pearls which will improve patient care.

Excellent diversity of topics! Great pearls

Great diversity of topics with wonderful pearls.

Great clarification of psoriasis therapies and developments

Already did. Just filled out suvrey. It did not submit

increased competence in handling serious skin disease

Great topics and great speakers.

feel much better at analyzing melanocytic lesions with dermascopy - best talk I've heard

trusted sources

Dr.Stein gave the best and easiest to understand lectures on dermoscopy.I have not used my dermatosope very much in my practice but now feel more confident in using it now.

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
Soon Bahrami, MD [89-3.78]	(0)	(1) 1.12%	(18) 20.22%	(70) 78.65%
Jeremy Bordeaux, MD, MPH [89-3.71]	(0)	(3) 3.37%	(20) 22.47%	(66) 74.16%
Kristina Callis-Duffin, MD, MS [86-3.77]	(0)	(4) 4.65%	(12) 13.95%	(70) 81.40%
Jeffrey P. Callen, MD [89-3.84]	(0)	(1) 1.12%	(12) 13.48%	(76) 85.39%
Carol L. Kulp-Shorten, MD [80-3.78]	(0)	(0)	(18) 22.50%	(62) 77.50%
Sancy Leachman, MD, Ph.D [88-3.58]	(1) 1.14%	(8) 9.09%	(18) 20.45%	(61) 69.32%
Boris Lushniak, MD [89-3.78]	(0)	(3) 3.37%	(14) 15.73%	(72) 80.90%
Joseph Merola, MD, MMSC [88-3.83]	(0)	(0)	(15) 17.05%	(73) 82.95%
Jeffrey Miller, MD [89-3.80]	(0)	(0)	(18) 20.22%	(71) 79.78%
Cindy E. Owen, MD [87-3.80]	(0)	(1) 1.15%	(15) 17.24%	(71) 81.61%
Doug Powell, MD [88-3.73]	(0)	(2) 2.27%	(20) 22.73%	(66) 75.00%
Rachel Reynolds, MD [88-3.81]	(0)	(0)	(17) 19.32%	(71) 80.68%
Jennifer Stein, MD, Ph.D [89-3.94]	(0)	(0)	(5) 5.62%	(84) 94.38%
Bryan Trump, DDS, MS [90-3.92]	(0)	(1) 1.11%	(5) 5.56%	(84) 93.33%
Albert Yan, MD [82-3.80]	(0)	(1) 1.22%	(14) 17.07%	(67) 81.71%
John J. Zone, MD [79-3.87]	(0)	(0)	(10) 12.66%	(69) 87.34%

4. Please elaborate on your previous answers. (40)

excellent speakers.

Didn't evaluate moderators. Psoriasis talks should be directed towards making sense of the biologic armamentarium for the clinical dermatologist, not just a review of drug company data. Not helpful.

Sancy Leachman's topics were not useful

Most entertaining as well as informative

The speakers were dynamic and gave very comprehensive and up to date information on work-ups and treatments of their topics.

All speakers were great!

all the speakers this year were excellent

I found Dr Lushniak inspiring

All speakers were prepared and wwll versed in there subjects Well done!

Great Job

Dr. Leachman's talk, while interesting, was too focused on her own research, and was not clinically relevant to my practice. On the whole, enjoyed the meeting for it clinical relevance and dynamic speakers.

all good

excellent talks

All of the presenters were really good, I think they all did a phenomenal job. They are a big reason as to why this conference is so good. Most of them are a nice blend of good information mixed with a down to earth style of presenting the information. Drs. Trump, Zone, Merola and Callan really did an exceptional job of keeping our attention.

The speakers at this conference were all engaging and top-notch. They provided evidence-based treatment recommendations with no commercial bias.

Dr trump was excellent

Speakers were excellent again this year.

Jennifer Stein was fantastic lecture on dermoscopy, i hope she will upload the entire lecture

Dr. Trump & Dr. Lushniak were the most engaging speakers!

Great conference.

Dr Leachman's information on the comprehensive program for Melanoma was fascinating, Dr Lushniak inspiring and Dr Zones enthusiasm and the possible further progress on elucidating the cause of/ pathophysiology drug reactions (the addition of Vancomycin to the test serum) was very interesting.

Excellent diversity of topics and lecturers.

Great lineup! Especially enjoyed dermoscopy, hair loss and acne lectures

Great lineup. I especially enjoyed with dermoscopy, acne and hair loss lectures.

Great line-up. I especially enjoyed the acne, hair loss, and dermoscopy lecturers.

Jeremy Bordeaux-- very concise, excellent lectures Sancy Leachman-- did not seem like CME material Jennifer Stein-- the best dermatoscope lecturel have heard

Already did

Boris was a bore.

excellent presentationson dermascopy, hair loss, and many others; surgeon general talk was great too.

consistently excellent

more common diagnoses for Peds derm (Yan) would have been more helpful.

all of the talks were informative.some speakers had a better delivery than others

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (70)

Use more dermoscopy

will consider using cimzia

Consider use of low dose naltrexone, use of topical steroid gels in mouth, inject local anesthetic at 90%

Many useful clinical pearls imparted

Dermoscopy and evaluation of oral lesions

dermoscopy pearls

I will change the way I take history for patients with female pattern hair loss. I will start taking pictures comparing the part at the frontal scalp vs. occipital scalp.

Use dapsone more.

Referral to rheumatologist

evaluate my RA patients a little closer

different doses of isotretinoin, low dose antibiotic therapy, use of tylenol and advil for post-op pain control

I will start adding spironolactone to my treatment ladder for female pattern hair loss. I have been using it in the management of acne with nice results.

new view in regards to business principles and sunk costs. Jeff Miller did an excellent job. Also, a great review of pediatric dermatology and making sure to rethink the diagnosis is your initial therapy or treatment fails to respond.

better proficiency in dermoscopy, new treatment ideas for common hard to treat cutaneous disorders

erxpanded options for treatment of difficult cases (ie psoriaris, LE, urticaria, etc)

Having more confidence using spironolactone in treating adult female acne and androgenic acne

Better clinical pathologic correlation

better history taking with female hairloss patients. more accurate dermoscopy

new protocol for female hair loss

use more naltrexone

reduce dose of doxy for acne therapy. improv my physical exam skills for alopecia. consider addition of MTX for urticaria

Better identify oral pathology

less antjbiotic use

prescribe more OCP for acne, anxiolytics for Mohs patients, shorter time for oral antibiotics in acne

Will consider using newly discussed tetracycline medication.

Changed in management of urticaria, acne, lupus.

Better at dermoscopy

Enjoyed the cutaneous lupus treatment ladder; also always enjoy hearing about urticaria

I feel more confident with evaluating pigmented lesions of the face and acral surfaces.

several new therapies to use

I will be better at dermoscopy

more proficient at dermoscopy

Certainly feel alot more confident about prescribing Spironolactone for adult acne in women, and for checking those pts for PCOS.

No labs for healthy women on spironolactone. Work-up algorithm to evaluate for possible PCOS. It is safe to increase dosing of antihistamines for urticaria.

better treatment of female pattern hair loss, increased comfort with dermoscopy

refer for biopsy

Will be increasing spironolactone dosage for female pattern hair loss and trying to use more widely for acne patients.

I will be less aggressive stopping Aspirin before my surgeries. I look forward to implementation gf the MPATH stratification approach to melanoma - I think that it will be more clear. I will use Dapsone and colchicine more often in chronic urticaria and urticarial vasculitis (with Neuts of Bx).

Use Doxycycline more than Minocin, azthromycin pulsed dose, inject anesthesia at 90 degree angle

Feel more competent with dermoscopy

The Mole Mapper App!

ordering tests on Accutane patients labs ordered on women with acne

I may increase my dose of spironolactone for androgenetic alopecia.

As in answer 2.

I will prescribe a lower dose of spironolactone in post-menopausal women for AGA. Also, I will prescribe lower dose doxycycline for acne as per the new AAD acne consensus guidelines which were outlined in the lecture on acne. Dermoscopic evaluation of acral lesions - improved accuracy without biopsy.

Dose of spironolactone for AGA and therapeutic ladder for acne and AGA

Dosing of spironolactone in post-menopausal women with AGA and therapeutic ladders for acne and AGA

dosing of spironolactone and doxycycline for AGA and acne respectively

My dermatoscope competency and oral lesion improved

More dermstoscope use

Already submitted, computer froze

increased competence in treating blistering diseases

Excellent, clinically useful information on evaluating a patient with hairloss. Helpful treatment algorithm as well.

I have stopped drawing CBC labs for isotretinoin patients.

more dermascopy, different approach to scalp exam for hair loss,

will consider jak inhibitor for pyoderma gangrenosum

low dose doxy will be used more. get CXR for unexplained pruritus. look for grey dots throughout LPLK. check part width for hair loss. consider Stelara for pyoderma gangrenous.

Will change management algorythm of androgenetic alopecia; will try naltrexone for Hailey Hailey; try new therapy for oral ulcers, etc

will incorporate dermascopy more into my practice

6. How certain are you that you will implement this change? (73)

Very Certain (49-67.12%)

Certain (13-17.81%)

Maybe (11-15.07%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (52)

coding

drug coverage by insurance and how different doctors manage

Great idea about getting a dentist. How about a podiatrist with expertise in dermatology? PRP

Good variety included.

Making sense of biologic therapy in psoriasis: review of immune system interventions in psoriasis. JAK inhibitor tx review Innovations in melanocytic lesion diagnostics

Hidradenitis Suppurativa, managing MAs/ staff.

Cosmetic treatments

The latest options with cosmeceuticals as very often there is the "Oh, by the way" question of a recommendation for a good skin care regimen.

Update on contact dermatitis

contact dermatitis

Cutaneous lymphomas - diagnosing difficult lesions in dermpath

would like to see in depth discussion of drug induce dermatoses and nummular eczema

eczema, more systemic manifestations of skin disease

emerging technology

Cosmetic practices. Viral exanthems

Psoriasis therapy: practical and clinical. Ex: what I the expert does/prescribes. Practical approach to eczema, updates, medication induced/caused ect. Drug eruptions, emergency dermatology, melanoma. Bread and butter dermatology for everyday use. I always enjoy inflammatory /autoimmune topics.

Practical surgery tips. More pediatrics

Clinical dermatology concentrating on new therapies and appropriate indications.

Dermoscopy!

Nails, CTCL

cosmetic update for the general dermatologist

treatment recommendations for nonmelanotic skin cancer

more on skin cance

Treatment options for Chronic Eczema, focusing on some of the newer medicaitons that are available.

frontal fibrosing alopecia, dermal hypersensitivity reactions

cosmetic practices and procedures Viral illness

Would like a more broad peds derm review.

How to streamline your practice, tips from a MBA, I liked in the past when questions were written and a panel would discuss them

Dermoscopy, Surgery & Flaps, Melanoma, Oral Pathology, Hair Loss; Cosmetic Procedures, Aesthetics, uses of PRP

more pediatric dermatology

PCOS; use of OCP in patients.

I thought the diversity of topics was great and well-planned. I would like to hear more about acne (alternative treatments) beyond AAD guidelines and more cosmetic pearls. I think lectures on topics of what we see every day (such as you provided) like acne and hair loss are incredibly high yield and I enjoyed this.

More dermpath as I am double boarded in dermpath and derm but thought the dermpath was great! I would also like some laser and filler talks.

Dermatopathology - as I am dermpath/ derm but loved the dermpath lectures provided. More aesthetic derm as well.

cosmetic - filler and laser updates

Improvements/choices in suture/wound closure and wound care management

Tropical disease, infectious disease

Atd and AA

continuing good mix of medical and surgical topics

implementing and interpreting CASTLE and other melanoma tests that are becoming available.

Chronic itch in the elderly patient.

the history of this seminar is that they pick good topics and presenters.

a talk from someone who has done free work in third world countries in central/south america/caribbean. I would consider it, but would like more information on what to look for, common dx and tx, etc.

dermoscopy

you always have a wide range of topics covered.

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

(77)

Yes (77-100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (5)

N/A

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

(77)

Yes (76-98.70%)

No (1-1.30%)

11. If you answered No on the above question, please list the topics that were biased? (5)

N/A

12. Please provide any additional comments you may have about this educational activity. (36)

looking forward to next year!

Excellent conference!

Love this meeting! Keep up the great work!

It was a great program. The speakers were very knowledgable and engaging. The facilities were very comfortable and convenient.

fantastic lectures. My favorite CME activity

thanks for putting on this meeting!

Overall, the speakers were very informative and the conference was high yield and delightful.

outstanding program!

Great conference in a great venue!

I really enjoyed this conference and would recommend it to my colleagues.

very well done and good mix of topics

great conference

It was a good conference

Excellent meetings, would attend again in the future. Nice venue.

I've come to this conference now for the last four years, and it continues to improves year by year. The speakers, the topics, the schedule, everything was top notch. I really appreciate it.

I like the blend of clinical and research information in the Winter Skin Seminars - Kudos.

The best part is the ability to approach the speakers and ask questions

Thank you so much for having unrestricted grants. Would have really liked the hair loss discussion to include PRP

great course

Hope to be back next year.

Thanks for the time and effort it takes to produce the meeting.

All around a great meeting. I look forward to next year!

None

please use brand names as well as generic for biologics. No one knows the biologic names expect for etanercept

This is a great meeting with excellent moderators. The content is relevant to practice and is free from pharma influence.

Thank you to the organizers. This was as good as any conference in recent memory. Good job!

excellent seminar.

I have been coming to this meeting since 1991.It is by far my favorite meeting to attend.Dr. Callen and his staff provide an outstanding program year after year. thank you very much

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.