

Skininternal Medicine 2022: Dermatology for the Non-Dermatologist

9/23/2022

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 to improve patient outcomes.
- 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. [100-3.89]	(0)	(1) 1.00%	(9) 9.00%	(90)	90.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [100-3.88]	(0)	(1) 1.00%	(10) 10.00%	(89)	89.00%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [100-3.86]	(0)	(1) 1.00%	(12) 12.00%	(87)	87.00%

2. Please elaborate on your previous answers. (35)

Everyone gets a Retinoid

excellent speakers

Yes, as a PCP in a rural area I am often relied on to treat the patient as they don't want referred out. I will utilize many tools and treatments discussed today.

It gave me some more options for treatments that I had not previously considered.

Better understanding of atopic dermatologist and psoriasis

I love this conference and learn every year!

Gave me some additional information that I find will be beneficial in my everyday career with patients.

I don't recall much about cellulitis - inpatient diagnosis or discerning between stasis dermatitis and cellulitis. That would be a great topic.

new information will give the ability to treat with current recommendations

improved knowledge on treatments of various skin conditions

Practical user friendly information for primary care. Helps me know I am doing a lot of things right and helps me know when to refer.

Reinforced first line prescribing for urgent care practice.

I work as a Medical Science Liaison and no longer practice.

Reinforcement of knowledge base on discussed topics

excellent presenters

Information same to prior years with exception of monkeypox and genital lesions.

na

As an RN, I gained a lot of knowledge from this conference. However, there are many procedures which I can only do with an MD or NP.

Update to date topics very relevant to every day practice.

More awareness of how to treat some chronic conditions as well as when to refer.

This activity improved identification skills of varying skin disorders/treatments.

Treatment options for hidradenitis

no

Gave me a better grasp on injectable medications for psoriasis. Also good update for acne.

I will not see all of these conditions in clinic, but will use what I have learned to help in my clinical practice.

It was a good conference. Psychodermatology was interesting.

I see a plethora of patients with skin issues so being able to differentiate between dermatitis and cellulitis is essential.

I am able to better diagnose and treat patient from the information I learned in this course.

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 [99-3.89]	(0)	(0)	(11) 11.11%	(88) 88.89%
Carrie Davis, MD [90-3.86]	(1) 1.11%	(0)	(10) 11.11%	(79) 87.78%
Michael Sheehan, MD [95-3.83]	(0)	(0)	(16) 16.84%	(79) 83.16%
Cindy Owen, MD [97-3.86]	(0)	(0)	(14) 14.43%	(83) 85.57%
Molly Moye, MD [95-3.94]	(0)	(0)	(6) 6.32%	(89) 93.68%
Tandy Repass, MD [98-3.83]	(1) 1.02%	(0)	(14) 14.29%	(83) 84.69%

Nico Mousdicas MBChB, MMED, MD [98-3.87]	(0)	(0)	(13) 13.27%	(85) 86.73%
Patricia Todd, MD [96-3.83]	(0)	(0)	(16) 16.67%	(80) 83.33%

4. Please elaborate on your previous answers. (35)

Very knowledgeable presenters

All lectures were superb. Wish they could've had more time

All presenters were well versed, knowledgeable, and willing to answer questions.

I loved all the presentations. Day went by very fast

All great speakers

Being an integrative NP I am very excited to that you included Dr. Mousdicas

Found all speakers to present information in good manner

all speakers were very good and informative

Honestly not a weak one in the group. They all seemed confident and knowledgeable

Wow! The speakers were great! Dynamic & engaging.

Carrie Davis not listed on agenda. Dr. Molly Moye best speaker overall.

Every speaker was wonderful.

all good

Everyone was very knowledgeable. Some of the discussions shared the same information. All went very quickly.

Everyone was very knowledgeable. Some of the discussions shared the same information. All went very quickly. I don't remember Carrie Davis.

Sheehan spent a lot of time/slides on specific drug information. I can look up doses. He could have just consolidated drug types (TYK, IL- blockers, JAK, etc).

na

Everyone was excellent! I thought Molly and Cindy were amazing.

Especially enjoyed pediatric dermatology and psychological dermatology

All speakers were extremely knowledgeable and appeared very passionate to discuss their topics.

All the speakers were extremely knowledgeable and they all conveyed the knowledge well.

Each speaker was very knowledgeable and easy to listen to.

no

The genital dermatology segment was cut very short and there was no discussion on a treatment plan. I work in Women's Healthcare and this was the segment I was hoping to get the most from.

Informative

ALL SPEAKERS were fantastic!

Molly and Megan's presentations were more engaging than the others'.

Speakers were knowledgeable and engaging.

I would have loved to have had more time for Dr. Mousdicas to speak.

All speakers did a great job!

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (75)

Reasons and what to biopsy

Isotretinoin for ocular rosacea

More knowledgeable about skin conditions and making the correct diagnosis/good differentials to make appropriate referral.

acne/ rashes/ scabies

I will definitely be implementing more derm referrals in my practice !

Will be able to treat and differentiate a wider range of skin conditions based on information provided today.

Improving acne treatment in adolescents

Change in medication use

New protocols (monkey pox); implementing skills; treatments

Eczema treatment. Parent education on warts and molluscum.

Diagnose different types of common skin diseases while keeping in mind for those "worst case scenarios", will refer to derm as needed

I have a few other options for rosacea, will have options for melasma during pregnancy, will have more knowledge of average duration of warts and molluscum in ped patients and a consideration of options for treatment by age. The sneaky cancers lecture was great but also terrifying. Will prob have a lower threshold to reach out to derm with a photo if I'm concerned someone needs to get in sooner.

Being more confident in treating a few different skin disorders and knowing when it's best to refer

New protocols

Different medications

Simple facial cleanser

New medications

Different medication options available for acne patients.

Counseling of acne patients - expectations, explicit instructions, medications, etc

Treatment of Psoriasis

Use more potent steroids in genital area for certain conditions, and improve my treatment of infantile hemangiomas

Refer more for biopsies

Only use po antibiotics 3 mos and then consider switching to topical antibiotics. Treat acne early and aggressively before it progresses. Do more punch biopsies if unsure what we are dealing with.

Loprox for fungal infections, Wound care--vinegar and water and vasoline. Skin cancer review--I will be able to refer patients sooner when I see a suspicious lesion.

Will be more likely to encourage people to seek consultation in regards to HS & moles.

Identifying/changing medications which may worsen psoriasis.

N/A

treatment of psoriasis

I will start treatment of Acne with the recommendations I learned before sending to Dermatology.

procedure techniques

Monkeypox info was new to me and good info.

Using VisualDx for patient education

Several changes

acne treatment

As an RN, I gained a lot of knowledge from this conference. However, there are many procedures which I can only do with an MD or NP.

feel more confident regarding monkey pox.

As above answered in #2.

Initiate call back for re-evaluation of skin lesions

cryo x 2, then bx

Referring a patient more quickly to a dermatologist for treatment when severe acne is present to minimize risk of permanent scarring and to decrease risk of depression leading to possible suicide.

I will refer more patients to dermatologists

Treatment options for hidradenitis, and acne

New protocols

I will no longer use combination steroid and anti-fungal creams.

Increased comfort with Jack inhibitors

Additional of benzoyl peroxide with any patient on antibiotics for acne.

adjust acne protocol

Using propranolol for hemangiomas

more confidence in identification of common skin conditions seen in primary care

New treatment options. Enjoyed the psychodermatology segment

More Photography of lesions

Pt education

none

No steroids for patients with psoriasis. Treatment of acne

Empathy and early treatment of acne

Knowing which order to use topical steroids to treat atopic dermatitis, knowing when to refer and what to look for in more serious skin issues (cancer).

The overall approach of integration in dermatology is something I am excited to implement.

more punch bx

Treatment of acne

Brought more awareness to the medication choices available.

Recommend adapaline as first line management of acne.
improved tx of acne
Management of various rashes
Confidence in using topical steroids and other medications
I am gaining more education toward identification via microscopy.
How I decide when a biopsy of the skin is needed,
Medications

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

(87)

Very Certain ⁽⁵⁴⁻
62.07%)

Certain ⁽²⁶⁻
29.89%)

Maybe ⁽⁶⁻
6.90%)

N/A ⁽¹⁻
1.15%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (54)

Actual skills lab for different biopsies and removal

Topics that relate to eyes! :)

repeat of the same

Would like to learn more about procedures. This will allow for biopsies while waiting to get in to dermatology.

Peds rashes; documenting lesions

We see a lot of rashes and getting an reassurance that it is being handled appropriately

Shingles tx

Fungal infections

Integrative care

GYN, acne

Procedures - the quick and dirty on a variety of simple skin procedures - prep, procedure, after-care Venous insufficiency Lipodermatosclerosis (especially with our increasing prevalence of diabetes in primary care population)

All topics had limitation on time, all of them would like to have expanded

fungal infections, wound care treatments- initial measures, cosmetic prescriptions

Keep us up to date with Covid induced skin changes every year. Keep us up with new problems: Monkey pox. Always refresh our minds regarding acne rosacea, dermatitis etc etc.

I work urgent care and was able to use information from each lecture into my practice.

Homeopathic & osteopathic.

Common presentations in wound care requiring dermatology evaluation

I think information on pressure injuries and diabetic ulcers and how to treat them.

decubitus ulcers skin care

Aging and the skin/ obesity and skin issues.

Adjunctive therapies like IPL for rosacea.

procedures, more on pediatrics

Info about anti-aging/wrinkles, lipomas/cysts, more on hair and scalp. I get questions from patients about these things and would like to be able to give derm-approved answers

I would have liked to hear about more holistic approaches to skin rather than always prescribing a medication.

i really enjoyed the psych-derm talk. more of that would be great.

Uncertain

Chronic rash

cutaneous manifestations of systemic disease

hairy issues - hirsutism, alopecia, etc

Cutaneous manifestations of internal disease

NA

I&D procedures

tinea and yeast infections

more Pediatric derm issues; differentiating rashes

Genital dermatology and changes in menopause

Acne, I see a lot of teenagers and young people. I would like to do more than just refer them.

Acne

n/a

I would like to know more about what dermatologist would like for non-dermatology providers to do prior to referring

Atopic Dermatitis because it is closely related to allergy. I would like to learn more about different OTC skin care products that I can recommend for patients for atopic dermatitis and dry skin in general.

unsure

Rashes associated with autoimmune disorders. Dermatomyositis for example.

Vulvar skin lesions/cancers

Use of topical steroids.

psoriasis

Std rashes

Cosmetic injections, microderm abrasion, etc. benefits and risks.

SK AK Eczema

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

(91)

Yes (91-
100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (6)

Na

n/a

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

(93)

Yes (91-
97.85%)

No (2-
2.15%)

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

Na

n/a

12. Please provide any additional comments you may have about this educational activity. (27)

Excellent PowerPoints

I enjoy this conference. Would like space to make notes on the power point slides

Great conference

This was great, loved it.

I look forward to this conference every year!

I would like to have the handouts printed and available at the conference. I wasn't able to take notes and follow along as efficiently as I would have liked. Also thought the GYN portion was rushed and unfortunately didn't get very much out of it. As that is my area of practice, I was really looking forward to that section. Otherwise, very well done as always.

This year, my only complaint was that it seemed like several speakers were rushing through their slides. Whether they were talks prepared for 45-60 min duration and being crammed into a 30 min slot, or they were just trying to cover too much, most seemed rushed. Having the read-only slides is incredibly valuable for this reason. Love the 1 day conference, but wouldn't be upset if there were the option of a 2nd day in the future!

Above average conference.

Location/time of year for event was wonderful.

Great Conference, this is my first time attending.

I really enjoyed the educational activity. It was very nicely put together.

none

n/a

This is my favorite conference that I attend yearly!

na

Excellent presentation! Very helpful for providers of primary care and emergency medicine who are managing a variety of Dermatological conditions without access to a Dermatologist for guidance. Very well organized. All of the speakers were passionate and interesting to listen to. Thank you.

I have attended many conferences but this by far has been the best! I can not wait until next year

Excellent conference.

Great venue!! Great speakers

very educational, topic length was good amount of time to keep interest. Atmosphere was good and plenty of breaks.

It was great. I'll return next year.

FANTASTIC!

Very informative presentations, especially on atopic dermatitis. I liked how most slides had several visual representations to go along with disease descriptions. It was very helpful for visual learners.

I enjoy this conference.

This is an excellent conference!

I have attended every Skinternal Medicine to date and always walk away with more knowledge. Thank you Dr. Landis and other speakers. Job well done!

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.

Names or contact information of learners will not be shared with any ineligible company or its agents without the explicit consent of the individual learner.

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