UNIVERSITY OF LOUISVILLE
CONTINUING MEDICAL EDUCATION & PROFESSIONAL DEVELOPMENT

Winter Skin Seminar 2016

1/29-2/2/2016

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

• Know the comorbidities of atopic dermatitis.

• Improve topical steroid compliance in atopic dermatitis patients by specifying the number of grams to use per week.

• Know the risks of filler and botulinum toxin use in the glabellar area.

• Improve biopsy site selection and technique to improve diagnostic accuracy of vasculitis biopsies.

• Know the likelihood of significant laboratory abnormalities during isotretinoin therapy and adjust monitoring frequency.

• Use biopsy techniques that ensure the complete removal of melanocytic lesions.

• Use methods to reduce the risk of wrong site surgery.

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. [96-3.83]	(0)	(2) 2.08%	(12) 12.50%	(82) 85.42%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [96-3.80]	(1) 1.04%	(2) 2.08%	(12) 12.50%	(81) 84.38%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [95-3.78]	(1) 1.05%	(1) 1.05%	(16) 16.84%	(77) 81.05%

2. Please elaborate on your previous answers. (44)

New evidence on atopic dermatitis

Great program with diverse subjects. Terrific speakers this year.

Best CME of the year and decades

Improve top steroid compliance. Reduce wrong site surgery

Steroid compliance. Reduce wrong site surgery.

New tools

Learned newer recommendations of drug monitoring for isotretinoin therapy, use of cidofovir for warts

I feel that the lectures did not fully address all the gaps listed above

very informative

Great course

Everything was very good.

Understanding the Steroid dosing for AD will increase patient compliance with its use

I will use some of the medications for hyperhidrosis.

materials presented reinforce my practice style and add new information to improve my management of patients with atopic dermatitis, improving accuracy of biopsies of pt with vasculitis, not so much on patients on isotretinoin for acne.

Well organized and informative topics

All information presented was good review; however was nice to hear pearls from experienced clinicians.

Made me rethink the way I practice on a day to day basis

I will adjust to ordering labs only when there is strong scientific evidence to support these tests.

New and exciting txs in AD very important Using evidence-based guidelines for lab testing with systemic dz will help pts and decrease cost.

I will certainly be more cognizant of the amount of corticosteroids that I prescribe, especially for pediatric puts. Also, we prescribe a lot of Isotretinoin and it's good to have supporting literature on dosage changes when our pts have abnormal labs. We see a lot of clinical dermatology and I thought the Vasculitis lecture will improve my biopsy techniques.

My treatment of Atopic Dermatology and Psoriasis should improve with these lectures. Biopsying techniques for pigmented lesions, DH, and Vasculitis will be more efficient. Better monitoring protocol for Accutane patients.

academic evidence based data

I have better knowledge of atopic dermatitis treatments, melanoma biopsy technique, and monitoring guidelines for isotretinoin.

I learned some new things at the conference and it expanded my knowledge of dermatology.

very practical information

The program was very informative and I will refer to the information provided in my practices.

Was gratified to see that for the most part, my practice falls in line with the recommendations of the speakers. Did learn that I could probably safely reduce the number of labs that I normally order for my isotretinoin patients and learned some helpful hints for managing atopic patients. Fortunately, given the nature of my practice, do not have a problem with wrong site surgery or common incomplete removal of suspicious melanocytic lesions.

Atopic Dermatitis - confirmed my approach well, added new peanut allergy and food role in AD and new treatments. Now see that I an cut back some on my lab tests during isotretinoin treatment. Confirmed my approach to biopsy of melanocytic lesions and my communication with my medical assistant on biopsy locations.

Excellent CME meeting. I would recommend it.

These were outstanding speakers with great handouts and presentations

I have struggled with where to biopsy vasculitic lesions in the past. Her presentation was very clear and concise and helpful. I will now be able to have a more accepted guideline on Isotretinoin lab monitoring

excellent activity

Monitor isotretinoin labs more effectively,

New information of biologics for treating psoriasis and atopic dermatitis will help these patients in my practice.

no previous answers

Yes . I did not know many things expressed

I do not need to order so many labs for my isotretinoin patients. Deep shave biopsy is OK for suspicious pigmented lesions. Confer with patient to make sure I am biopsying the correct lesion. Stay away from the glabellar area with fillers.

I specifically appreciate the guidance regarding how much topical steroid to have the patient use over a 7 to 10 day period for acute flares of atopic dermatitis. A very practical tip.

the lecture by Dr.Clarke on monitoring lab work for isotretinoin and other meds was the one lecture that will change how I will practice in the future.Also specifying the number of grams to use per week on atopic patients was very useful knowledge.

excellent speakers

I am an internal medicine practitioner. And while I did learn a lot during this seminar, the goals listed above were not necessarily my goals and do not reflect how I intend to change my practice.

change lab monitoring isotretinoin

I will look under peoples tongues

The lectures were not commercially biased

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
Glen M. Bowen, MD [92-3.88]	(0)	(1) 1.09%	(9) 9.78%	(82) 89.13%
Kristina Callis-Duffin, MD [88-3.76]	(0)	(1) 1.14%	(19) 21.59%	(68) 77.27%
Jennie T. Clarke, MD [86-3.86]	(0)	(0)	(12) 13.95%	(74) 86.05%
Brett M. Coldiron, MD [92-3.50]	(6) 6.52%	(7) 7.61%	(14) 15.22%	(65) 70.65%
Lawrence F. Eichenfield, MD [95-3.86]	(0)	(1) 1.05%	(11) 11.58%	(83) 87.37%
Craig A. Elmets, MD [92-3.60]	(0)	(3) 3.26%	(31) 33.70%	(58) 63.04%
Scott R. Florell, MD [91-3.65]	(0)	(2) 2.20%	(28) 30.77%	(61) 67.03%
Stephanie Z. Klein, MD [89-3.71]	(0)	(0)	(26) 29.21%	(63) 70.79%
Carrie Kovarik, MD [89-3.83]	(0)	(1) 1.12%	(13) 14.61%	(75) 84.27%

Ginat W. Mirowski, DMD, MD [90-3.66]	(0)	(0)	(31) 34.44%	(59) 65.56%
Jesse Roman, MD [91-3.69]	(1) 1.10%	(4) 4.40%	(17) 18.68%	(69) 75.82%
Andrea L. Zaenglein, MD [93-3.71]	(0)	(5) 5.38%	(17) 18.28%	(71) 76.34%
John J. Zone, MD [88-3.82]	(0)	(1) 1.14%	(14) 15.91%	(73) 82.95%
Jeffrey Callen, MD [91-3.91]	(0)	(0)	(8) 8.79%	(83) 91.21%

4. Please elaborate on your previous answers. (38)

No weak topics just vital information for the clinician

Great lectures. Great conference

Great Faculty. Well rounded lectures

Speakers should stick to talks about med dx and tx.

Great Faculty. Well rounded

Very informative sessions

I think that Dr. Mirowski was very knowledgeable and she had a lot of information that we could learn from since she is more specialized. Her lectures as well as the pediatric lectures and the global derm lectures were my favorite since they came from individuals that had more specialized practice.

Speakers were great.

Dr Bowen is hilarious and very educational at the same time. Dr Clarke's talk on vasculitis was excellent and very down to earth.

You left out Dr Alam

As a Family Physician I found Dr Gridiron to be an offensive speaker. To hear him talk about how terrible Dermatologists have it made me nauseated. As someone who represents your specialty I would think you would want someone who at least pretended to be concerned about our underserved populations, health care inequality or access to the special services your specialty delivers.

All great

good PPP esp with case studies

The lecturers at the Winter Skin Seminar were very high caliber, and I was able to take home some useful information

Overall great speakers

Great Speakers with nice additions from other specialties.

Dr. Roman was a great dynamic speaker and I enjoyed listening to him speak; not sure how much his talks improved my knowledge, competence or performance however.

All speakers engaged my attention and presented interesting material

Dr. Bowen was the best speaker of the group.

Great hearing from the AAD president talking about the current and future state of dermatology. Loved Dr Zaenglein's acne lecture. Dr Zone was great, he's got so much experience. It was really an honor to hear Dr. Eichenfield talk about peds and atopic dermatitis. Really loved all the lecturers.

Dr. Coldiron gave an tough, but real update on the current and future state of dermatology and reimbursement. Dr Eichenfield gave some great insights into Atopic Dermatitis and the future of treatments. Dr Zone was fabulous, and brings years of knowledge into his lecture.

excellent faculty

Bret needs to tone it down a bit. It was like listening to D. Trump

Dr. Elmets and Florell were less engaging than the other speakers.

The speakers were well informed and well trained.

Where is the review option for Dr. Murad Alam? I thought he did an excellent job as well!

These speakers were all excellent with a great mix of topics, all presented very well.

Great faculty

Speaker were thorough , well prepared , addressed learning objectives

I work as a nurse practitioner at Minuteclinic. I paid a very high tuition to this seminar and do not appreciate being insulted

I work at Minuteclinic ! need I say more ???? I paid a lot of money for that seminar and don't appreciate being insulted. If you don't like nurse practitioners you should not list us as one of your "target audienses"

Dr. Roman kept my attention even though he was speaking on a subject not directly related to dermatology. Dr. Kovarik always gives good talks on 3rd world dermatology. Her work is inspiring!

Dr. Bowen is one of my all time favorite speakers.Dr.Roman was also outstanding. Dr.Bowen is one of my all time favorite speakers.Hope you continue to invite internal medicine docs to lecture.Dr. Roman was outstanding. hope

Excellent

I thought all the meetings were great!

learned new material that can apply to practice in most of the lectures

Dr Coldiron insulted nurse practitioners. I work at Minuteclinic and paid good money to attend this conference and did not appreciate his comments. You should not invite nurse practitioners and then insult them

The lectures were informative on various topics and not commercially biased

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (77)

consider niacinamide for skin cancer prevention

Put safety

Placing dots around the pigmented lesion to be biopsied

pickle juice for muscle cramps

Less lab monitoring with isotretinoin. Dicuss top steroid compliance in children with parents

Reduce lab monitoring in isotretinoin. Discuss compliance with parents using top steroids in pediatric patients.

Safety

None

Decrease lab monitoring in isotretinoin. Discuss steroid compliance with parents of children with AD

New medication uses

Fewer lab monitoring in isotretinoin. Specific check of potassium only in the appropriate patient on Spironolactone

I certainly noticed that I do not do proper oral exams and will begin to perfect that exam especially on my melanoma pts.

patient safety parameters new ideas for isotretinoin usage

tx of hyperhidrosis; examination of perianal, genitalia and oral mucosa in immunocompromised patients

Change in lab monitoring for various systemics

Con

I will look into using anticholinergics into my treatment of hyperhidrosis of plantar surfaces

Change our approach to hyperhidrosis, evaluate more oral lesions and order less labs for isotretinoin.

Peds derm management

New protocol for a couple of diseases

Using the right dosing for isotretioin

Less monitoring of labs for isotretinoin. I feel more comfortable prescribing dapsone. I will likely use more cosentyx for psoriasis.

Decrease amount of labs checked during isotretinoin treatment.

less lab work monitoring for isotretinoin patients.

The future of dermatology is grim but it's great to have people like Dr. Coldiron leading our specialty and battle with insurance panel accuracy and increase access

Will change how I order labs from medication monitoring

Consider collaboration to look at Isotretinoin monitoring frequencies as a department;consider recommendation of nicotinamide or COX2 in patients without contraindications that have history of multiple NMSC in addition to sun protective measures.

Monitoring systemic psoriasis medications

Change How I monitor labs for Isotretinoin and spironolactone.

Implement the use of pre/peri operative aldara when treating lentigo maligna.

Change in laboratory monitoring

I feel more comfortable with diagnosing DH and using Dapsone. I have some reassurance with conservative monitoring of my sarcoidosis patients, and not over treating them. I thought the hyperhidrosis lecture covered that topic completely, and I feel comfortable with a treatment protocol based on the location of the pt's excessive sweating. Accutane monitoring, Vasculitis, new psoriasis treatments are all topics that I have improved my knowledge.

Accutane monitoring protocols, treatment of my psoriasis patients, hyperhidrosis care, easing my desire to over treat sarcoidosis patients, treating DH patients with dapsone

more comfortably.

I will order fewer blood tests.

different medications and protocols

no changes

Routine lab testing

atopic dermatitis treatment guidelines and new medications in the future will be considered

New protocols for hyperhidrosis

office protocol changes

biopsy wider and deeper on pigmented lesions, change hyperhidrosis treatments, proper biopsy of vasculitis areas

Other medications will be considered when appropriate.

Using IL cidofovir

systemic durg monitoring

Will begin recommended Nicotinomide supplementation for my patients who suffer numerous SCc's. Will consider Vytorin for my alopecia areata patients. Will access Pedsderm.net for patient handout references. Will be checking with my dermatopathologist to determine if I can send clinical photos of bx sites to assist in dx. Will improve office safety by removing skin hooks from routine excision trays and process these separately. Will check PPD for all clinical staff every 2 years. Will review and update our needle stick protocol. And more!

Now see that I an cut back some on my lab tests during isotretinoin treatment.

I will change monitoring activities of a few medications as well as having more options of treating some diseases.

Consider imiquimod in LM, look in the mouth of all Melanoma patients, have patients use antiperspirants at night, stop doing labs so frequently on Dapsone patients

Give niacinamide to AK patients

Decrease frequency of Isotret lab monitoring. Decrease use of drysol and move to hyrdosal and increase OTC daily antipersp. for hyperhidrosis. Increase my screening method for celiac, TTG3 labs.

Decrease lab checks with isotretinoin use

Will treat recalcitrant warts with intralesional cidofovir

Use IL cidofovir for tough warts

Changing medications for treatment of atopic dermatitis and psoriasis.

Frequent oral exams involving tongue and sublingal area. Recomend HPV vaccine to all who it is recommended

excellent practical hyperhidrosis recommendations

complete oral exams. Check for mono with each strep pharyngitis and vice versa

new protocols atopic dermatitis

approach to hyperhidrosis

Decrease number of Accutane monitoring labs.

new treatment for atopic dermatitis when available

Less lab ordering

approach to lentigo malign

I will seriously consider and discuss prescribing niacinamide for my patients who are at high risk for developing additional nonmelanoma skin cancers

new lab monitoring protocols

Safety protocols

not much

as mentioned above,change how frequently lab tests are done and specify # of grams of topical steroid to use per week in atopics.

I will implement some changes and additions in my treatment of hyperhidrosis and dermatitis herpetiformis. I will think about HIV more often in certain cases.

new tx.

The talks most applicable to my practice were the sarcoidosis, hyperhidrosis, acne, and dermatitis herpetiformis talks.

try different meds

less lab monitoring with isotretinoin, increase DIF with persistent pruritus

Care of oral lesions

eczema pearls were great this year!

Not all sarcoidosis patients need systemic treatment if asymptomatic

lab tests for systemic meds especially accutane

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

(84)

Very Certain (55-65.48%)

Certain (24-28.57%)

Maybe (4-4.76%)

N/A (1-1.19%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (56)

continue to have diverse subject matter

How to navigate varying degrees of "atypia" in melanocytic nevi....

Billing, surgical

Vaccine for scc, specifically addressing the recent JAMA Dermatology review of hpv etiology of scc, types 5,8,15,17,20,28, and 38.

practice management, health care reform,

Teledermatology.

Teledermatology

Private practice issues, cost of medicines

DH

Treatment for plantar warts and how to get them covered by insurance

High risk skin cancer management

Changing landscape of business in medicine

safety with derm techniques

Vascular malformations in adults; HPV and the HPV vaccines in adults;

Mohs surgery, flaps, graft, icd-10, cpt correct coding

Pediatric Psoriasis.

Cutaneous signs of systemic disease; more practical management guidelines/data for skin disease and use of dermatologic drugs

more of the same

Evidence based appropriate laboratory ordering for medication surveillance and disease monitoring to limit unnecessary testing and medical expense.

COst of both prescription and brand name medications

Long term antibiotic therapy. High dosage or lower dosage (subantimicrobial), side effects vs efficacy. Chronic hand eczema treatments and differential. Laser machines and uses.

Mycosis fungicides staging and treatment, hyper-pigmentation treatment options, drug reactions, PLEVA and PLC and LyP treatment protococols, psychodermatology conditions and treatments. We see a fair amount of these patients in our practice.

With the rising cost of medications, I would like to hear a talk on inexpensive options to treat common diseases.

chronic hand dermatitis, chronic pruritus. help fill therapeutic gaps

Biologic data for various dermatologic diseases

New work in atopic dermatitis, acne

management of pigmentary conditions (vitiligo, melasma, etc), management of hidradentis, hair loss

cosmetic dermatology

management of atypical nevi, best model for using ancillary staff

Eczema and future treatments.

None

dermoscopy

Topics with clinical relevance such as we heard during these lectures are always my favorite!

use of biologics in patients with history of melanoma

Update on molecular genetics in melanoma -> practical talk on when to order additional testing and how to interpret

More from John Zone and bullous disease BP/PV, etc. More from Glen Bowen and what to do with atypical spitz, spitzoid proliferations,etc and the atypical lesions that don't "fit". what is the role of SLNBx, etc. He consulted on 3 cases alone on the past 6 months for me. Maybe he could collect some of the paths of these "misfits" and present a case on management of them.

A balance of medical, surgical, and pediatric derm with a touch of cosmetics like what

was done

emerging therapeutics in psoriasis, atopic dermatitis, melanoma

Common dermatology conditions that do not respond to common treatment options. Why don't they respond and what else can we do for this subgroup?

Viral exanthems. External gyn dermatological abnormalities

vasculitis

Viral exantems. GYN lesions as appropriate

This conference provided up to date issue on most all of the most common, vexing, and controversial topics. I can't think of anything I would change.

I'm fine with any topic as long as it is unbiased, well delivered

Chronic wound healing and treatments

Biologics

I think it is important to remain abreast of the changes in policy and reimbursement, especially alternative payment models, as they begin to be rolled out. It helps to have a dynamic speaker such as Dr. Coldiron who is also at the ground level in advocating for dermatologists the political stage deliver these lectures.

How to approach patients with apparent drug hypersensitivity when they are on 10 plus meds.

treatment

like the format as it is- like hearing about new research and medications

drug monitoring

Viral exanthems. Probably won't attend this conference again if Bret is there

Wart treatment

management of basic surgical cases

8. Were the patient recommendations based on acceptable practices in medicine? (85)

Yes (85-100.00%)

10. Do you think the presentation was without commercial bias? (89)

No (7-7.87%)

Yes (82-92.13%)

11. If you answered No on the above question, please list the topics that were biased? (1)

Dr. Elmets should have disclosed his involvement with the Polypodium product during the lecture, not just in the post-lecture Q&A

12. Please provide any additional comments you may have about this educational activity. (29)

Maybe bring back a "Happy Hour" night that would facilitate discussion amongst

members...

Keep the meetI going!

I would prefer to see less support from pharmaceutical companies. I would gladly pay for in registration to replace lost revenue.

I thought that it was a good confrence overall.

I am a physician assistant attending this conference. I have been to numerous SDPA conferences, but have yet to attend an MD/DO dermatology conference. I have heard really bad things about the AAD conference from PAs in the field, so I was hesitant to attend. Mainly, their complaints about AAD was seclusion and segregation feelings towards the PAs. THis was my first. I am very impressed, I learned a lot. I felt the information was very relevant to my clinical practice, and I look forward to attending more conferences in the future. I did not feel segregated. I would recommend to other derm PAs

Although advertised as being a conference that was appropriate for Family Physicians, Nurse Practitioners etc, it was clear this was geared toward dermatologists.

well thought out topics

This is one of the best CME courses I have attended. It is very clinically relevant and current with updated practices. I always take home some very useful information

Good venue. Overall I learned a few new things, skiing was great.

none

Great conference. Will try and come again next year.

This was my first year at the conference and I was thoroughly impressed with the quality of lecturers, the content and up to date information they presented with the studies to back their information. The facility was nice, and Canyons is such a great ski resort, loved it all, hope to be back.

The conference location, lecturers, topics, and attendees were all top notch. We had a great time, we really hope to come back.

Great Seminar. Good topics, good variety of issues and speakers, Great location, good weather.

already looking forward to 2017

always excellent speakers and a perfect setting for a conference. very well run.

This is by far the best run informative meeting that i have ever attended, I hope Dr Callen stays in the game.

Can't wait for next year, and so pleased to hear that this meeting will continue.

Jeff Callen must be commended for consistently planning and executing an excellent meeting with timely topics and also expanding our knowledge base in Dermatology and related areas.

Looking forward to future Winter Skin Seminars

Provide a social hour or two after the first evenings lectures to allow more time for people to get to know each other.

thank you. well done as usual.

Very nice venue

Once again, a great relevant conference!

I have been to most of these winter skin seminar meetings since 1991.Best derm

meeting by far for me.Great skiing and great lectures.Dr. Callen and his staff never fail to provide great meetings year after year.I really like having the meeting in Park City[movie festival,great ski areas,easy to get to]

great meeting!

great conference

Always a good meeting, very good speakers and topics

fantastic 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.

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