

Santa Barbara Dermatology Meeting 2019

May 31 - June 2, 2019

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

- Utilizing the new treatments and approaches to common dermatologic diseases.
- Applying new evidence for emerging theories on the pathophysiologies of various types of psoriasis.
- Identifying and prescribing newer biologics for complex dermatologic disorders.
- Recognizing the benefits of emerging treatments such as retinoids, antibiotic/immunomodulatory agents, combination agents, and laser/light techniques for acne and rosacea.
- Recognizing and treating melanoma and other skin cancers early enough.
- 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. [43-3.88]	(0)	(0)	(5) 11.63%	(38) 88.37%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [43-3.86]	(0)	(0)	(6) 13.95%	(37) 86.05%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [42-3.86]	(0)	(0)	(6) 14.29%	(36) 85.71%

2. Please elaborate on your previous answers. (21)

meeting was loaded with new information on dermatologic treatment medication and approaches

Very helpful tips especially on difficult dermatitis

Great clinical pearls that will change my practice.

I learned new techniques and new research

I have more up to date knowledge and new ways of understanding older information.

It was fascinating to learn about the new treatments of acne and rosacea with retinoids

I have more confidence in using biologics and differentiating between them in clinical use.

Increased my sensitivity to aesthetic surgical outcomes.

mostly validates practice

Better ability to evaluate dermatitis cases

useful and relevant lectures

Better understanding of biologic use for psoriasis. More comfortable with new topical medications, better use of flaps and other repairs in dermatologic surgery, great review and new tips regarding fillers, interesting and useful information regarding less common medical conditions.

N/a

Lots of new ideas for treating common but challenging problems.

Info learned will help me take better care of patients.

Many, many pearls

good variety of programs-something for everyone

good tips for rashes, itch, as well as surgical flaps to try

Speakers presented relevant, current practice updates

I learned many new pearls- particularly Matthew Zirwas' therapeutic approaches and have already implemented some of them into practice. I feel I have a better understanding of biologics and how to select the appropriate one for patients. I also really enjoyed the cosmetic live demo.

Learned much

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
Michael Heffernan, MD [43-3.93]	(0)	(0)	(3) 6.98%	(40) 93.02%
Roberta Sengemann, MD [43-3.91]	(0)	(0)	(4) 9.30%	(39) 90.70%
Kurt Lundquist, MD [40-3.83]	(0)	(2) 5.00%	(3) 7.50%	(35) 87.50%
Mark Jackson, MD [42-3.88]	(0)	(0)	(5) 11.90%	(37) 88.10%
Mark Rubin, MD [42-3.83]	(0)	(1) 2.38%	(5) 11.90%	(36) 85.71%
Victoria Farley, MD [43-3.26]	(4) 9.30%	(5) 11.63%	(10) 23.26%	(24) 55.81%
Mark Burnett, MD [42-3.83]	(0)	(1) 2.38%	(5) 11.90%	(36) 85.71%
Jeffrey Callen, MD [43-3.91]	(0)	(0)	(4) 9.30%	(39) 90.70%
Matthew Zirwas, MD [43-3.88]	(0)	(0)	(5) 11.63%	(38) 88.37%
Andrew Kaufman, MD [40-3.90]	(0)	(0)	(4) 10.00%	(36) 90.00%
Ronnie Abraham, MD [39-3.74]	(0)	(1) 2.56%	(8) 20.51%	(30) 76.92%
Jonathan L. Cook, MD [43-3.93]	(0)	(0)	(3) 6.98%	(40) 93.02%

Grace Sun, MD [41-3.76]	(0)	(0)	(10) 24.39%	(31) 75.61%
Bruce Ragsdale, MD [39-3.79]	(0)	(1) 2.56%	(6) 15.38%	(32) 82.05%
Susan K. Silva, MD [39-3.64]	(0)	(3) 7.69%	(8) 20.51%	(28) 71.79%

4. Please elaborate on your previous answers. (27)

Drs. Zirwas, Burnett, and Cook were my highlights. Took the most pearls from their lectures.

Cook, Burnett, Zirwas were fantastic.

all the faculty were excellent

Silva was replaced so my rating is for the replacement. Farley should not be invited back.

All very knowledgeable and engaging.

This year was a really good group of well rounded topics and speakers

All excellent speakers with excellent presentation materials.

Enjoyed lectures and demos

All good to very good.

I really appreciated so many of the lectures. The high level of pearls and specific areas in which we can improve and/or sustain was fantastic and covered so many areas of practice. I do think there was one major problem. Dr. Zirwas gave two lectures which established him as an expert. Then he gave his final lecture that was full of spin and ways to present data to give false impressions. He presented mortality for skin cancers and then compared that to morbidity with autoimmune disorders. If he wants to compare apples to apples, then the morbidity of precancers and skin cancers and cost to the US population must be addressed. I don't think that taking a light-hearted look at something that we all take very seriously was very respectful of us as an audience. He took relationship/coincidence and presented it as causality. The studies on UV exposure and decreased CVD and DM did not adjust for the fact that people who spend more time outside in UV, have lower BMIs and higher fitness levels. There was so much wrong with his talk and I think that his peers were so shocked that they decided to be incredibly polite and not call him on any of it. It was appalling. I think that if you get a slide deck from a lecturer on par with this again, please set it up as a friendly debate and have someone present on each side. I am seriously worried for him and his patients when he tells us that he is teaching his patients to follow his method of deliberate sun exposure. We are already battling so many people in our society who want to hear that sun is great and healthy and spreading false information about vitamin D and we had that presented to us by one of our own without any rebuttal. I got the impression that the moderator was surprised that there was not any backlash and decided that the lack of questioning was telling her that the polite thing was to continue to focus only on the other two presenters on the panel. This talk was presented in the same panel as a skin cancer surgeon who was helping us to save people's lives from mostly UV related skin cancers (and keep the mortality down) and a talented doc who is combating the visible signs of aging (of which a giant percentage is caused by UV).

Victoria Farley is not an effective public speaker. Frankly, her talks were the least informative and enjoyable of the entire weekend. Please do not invite her back.

None needed

Great speaker selection

Mark Zirwas was incredible and refreshing

I enjoyed them all

My favorites were Susan, Matthew Zirwas, Mark Rubin, and Roberta! But, ALL were great!!!

Matthew Zirwas was most entertaining and interesting.

Reconstructive panel was outstanding, therapeutics masters panel was outstanding, live injectable filler course was outstanding. Updates on psoriasis and all of the medical dermatology was outstanding. Dr. Sengelmann is a master at welcoming every presenter with professionalism, positivity and grace. Truly appreciate Dr. Heffernan's knowledge, presentation and enthusiasm. Dr. Kaufman presents his surgical results in a no-nonsense, truthful, easy-to-understand fashion with a touch of dry comedy...fantastic! Dr. Rubin is always a detailed, honest, focused presenter without attitude. Dr. Sengelmann is amazing in every way! Dr. Callen, well, he is an icon. So fantastic that he was able to attend and share his knowledge. Really enjoyed all of the speakers.

N/a

The speakers were all excellent.

the 2 facial aesthetic lectures were redundant. Too much psoriasis

Best speakers ever

great presenters

all speakers very good

Matthew Zirwas was extremely engaging and I felt I learned so much from his lectures. All of the speakers were very knowledgeable! The only speaker I would change was Victoria Farley, as she is not an engaging public speaker and said umm so many times it was distracting, despite being obviously knowledgeable as a physician.

Really enjoyed Dr. Cook's talks

Great speakers, great content

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (41)

I love Dr. Zirwas' approach to dermatitis and plan to implement many of his pearls including compounding clobetasol in CeraVe

may begin using biologic medication

not certain

More IMK. Will order Castle. Algorithms for TX.

Floor mats, mis margins, dermatitis treatment, etc

I will use some different medications and doses

I will no longer think about melanoma the same, or send my melanoma patient for a sentinel lymph node biopsy, thanks for Burnett. I will also send him all of my I will now start using A LOT of the pearls that that Zirwas provided, especially clobetasol mixed with CeraVe.

I better know what treatments to use or what procedures to do in a wide variety of situations.

Recommend Mohs for Melanoma in situ and Lentigo Maligna Melanoma

We will be looking at prescribing new medications in the practice

More comfortable with off-label use of biologics.

more sensitive to cosmetic outcome esp of mid (central) face

aging pruritis- asteototic remedies

newer therapies

I will likely use some biologics that I have not used before. I will implement ergonomic changes for the whole team. The networking and kind teaching of all the lecturers and attendees was much appreciated. I want to say that the very warm collegial atmosphere and the way the meeting was presented with the goal of us all getting to know each other was just lovely. It was fantastic and makes me excited to attend next year.

Nair for hand dermatitis

Different meds fo dermatitis

different medications

anti fatigue mats cerave with clobetasol

I will use product recommendations given by Dr. Zirwas

Create an emergency vascular occlusion kit and official protocol. Educate entire staff on s/s to be aware of.

TNF inhibitor for disseminated GA.

Even more caution with use of fillers. Great pearls regarding atopic dermatitis, acne treatment, pediatric dermatology. Melanoma discussion interesting and thought provoking. Will help my guidelines for referral for treatment. Much more comfortable with biologics for psoriasis.

New medications to try

I will use the diagnostic algorithms for hand and eyelids dermatitis.

Include topical retinoids in frictional eczema.

better flaps

new protocols

less SNL recommendations

Mix clobetasol with Cerave

Better use of dermatologic therapeutics based on the pearls discussion. Also better awareness of cosmetic and surgical procedures even as a general dermatologist

Low dose naltrexone

explain to audience that attendance at product theaters is important for future funding from the pharmaceutical industry

new filler techniques

try keystone flap for leg. try clobetasol mixed in cerave

Easy application and doing for interdigital fungus, including in children.

improved knowledge and therapeutic insight

I will begin recommending Ceramides such as Cera Ve to use with topical steroids in a mixture. I will also consider Isotretinoin for Sebaceous hyperplasia.

therapeutics for ACD and dermatitis NOS
Will try some of Dr. Zirwas' recs for gen derm cases
will try new learned protocols

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

(40)

Very Certain ⁽²⁹⁻
72.50%)

Certain ⁽⁸⁻
20.00%)

Not Certain ⁽¹⁻
2.50%)

N/A ⁽²⁻
5.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (32)

I'd love to hear more about how to navigate insurance/payers/prior authorization in this changing world of pharmacotherapeutics

Hyperhidrosis, hair loss

Hair loss

surgical techniques and topical cosmetic therapies

More about the management of dysplastic nevi from Bennett.

Continued updates on newer treatments and ideas.

CTCL, Pruritis,

recognizing and treating melanoma earlier

More about current status of new cosmetic devices and value of older therapeutic devices. Will impact potential investment in new devices.

Dermoscopy; increased sensitivity for melanoma skin biopsies

age related skin concerns, cancer and precancer, treatments, lesional identification

lasers

How to deal with patients who don't want to pay. How to deal with happy patients. How to deal with unhappy patients. How to lead a staff. How to train staff to lead. How to keep from burning out. How to create boundaries and when to say no. How to say yes when its the right thing to do for the patient. What modernization have you done that has helped you stay in practice? What allows you to have a life outside of medicine?

Surgery techniques for the non surgeon

NA

Itch and pruritic disorders and treatments. New information on Cannabinoids in dermatology.

more medical less cosmetic

More injection techniques, new and up and coming cosmetic procedures/products

practice management

Would have appreciated a discussion regarding all of the new concerns about chemical sunscreens. The public is exploding with questions. This is going to be interesting and difficult to address. I would have liked more surgical tools and gems instead of the aesthetic lectures. Those were nice but would have liked specific tips and details regarding all aspects of dermatologic surgery.

Therapeutics

Topical cosmeceuticals, dealing with post-surgical complications, updates on CME and licensure

Direct management pearls for challenging conditions

acne, rosacea, topical therapies

new medications for aggressive SCC or melanoma

Superficial Radiotherapy as options

Clinical pearls

Cannabinoid products in Dermatology

would like more emphasis on fine tuning flaps for Mohs

Melanoma guidelines

I would love to learn more about JAK inhibitors and how they are used in alopecia. It would potentially help me to understand how to address the next step to take with patients who fail steroid injections and topicals.

Would like to have more surgical talks about tips/tricks for flap designs/ or pitfalls

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

(42)

Yes ⁽⁴⁰⁻
95.24%)

No ⁽²⁻
4.76%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (2)

Most were, but Dr. Zirwas's topic on benefits of sun and risks of sunscreen was NOT based upon acceptable levels of evidence.

All expect the recommendation to only use sunscreen on the face and neck and go out to get sun. See earlier comments.

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

(41)

Yes ⁽³⁹⁻
95.12%)

No ⁽²⁻
4.88%)

11. If you answered No on the above question, please list the topics that were biased? (2)

There were two people who in their disclosures stated that they were owners of a company - Dr. Zirwas and Dr. Rubin. I could not tell what influence these issues had on the talks, but my understanding is that people who are employed by companies that

make products that might be used in the care of patients are not allowed to speak a CME programs, except about the basic science related to their companies products.

Psoriasis lecturer was clearly paid by Cosentyx

12. Please provide any additional comments you may have about this educational activity. (15)

exceptional meeting. tremendous amount of material covering in a short period of time in fun and collegial manner

The organizers made it clear that the "Product theaters" were NOT CME events, however, they did take place in the same room which was used for the CME portion of the program.

Great educational experience.

Great meeting! A talk on cosmetic devices (beyond those to treat fat) would be a welcome addition next year.

In regards to question 10, any potential bias was acknowledged.

It would be easier on us if you are going to name the generic biologic, just give the brand name once. If you do this for every one, then it is not biased and is balanced. As we all think of them by the brand name, it is hard to take in the info and associate it with a drug if one is trying to remember a name that is new.

Truly the best and my most favorite conference I've attended in years. Wonderful location, great lectures (really like the 30minute length)

We enjoyed all the lectures and honestly learned many tidbits of applicable knowledge

This was a fantastic meeting! I hope to attend again next year. Thank you!

N/A

Well organized, great speakers, and tasty food!

Best most collegial meeting in Dermatology!!!

excellent conference, best value for dollar of any I've been to

Very good forum for both the general dermatologist, dermatopathologist, and dermatologist

Really enjoyed the meeting. Thank you!

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.