

Winter Skin Seminar - 2015 1/23-27/2015

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

- Addressing weight loss in patients with psoriasis.
- Performing inpatient hospital consultations.
- Ordering EKGs or vitamin D levels after the initial diagnosis of sarcoidosis.
- Properly treating patients with psoriasis.
- Adapting recently updated acne guidelines which will decrease the reliance on long-term antibiotic use.
- Utilizing new biologic and targeted psoriasis therapies which are becoming available or are new to the market.

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. [51-3.90]	(0)	(1) 1.96%	(3) 5.88%	(47) 92.16%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [51-3.84]	(0)	(2) 3.92%	(4) 7.84%	(45) 88.24%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [50-3.90]	(0)	(1) 2.00%	(3) 6.00%	(46) 92.00%

2. Please elaborate on your previous answers. (19)

Keeps me updated in terms of the literature from experts . This experience then can provide better care for my patients. It's like having a consultant for every complex problem. Case in point are the BAP-1 tumors and atypical Spitz tumors in kids. I now know what to look for from our pathologists and in my own slide review of these patients Use more spironolactone. And biologics

Discussion of lifestyle modifications including weight loss, smoking cessation, and management of hypertension will be incorporated into discussion with psoriasis patients.

plan to start prescribing OCP's

Great informative meeting. Really intelligent and informative speakers.

great conference

The lectures on psoriasis and acne were especially helpful. Dr. Armstrong answered questions that I had about which biologic to choose when starting a patient on a biologic. I have not seen a new case of sarcoid in several years but Dr. Rosenbach gave a

good lecture on how to work up a new case.

Updated me on future medications for psoriasis, hospital consults regarding infectious disease, and a very good update on HIV and Hep C.

i will use more hormonally directed acne therpaies and screen my psoriasis patients for comorbidities

Great conference.

I have already been working on some of my overweight psoriasis patients to loose weight, our discussion gave me more information to encourage them more. I was relieved to hear that there is no increased risk with acetretin in psoriasis treatment, as I use it often and had the concern. I will feel more comfortable using it now. I will feel more comfortable using spironolactone and oral contraceptives in adult female acne of the lower face, especially.

Great educational sessions, learned a l

The inpatient consultation lecture was instructive in a difficult aspect of dermatology

The nail disease pathology reviewed will result in me considering more nail biopsies in the future

I will implementing BCP in my female patients that demonstrate a hormonal component to their acne.

broad topic selection

very much so

well done presentations

this was the most advanced dermatology presentation I have ever attended, I found it fascinating

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
Beth Ruben, MD [48-3.75]	(0)	(2) 4.17%	(8) 16.67%	(38) 79.17%
Michael Saag, MD [46-3.89]	(0)	(1) 2.17%	(3) 6.52%	(42) 91.30%
Misha Rosenbach, MD [46-3.87]	(0)	(0)	(6) 13.04%	(40) 86.96%
April Armstrong, MD [46-3.74]	(0)	(2) 4.35%	(8) 17.39%	(36) 78.26%
Victoria Barrio, MD [48-3.69]	(0)	(1) 2.08%	(13) 27.08%	(34) 70.83%
Phoebe Rich, MD [47-3.74]	(0)	(2) 4.26%	(8) 17.02%	(37) 78.72%
John Zone, MD [47-3.83]	(0)	(1) 2.13%	(6) 12.77%	(40) 85.11%
Fiona Zwald, MD [45-3.73]	(0)	(1) 2.22%	(10) 22.22%	(34) 75.56%
John Koo, MD [47-3.83]	(0)	(1) 2.13%	(6) 12.77%	(40) 85.11%
Kanade Shinkai, MD [47-3.87]	(0)	(1) 2.13%	(4) 8.51%	(42) 89.36%
Jeffrey Callen, MD [46-3.96]	(0)	(0)	(2)	(44)

			4.35%	95.65%
Soon Bahrami, MD [43-3.77]	(0)	(0)	(10)	(33)
			23.26%	76.74%

4. Please elaborate on your previous answers. (19)

Organized, dynamic, clinically relevant

Very pleased with the level of knowledge of each of the subject. Very helpful insight into their subjects of discussion.

Dr. Ruben was a poor communicator and had way too many slides. Dr. Barrio rushed through her slides, but was practical

Everyone did well.

Great informative meeting. Really intelligent and informative speakers.

good speakers

I found all of the speakers to be excellent, but missed a few of the lectures. Drs. Shinkai and Ruben were EXCELLENT

Dr.Saag gave two of the most interesting lectures at the meeting. Dr.Saag gave two of the best lectures that I have ever listened to at this meeting.Have him come back again.Dr.Zone gave me some new ideas on working up some problem patients.I always learn something new from Dr.Callen.

Kanade Shinkai and Michael Saag were very good

All were fabulous!

All speakers were great. I really enjoyed Michael Saag due to his energy and relevant topics. Dr. Koo is always a treat to hear.

All top-notch. A terrific meeting

excellent speakers! great clinical value and tips that I can implement into my practice.

Misha Rosenbach is well organized and his talk was excellent and on great topics, but I really do feel his rapid speaking is a problem. He could say slightly less at a slower pace and have a much better impact.

Dr. Saag's lectures were clear, concise, and a fresh addition to usual topics

Dr. Saag's comprehensive review of both HIV and Hep C enlightened me to the many advances currently being made in those fields and how close we are to curing Hep C

high quality presenters

great speakers

all speakers were relaxed and informed

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (43)

Dr. Koo had practical advice for pill cutting to decrease side effects until the patient has tolerated. BAP-1 tumor search and care of those patients and families. New advice on plaquenil use and ocular toxicity

I will consider the use of pimozide in the future. I will be more confident in prescribing OCPs as well.

See above - spironolactone. And biologics

Use of oral contraceptive pills with/without spironolactone therapy will be used more

often than spironolactone alone. More nail biopsies will be performed with suspicious lesions, feel more comfortable doing them.

incr freq adalimumab start ocp's consider rituximab - not sure on this one

Won't use new topical therapies for toenail fungus

may use more combinations of systemic medications in psoriasis

New medications, lab tests for diagnosis

Addressing weightloss in psoriasis patients.

Spironolactone protocol, Pediatrics tx of warts, Counselling on OCP usage

handouts are a bit busy. take home message should be clearer.

prescribing oral contraceptives more frequently for acne management

great updates on acne management, HIV, HepC, sarcoid

I will now order DHEAS for teenage acne patients for PCOS whereas I used to order simply free testosterone as an endocrinologist had suggested.

More DIF testing for elderly patients with unexplained pruritus to r/o bullous pemphigoid

Order serum IgGBP180/220 titers on older patients with severe pruritus with no definable etiology. Order an EKG and vit.D levels on new cases of sarcoid. Use Picato on patients with porokeratosis.

I will be much better about evaluating women with acne.

Pulse dosing of Laminal

Higher doses of spironolactone for hormonal acne, dosage changes for recalcitrant psoriasis.

Biopsy normal skin in itchy elderly without rash

lab tests, new psoriatic meds and combos

stop checking K for spironolactone wider differential for immunosuppressed pts

Using more anti-TNF meds for psoriasis so the patients moderate to severe disease are not undertreated

I will write scripts for birth control. I will use more plaquinil. I will use higher doses of medications. I will always keep sarcoidosis in my differential.

New treatments for acne and psychodermatoses

I will give cimetidine another chance in molluscum in children, being sure to do so in atopics for the best result. Dr Koo was full of great ideas for parasitosis, I especially like his query for a patient - how important is it for you to be right, to do you just want to get better? There are many other pearls to incorporate into my 30 year old practice.

More confidence with nail biopsies and confidence in nail procedures. Much better knowledge about patient satisfaction & effects on billing-collections, thanks to Dr. Koo. More comfort with psychological Derm patients & management of their derm problems-psych problems.

OCPs for acne counseling of psychderm

I will be more diligent about screening for HIV and Hepatitis C and referring patients to have these diseases cured. I have a better understanding of "reactive granulomatous diseases" and how to classify them. I will implement better nail biopsy techniques. I will be more confident in my prescribing practices for biologics for psoriasis. I am going to be aware of patient satisfaction with each patient encounter.

Better awareness of HIV and Hep C medications
 new psoriasis protocols regarding adjusting treatment, new ideas for neurodermatitis patients
 Introduce more nail biopsies because benign appearing cases like verruca can sometimes be skin cancers.
 will be using the new psoriasis medications coming out soon
 Will implement 5-fu occlusion treatments.
 Changing approach to some difficult dermatologic cases
 Checking hepatitis c panel on more lichen planus patients
 better understanding of treatment options
 different medical approach to psoriasis patients
 More readily refer patient for nail biopsy awareness of how to interact with patients with delusions of parasitosis and redirect patients to being focused on symptom relief
 Hep- C survey; interact with delusional patients more effectively
 Great lectures on Hep C and HIV.
 monitoring of methotrexate therapy
 Better treatment algorithms

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

(45)

1. use more field treatments for skin cancer margin management in OTRs 2. recognize molluscum dermatitis 3. more stringent ophthalmologic screening for plaquenil users (1-2.22%)

Very Certain (25-55.56%)

Certain (18-40.00%)

Maybe (1-2.22%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (27)

Melanoma
 Pediatric dermatology including atypical presentations of viral exanthems. New therapies in psoriasis.
 itch adult eczema infections
 Common dermatoses, skin signs of internal disease
 more connective tissue disease
 Ulcer management, hair loss conditions
 A couple of more practice management based stuff like PQRS, Meaningful Use guidance, new management protocols
 Options for older dermatologists in turning over their practice to a younger one or a corporate company.
 I think a wide range of topics was covered very well

Safety profiles of new biologics, more in-depth information on new biologics, urticaria and use of Xolair, eczema and use of Xolair

none

melanoma malpractice issues more on changes in health care reimbursement paradigms.

I would love to see a lecture on cheap effective treatments of common skin conditions.

Oral disease, medical dermatology, practice management, ethics

I find that the course directors have an uncanny ability to bring a wide array of topics to us that are always timely and well presented. I can not think of any specific issue.

Complex Medical Dermatology to aid spotting & treating the more rare and more severe Derm conditions. How to Bill & Collect in a changing Insurance & Medicare environment.

Jeff chooses good topics, I trust him -- Soon did a good job

Infectious disease/ tropical disease

New psoriasis treatments - new drugs, more understanding of how to use

Anti-TNfs and lung infections like histo and cocci

Vasculitis

Difficult melanocytic lesions

updated therapies

more about high risk patients with various cutaneous conditions

CTCL updates

skin manifestations of medical illness. assist in diagnosis of new hospitalized patients

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

(49)

screening guidelines - I liked hearing about eye screening for plaquenil and would love to hear more about screening needed for other medications. The practical talks on communication/ difficult or delusional patient were terrific, could always hear more about that. Really enjoyed practical dermpath lectures that help me interact better with my derm path colleagues.

(1-
2.04%)

Yes (48-
97.96%)

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

(49)

n/a (1-
2.04%)

Yes (47-
95.92%)

No (1-
2.04%)

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

This continues to be the best CME MTG that I attend. Year after year! Dr. Callen recruits the best and brightest physicians to teach us. All of us that attend owe him a great deal. Our patients can only benefit.

Very happy with this activity. Very happy with all the speakers, the location, and the organizers.

would have liked slightly healthier snacks in the afternoon. great conference
excellent meeting

Always my favorite conference of the year!

Nice event. enjoyed format. first time to winter Ski meeting. will consider again.
fantastic meeting

By far my favorite meeting. I love to ski and the quality of the lectures are second to none. Please make the effort to continue this meeting. THANKS!

Hope the meeting continues next year. Very worthwhile!

I've been coming to this conference for 3 years and am always impressed and excited about the information presented. Thank you!

Great meeting! I highly recommend it to my colleagues. Information is easy to absorb in manageable time slots.

None

I feel this was a well rounded and excellent meeting with amazing speakers, has been the tradition of this great meeting.

I Love the Winter Skin Seminar & am very grateful to Dr. Callen, Dr. Bahrami, Dr. Golitz, Dr. Kulp-Shorten, Dr. Owen for organizing and conducting an excellent meeting. I hope Dr. Callen can find the energy & motivation to continue to organize and conduct the best intimate high quality Derm educational meeting in the country.

great activity, great job planners

This is an excellent conference, especially for a general dermatologist. It is very practical and informative. Each day I picked up pearls that I can apply to my daily practice. I thought the conference had a good mix of speakers and topics. I also really enjoyed the non-dermatology specific talks about HIV and Hepatitis C. These talks were very well done and informative. It is a great conference! I will certainly recommend the conference to my colleagues.

Great conference involving medical and surgical dermatology

Excellent meeting, looking forward to attending next year

As a clinical dermatologist, it is very hard to sit through a pathology presentation. Pathology information work best as part of a clinical presentation.

excellent

I like this abbreviated review. Please use brand names. Most of us know the drugs far better by those and what difference does it make? It is a stupid policy of journals and meetings to use generic names as if that made the presentations more holy and free of conflict.

look forward to future meetings of the Winter Skin Seminar programs

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.

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