

Skinternal Medicine 2023: Dermatology for the Non-Dermatologist

9/22/2023

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.

	Disagr	ee	Agree	
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [82-3.78]		(1) 1.22%	(16) 19.51%	(65) 79.27%

2. Please elaborate on your previous answer. (50)

Assist with proper diagnosis of skin disorders

Better understanding of skin issues

Great presentation

Great lectures

Good reminders, new information.

I learned many new things about treating and recognizing these common skin conditions.

I am now more familiar with new and emerging therapies. pearls about neosporin, topical steroids were helpful

well-versed speakers and relevant information for practice

Items were addressed

Very good informative conference with excellent content

More apt to recognize.

good to learn about different dermatology conditions and treatments

The acne and nail lecture were great and solidified my knowledge and added to it. I've already made new smart phrases with the knowledge I gained.

Help with the diagnosis of major skin cancers vs those skin conditions that are not worrisome

Excellent presentation

Stronger knowledge of ocular manifestations of rosacea and good review of different presentations of melanoma

Loved the content and feel like it will be very helpful in future practice

I always learn at this conference look forward to it every year!

I was taught new ways to identify and differentiate.

improved my knowledge

I have learned about new systemic biologics for AD including Dupilumab, asking about ocular symptoms with rosacea to identify and treat ocular rosacea, and that if lesions do not improve with treatment to keep melanoma in differential.

Helpful for recognition and referral

great speakers

Excellent review

I Updated treatments

Excellent program

Gained more knowledge in accurately diagnosing melanoma.

superb

learned new diseases

It helped me differentiate between the different types of dermatitis and specific treatments for them.

More referrals for biopsy early.

Very up to date information

Provided me with information about first line treatments and when to refer

good information with update

updated treatments

I feel better prepared for treating acne, eczema, and psoriasis and for referring to dermatology for any concern of potential skin cancer.

very good info

Helped

I feel much more confident diagnosing and managing dermatological conditions.

Provided me with more up to date recommendations to give me more confidence.

Identification of melanomas was most helpful.

yes

Gaining new information that I can apply in practice.

Up to date information that helps with dermatology knowledge

I tend to not be very strong in the field of dermatology, so these presentations were extremely helpful in improving my level of knowledge

I did not receive much Dermatology Training in Medical School.

I think it was helpful to learn about how PCPs and NPPs may approach common dermatologic conditions and common errors in diagnosis.

Knowledge was greatly improved with both diagnosing and treating

this conference gave a lot of good information

3. Please evaluate the effectiveness of the following speakers in improving your competence. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Megan N. Landis, MD [82-3.95]	(0)	(0)	(4) 4.88%	(78) 95.12%
Carrie Davis, MD [77-3.91]	(0)	(0)	(7) 9.09%	(70) 90.91%
Michael Sheehan, MD [81-3.85]	(0)	(1) 1.23%	(10) 12.35%	(70) 86.42%
Cindy Owen, MD [82-3.93]	(0)	(0)	(6) 7.32%	(76) 92.68%
Molly Moye, MD [81-3.95]	(0)	(0)	(4) 4.94%	(77) 95.06%
Tandy Repass, MD [79-3.82]	(1) 1.27%	(1) 1.27%	(9) 11.39%	(68) 86.08%
Nico Mousdicas MBChB, MMED, MD [80-3.84]	(1) 1.25%	(1) 1.25%	(8) 10.00%	(70) 87.50%
Patricia Todd, MD [78-3.88]	(0)	(0)	(9) 11.54%	(69) 88.46%

4. Please elaborate on your previous answers. (43)

All very professional

All very good

Great wealth of knowledge

Great information

Note: Dr. Fowler was EXCELLENT! He is not on this list--replaced Dr. Davis? I was confused by Dr. Repass running willy-nilly through sets of pictures/cases BEFORE explaining them, pacing was just a bit off and hard to follow. Found Dr. Mousdicas abrasive--lots of patient-blaming, blaming alopecia on life stressors and most other rashes on poor diet flies in the face of most of the rest of the talks today.

They were all excellent speakers/educators.

I don't recall Carrie David or Nico Mousdicas being speakers

excellent presenters

Presenters were great

Learned a lot at this conference and great insight from all speakers

Speakers were very interesting & knowledgeable.

i liked the follow up panel after presentations. all were very knowledgeable in dermatology

All great speakers and presentations.

They all were great and brought their own level of expertise for different skin conditions. It was nice that the presentations were intermingled some. Helped to reinforce what you learned previously.

Excellent presentations

Really appreciate the different perspective of Dr. Mousdicas

na

I really enjoyed learning about pediatric dermatology issues as this is practice population focus. I appreciated the quick tips on treatment of angular cheilitis, KP, AD, and tinea cruris that Dr. Landis shared.

All fantastic speakers and info is current and relevant to practice

Great speakers and content

Excellent talks

All speakers intelligent, speaks in understandable language

All of the faculty did an excellent job.

Excellent speakers.

none

N/A

Great lectures. Good photos. Succinct.

very good faculty

All speakers were very informative and presented in an interesting way

all competent

all speakers, especially Dr Moye presented info in a interesting and engaging way

All good, nico was great

All speakers were excellent but my favorite was Nico Mousdicas he was very insightful on multiple topics.

great speakers

All speakers were very knowledgeable and taught in a way for all to understand.

Great knowledable speakers

Everyone was excellent, I enjoyed the conference

I felt that all of the lecturers were very knowledgeable.

I thought all of the lecturers were fantastic. Molly Moye was exceptional and well regarded by my sister in law who is a family medicine physician.

Knowledge was greatly improved with both diagnosing and treating

all speakers where great

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (65)

Prescribing appropriate meds

More aware of presentation of rashes or lesions

Change prescribing

Reference sheet- diagnosis, things to looks, quick treatments

Ticks

Prescribing

I will be more open to trying the newer medications; I haven't had much experience with biologic or JAK inhibitors, and this gave me more confidence.

Vitamind d derivatives for psoriasis, alternating with steroids

apply zinc oxide for diaper dermatitis like icing on a cake.

relevant treatment for family practice or retail clinic setting (ie less info on medications we are less likely to use)

None

N/A

use vasoline rather than topical antibiotic

No changes

I feel like I will be more comfortable trying different things for acne vs sending to derm right away.

Always address any abormal skin lesion that does not heal with dem

No neosporin

Better recognition of nail disorders and skin cancers. Avoid PO steroids in psoriatic arthritis.

different treatment plans

Medications

I will utilize cell phone app for assistance.

Acne treatment, use more tretinoin

change in way my patients are being treated based on new protocols

New treatments

na

More biopsies

Being more aggressive with acne treatment considering the depression associated with teens, diagnosing subtypes of rosacea and asking about ocular issues, keep HS in differential if hx of freq cysts and referring to derm, keeping melanoma in differential for persistent lesions/rash despite treatment.

acne treatment

More comfortable with use of topical steroids

picture along with each slide

Confidence with treatments

Use of prednisone in psoriasis

treatment approach and improved diagnostic skills

Implement new protocols on treating certain skin issues.

identification of various dermatological changes

more accurate dx

Avoiding use of systemic corticosteroids in psoriasis

Not use medrol dose packs as often for rashes. Consider sending to dermatologist for biopsy.

More handouts for physicals. And will increase my skin evaluation with physicals.

better eczema treatment

I will change my practice for evaluating skin wounds and consider need for biopsy

I have a better understanding of how to monitor suspicious lesions vs biopsy.

more aggressive acne management

I will be more proactive in treating acne and more aggressive with treatment than I previously was.

Prescribe less steroids!

Biopsy more

I would like to learn to do simple biopsys in office since getting into dermatology takes 3 months in most cases.

more aggressive tx sooner

Consult Dermatology more often to avoid missing something detrimental.

I am strictly teaching nursing students and I will convey additional information about melanomas and the research regarding eczema and hard vs soft water.

different meds

Just having new information on new medicatiosn that ate available

I loved the clinical exam pearls that Dr. Moudicas shared

Differentiating different dermatitis

Different medications

Can't think of any

I will stop recommending the use of OTC antibacterial ointments

Educate patients about these disease.

I will ensure that working with PCPs and NPPs that diabetic ulcers not improving are worked up for a cutaneous malignancy

closer examination

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

(75)

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Certain ^{(31-)}_{41.33\%}

Very Certain ^{(40-)}_{53.33\%}

N/A ^{(1-)}_{1.33\%}

Maybe ^{(2-)}_{2.67\%}

Not Certain ^{(1-)}_{1.33\%}
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7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (55)

Skin lesions

Tick bites

None

This covered more than I could've expected!

When to refer, when it's ok to wait, what we can do while we're waiting for a specialist evaluation.

jeopardy style quiz of common rashes/lesions

dermatology aesthetic treatments, common rashes and treatments

Peds

all were great!

Hormones & effect on skin.

do you see patients have multiple rashes atopic dermatitis??

rashes

Keep the nail disorders for next year.

I would love to learn more about the common primary care procedures like skin tag removal and wart removal.

Nail problems

Skin manifestations of internal disease

Senile purpura due to managing geriatric population.

rashes and treatments, love the rapid fire model of presentations

more on severe eczema flares and treatment

na

Rashes are always good. I get many unidentified things that flare seasonally

Molluscum treatment options and when to refer. Psoriasis treatment options for infants/children.

different rash exanthems

Nothing specific

identification of moles and lesions

Hair loss

Acne treatments

Derm Procedures

uncertain

ectopic derm

more indepth conversation about biopsies (techniques), skin tag removal, etc

Loved the nails. Do again.

Acne and eczema

I would like more information on common rashes

I know it sounds so simple, but I would love a refresher on cryotherapy-indications, directions, aftercare.

no new issues

continued biologic med changes, referral patterns

I would love a presentation that would remind me of terminology to accurately describe skin concerns like rashes and lesions.

medication reaction rashes

common conditions.

eczema

topicals

I see more acute problems so like common rashes and things like that would be nice basic, every day skin findings and strategies to manage them

Basic dermatology conditions seen very often

Dermatitis, skin cancer

Treatment of dermatological issues

Cosmetic skin care type derm

I think common pitfalls in diagnoses are important, for instance recalcitrant eczema may be CTCL

IgA nephropathy skin lesions

pediatrics/ the connection between anxiety and skin disorders

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

(80)

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Yes (80-
100.00%)
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9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (4)

n/a

na

i didn't

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

(80)

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Yes (80-
100.00%)
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11. If you answered No on the above question, please list the topics that were biased? (4)

n/a

na

if someone was sponsored or attached to a label they were upfront about it.

12. Please indicate any barriers you might encounter in implementing these changes in your practice (select all that apply).

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Lack of support from management [82] (5- 6.10%)

Reimbursement issues [82] (11- 13.41%)

Lack of authority to facilitate such change(s) [82] (3- 3.66%)

Not enough time [82] (15- 18.29%)

I do not anticipate any barriers to implementing these strategies [82] (55- 67.07%)

Other (please specify): (4)

na

insurance coverage

none
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need training to feel confident and time on schedule to perform procedures.

13. The format and functionality of this educational activity was effective.

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(80)
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Yes _{100.00\%)}^{(80-}
If no, please explain. (1)
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14. Please provide any additional comments you may have about this educational activity. (27)

None

As a new grad PA this was great info! Very appreciative!!

Found this valuable; thank you.

Excellent seminar!

very informative.

I love attending the skin conference every year. It is a great refresher and a way to learn about the medications and treatments available

Excellent location

Very educational. Excellent speakers. Perfect venue/accommodations for lectures.

na

Great Venu. Great speakers

Great presentations and speakers

Thanks for the day!

Excellent presentation.

wonderful!

wonderful conference

none

Great content and presentations as always

I love the conference every year. It is executed so well! I love that it's at Huber and it's such an enjoyable day! Thank you!

great venue

Delineating what is felt appropriate for primary care and what needs referred to derm Great CME

Dr. Megan Landis was an extraordinary speaker. Her and every guest speaker were extremely well versed in their topics of speaking.

it is a great conference

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.