

Skinternal Medicine: Dermatology for the Non-Dermatologist

9/17/2021

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 eczema, specifically 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.
- Accurately diagnosing melanoma.
- Diagnosing cellulitis in the inpatient setting.

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. [73-3.84] | (0) | (1) 1.37% | (10) 13.70% | (62) 84.93% |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [73-3.88] | (0) | (0) | (9) 12.33% | (64) 87.67% |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [72-3.88] | (0) | (0) | (9) 12.50% | (63) 87.50% |

2. Please elaborate on your previous answers. (28)

I treat ps/PSA & so this will help

Great Pearls on Alopecia

I learned a lot of pearls.

Topics were very relevant to my practice as a PCP

Now up to date

Improved identification of common skin disorders

I feel more confident in the identification and treatment of multiple dermatological pathologies

Yes may of the different forms of dermatology disorders were discussed with rapid fire facts to be able to quick differentiate disorders from each other that present very similar.

I am more aware of diagnosis and treatment. I will be able to tweak my current treatments with what I have learned from this conference.

was a basic dermatology conference. was looking for something more in depth as have been a dermatology provider for 4 years.

Expanded knowledge

Reviewed material I had forgotten.

not a dermatologist

I always appreciate a refresher, and gained useful information on new treatment options.

Very professional talks

Good refresher of information I used to know, a few new points too. Much more comfortable with outpatient identification and management.

The program helps better identify and treat skin issues

Dermatology recommendations and guidelines will most definitely help in family practice setting

Was good

the conference updated my knowledge on how to treat and diagnose skin conditions

The conference was well done.

Great information for someone who doesn't do a lot of skin exams.

I think the presenters did an excellent job at increasing my knowledge, competence, and helping increase my ability to practice with greater skills.

Learned current treatments

Helpful

learned more about stasis dermatitis vs cellulitis

N/A

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 [73-3.95] | (0) | (0) | (4) 5.48% | (69) 94.52% |
| Joseph Fowler, MD [73-3.93] | (0) | (0) | (5) 6.85% | (68) 93.15% |
| Carrie Davis, MD [73-3.95] | (0) | (0) | (4) 5.48% | (69) 94.52% |
| Michael Sheehan, MD [73-3.97] | (0) | (0) | (2) 2.74% | (71) 97.26% |
| Cindy Owen, MD [73-3.96] | (0) | (0) | (3) 4.11% | (70) 95.89% |
| Molly Moye, MD [73-3.96] | (0) | (0) | (3) 4.11% | (70) 95.89% |
| Tandy Repass, MD [73-3.95] | (0) | (0) | (4) 5.48% | (69) 94.52% |

Michelle S. Frossard, RN, LCSW [71-3.93]

(0)

(0)

(5) 7.04%

(66)
92.96%

4. Please elaborate on your previous answers. (32)

Love listening to professionals that give patient care

Everyone was wonderful.

All were good

Excellent presentations

All wonderful

Excellent presenters

Everyone was knowledgeable and approachable

Excellent in their fields very well spoken

All fantastic!

Knowledgeable. Present material in an understandable fashion. Willing to answer questions!

All of the speakers were excellent! Very knowledgeable and professional.

all were very good speakers

Great

all very informative

Excellent presentations!

all competent professionals

great speakers! Dr. Fowler was a little hurried - maybe needs a reminder that we WANT to hear what he has to say!

Very competent

A great crew of educators.

Being able to have open panel discussions helped clarify questions about treatment of various disorders

Excellent speakers

Everyone was very knowledgeable

NA

excellent presentations...

All presenters were great!

Dr. Landis and Dr. Moya are outstanding.

I felt all the presenters were very knowledgeable about the topics they presented and provided an appropriate amount of information at the correct educational level for the participants.

All excellent speakers

N/A

all were great speakers

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

(54)

Better use of topicals

Offering Topicals as I work in rheumatology

Increasing use of isotretinoin.

N/A

Biopsy technique will change

metal allergy patch testing

Went thru a lot of stuff very quickly.

decrease length of time I leave patients on antibiotic Rx for acne

I've been hesitant to treat acne in the office but I will definitely start giving retinoids to all

Newer topicals

Which vehicle I may choose for different locations

How I treat acne will be changed.

Improved treatment for stasis dermatitis avoiding antibiotic use

Utilizing specific acne treatment .

Discontinuing the use of oral steroids in treating dermatitis and eczema

Start using the medications discussed and using the punch biopsy technique discussed by Dr. Moye.

Treatment of HS

Treatment of contact dermatitis and atopic dermatitis

Management of commonly presenting skin conditions prior to referring patients to dermatology. Avoiding anti fungal and topical steroid combinations.

Referring HS patients to dermatology

loved the melanoma speaker. realize that I do not necessarily have to do a punch biopsy on every specimen.

I will always look under the clothes on my acne patients. I usually relied on the response from the patient, the pictures of the back and chest acne really changed my thought process.

The pictures of back and chest acne were striking. I will ALWAYS look under the shirt of my acne patients.

New protocol

Able to be more confident in diagnosing and treating different skin conditions.

new protocols and new meds

Stop prescribing Lotrisone cream. Try to target my treatment with topicals

earlier referral for abnormal skin lesions

Possible new protocol.

Change topical medication usage.

no combination antifungal/steroids

none

appreciate the steroid strength recommendations and guidelines

No steroids for psoriasis.

medications

understanding the use of the new biologics

New protocols for using creams

Acne management. Retinoids for everyone, no oral antibiotics longer than 3 months

The program helped with decision making about which type of treatment to initiate. The pictures and descriptions were helpful

How to dose topical steroids.

new therapies

NA

improvement w treating acne

Quicker referral to derm .

Identifying skin issues easier.

I learned much more about the treatment of acne, psoriasis-particularly inverse psoriasis, stasis dermatitis, and numerous other conditions. I have already utilized some of the knowledge I gained to start a patient on topical treatment for acne.

New protocol for treating acne and rosacea

Change my treatment of several derm issues

skin care for eczema

feel more confident in topical steroids vs when to prescribe oral/systemic

knowing better when to prescribe antibiotics for cellulitis vs stasis dermatitis

Topical corticosteroid recommendations

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

(64)

Very Certain ⁽⁴⁶⁻
71.88%)

Maybe ⁽¹⁻
1.56%)

N/A ⁽¹⁻
1.56%)

Certain ⁽¹⁶⁻
25.00%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (37)

Discoid lupus

venous stasis vs cellulitis

Cosmetic; childhood rashe w infections

Continued differentiation in acute rashes. We see them so often

rare skin disorders, when to refer

Alternative treatment options for the dermatology clinician.

None

Basic was to describe in our charts what we are reporting on in the most common disorders in PCP. Skin changes in malignancy and pyoderma patients, and crohns disease who it can prevent in the skin.

Vulvar dysplasia

Treatments on more family medicine practice.

would like to get more in depth such as HS I treat numerous patient and only mentioned Humira/ no other options /treatment or guidanc. also LPP nothing on. I would like to hear about new treatments that are coming or that you have tried.

Itchy skin rashes and generalized pruritus

more of the same

patient satisfaction

SK, AK, lichen planus treatments

Rashes.

Pediatrics rashes

no

nothing to add

Procedures, more details on how to perform in our offices

identifying skin rashes

how to do skin cancer biopsies in primary care office

Vitiligo

Nail fungus, BASIC wound care (diabetic ulcers found on foot exam, for example).

Topical medications to address issues with common dermatitis

Wound care

NA

psoriasis, exzema, many many visual examples and their names. Very helpful with the quick diagnose

Loved the peds presentation.

Lesions in the mouth? Psychological impact on dermatology?

chronic urticaria, nail conditions that warrant dermatology referral

skin finding on dark skin

Pediatric dermatology

unsure

I specialize in Oncology. I'm interested in the management of skin toxicities related to chemotherapy/immunotherapy.

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

(67)

Yes ⁽⁶⁷⁻
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

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

(69)

Yes ⁽⁶⁷⁻
97.10%)

No ⁽²⁻
2.90%)

11. If you answered No on the above question, please list the topics that were biased? (6)

Too many drug reps in the vendor area.

NA

N/a

The lunch time activity was sales pitch. He was good! I gave him raving reviews on his paper. See #12

12. Please provide any additional comments you may have about this educational activity. (23)

I came to learn..and I definitely did. I didn't enjoy the sales pitches from the drug reps and the legal mine representative.

Wonderful venue

All handouts weren't available prior and it was difficult to read the slides after printed (very small)

This was my first time attending this event and I was very pleased. I like to hear what I should be doing first line as PCP before referring out. I will definitely sign up for next years conference as well.

THE SPEAKERS TENDED TO TALK TOO RAPIDLY

Thank you!

Looking forward to future events. Loved the venue

None

Very well presented and glad it was in person this year.

I really enjoyed this conference!

please if you advertise dermatology conference make sure it is good for the dermatology nurse practitioner that has been into practice for a few years. I feel more geared toward primary care and what are first options/ treatments.

Thank you, very well done.

great conference

Wonderful conference

I would love to know a little more about specific directions to give to patients. Example: fingertip units, "you should use this much by this time period" instructions. I'd love to be able to treat similarly to derm expectations prior to referring out to derm for failed

treatment. I've been left wondering if I've directed people to underuse topical corticosteroids and antifungals.

Very good. Will attend next year

much appreciated

It was great. I will attend this yearly for updates.

This company was rude when we decided not to sign up - they have hundreds of negative reviews which He did mention during his presentation but kind of blew it off. I do not feel if I was hosting a conference I would have that company there. Love the venue! Love Hubers, great food and service.

I think this is a fabulous conference and look forward to attending again in the future.

Great Conference. Thank you.

N/A

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.



Outcomes Survey

Skinternal Medicine: Dermatology for the Non-Dermatologist Outcomes

1. Please rate the following aspects of this activity.

(1=Strongly Disagree, 2=Disagree, 3=Undecided, 4=Agree, 5=Strongly Agree, 6=N/A)

| | Strongly Disagree | | | N/A | | |
|--|-------------------|-----|-----|---------------|---------------|--------------|
| Attending this activity improved my competence. [11-4.45] | (1) 9.09% | (0) | (0) | (2) 18.18% | (8) 72.73% | (0) |
| Attending this activity improved my performance. [11-4.36] | (1) 9.09% | (0) | (0) | (3) 27.27% | (7) 63.64% | (0) |
| What I learned from this activity has helped me improve my patient outcomes. [11-4.45] | (1) 9.09% | (0) | (0) | (3) 27.27% | (6) 54.55% | (1) 9.09% |

2. If this activity improved your competence, please tell us how. (8)

better at dermatitis counseling

better ability to diagnose

Acne treatment

Understanding differential diagnoses related to stasis ulcers

I feel more knowledgeable diagnosing skin conditions.

Treatment available

Improved my ability to recognize skin condition and treat appropriately

Managing acne & hair loss

3. If this activity improved your performance, please tell us how. (8)

improved care for dermatitis

better knowledge of disease process

Better exam of suspicious lesions

Evaluating lesions more carefully

More competent w skin conditions.

increased awareness of different issues

Knowledge obtained improved my ability to distinguish between acute skin conditions and more chronic conditions making it easier to know when to refer to specialist.

I was happy some personal practices reinforced by the specialists

4. Discuss how your Patient Outcomes (omit patient names) have improved as a result of attending this activity. (7)

none specific

better diagnosis of rashes

N/A

I've identified one case of stasis ulceration

none yet

Avoiding Neosporin & concurrent use of topical steroids and anti fungals

5. Identify practice changes you have made as a result of attending this activity. (9)

as above

better skin treatments

Biopsy technique

Which meds to us

Earlier intervention and referral to appropriate dermatology provider

N /a

stopped Lotrisone cr usage

Choosing one medication for skin conditions instead of combinations.

More comfortable managing acne without immediately resorting to a referral

6. What topics do you want to hear more about, and what issue(s) in your practice will this help address? (5)

NA

hives, itchy skin

I enjoyed the quick recall of picture and conditions.

None

Is there a digital library of images/rashes? What do rashes look like on different skin tones?

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