



Message from the President

Back in October during the President's Banquet at our Annual Meeting, I spoke of what I hoped to see change for the AOCD, and also encouraged those members in the audience to *get involved* this year.

We have succeeded in moving forward with many needed changes that will enable the College to better serve our membership. For example, our home office in Kirksville, Mo., has a new address. Moving to a larger building will better support our Executive Director, Marsha Wise, and her staff, which has grown in recent years to keep up with the growing membership.

Soon we will have a new, updated and more interactive website to better serve not only our members and residents, but also our patients. We already have an updated Dermatology Disease Database for all to search. Our College also has developed an AOCD app for both iPhone and Android smart phones. I would like to thank Drs. Rick Lin and Jere Mammino and the rest of the Internet Committee for their work with these projects.

We have used surveys to gain feedback from our membership, and then listened to you, the members, to make changes accordingly. As an example, we continue to try and provide

outstanding lectures at our Annual and Midyear Meetings on topics of most interest to our members, such as pediatric dermatology and surgical pearls.

Our Site Selection Committee also has listened to your requests regarding where to have our Midyear Meetings. Many of you have asked for a location that has easy access for flying in and out. Our next Midyear Meeting will be held on Feb. 20-23, 2014 at the Ritz-Carlton Hotel in Dallas. You will have the convenience of flying to either Dallas Fort Worth International Airport (all major carriers) or Dallas Love Field (Southwest Airlines) with only a short cab ride to the hotel.

According to a recent *Medscape* survey, which covered 22,000 physicians and 25 specialties in the United States, dermatologists surveyed had a 64 percent job satisfaction rate, the highest among any medical specialty surveyed. We are truly fortunate to be able to practice dermatology and enjoy our work! Many of you who are residents may not understand this now, but you will later in your careers. I feel that there is a need for all of us to give back in some way for our good fortune (this is the getting involved part).

There are many ways to go beyond our own medical practices by doing more in our communities or getting involved with local or state osteopathic associations. There is always a need for skin cancer screenings for melanoma or volunteering at a local clinic for the underserved or homeless. I would hope that teaching medical students and residents also could be incorporated in all of our practices. And we are always looking for AOCD participation by our members, whether it involves serving as a member of one of the many committees or even considering running for a trustee position. Our website has a list of all the committees, and the members who are presently serving on them. The important message I want to make is to GET INVOLVED!

As we head into the summer months, I hope that you all take time to spend with your family and friends, and also make plans to attend our Annual Meeting in October at the Mandalay Bay Resort and Casino in Las Vegas.

David L. Grice, D.O., FAOCD

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DermLine

Newsletter of the American Osteopathic College of Dermatology

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If you have a topic you would like to read about or an article you would like to write for the next issue of *DermLine*, contact Ruth Carol, the editor, by phone at 847-251-5620 or email at RuthCarol1@aol.com.

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Executive Director's Report

by Marsha Wise, Executive Director



Greetings everyone!

After a very wet spring in the Midwest we are embracing summer! The staff and I continue

to organize member records and governance documents for the sake of preserving them and eliminating the need to find storage space.

Since March, we have been working on implementing a new database and website for the AOCD. This is an exciting project that will enable our staff to provide more information to our members via the website and everyone in the AOCD national office is actively involved with this project. Look for the article describing our progress on page 3. Once the new site is live, members will need to be current on AOCD membership dues in order to have access to their own profile information.

Dr. Suzanne Sirota-Rozenberg is the program chair for the Annual Meeting in Las Vegas. An updated schedule of events can be found on page 6.

Save the Dates!

February 20-23, 2014, our Midyear Meeting will take place at the Ritz Carlton in Dallas. Dr. Karthik Krishnamurthy is the program chair for this meeting.

April 23-26, 2015, our Midyear Meeting will take place at the Ritz Carlton in Charlotte, North Carolina. The program chair for the

2015 meeting will be announced soon. Check future issues of *DermLine* and the *Thursday Bulletin* for updates. An expanded meetings coverage page will be available on our website.

Thursday Bulletin

The *Thursday Bulletin* is intended to keep members up to date with reminders regarding AOCD news and events. Please let me know if you have information you think would be helpful to our membership to include in an upcoming *Thursday Bulletin*.

Annual Reports for Residents

We want to remind all residents and program directors of our new street address for shipping the Annual Reports. Our post office box, 7525, is the preferred mailing address and all correspondence should continue to be sent there. All shipments (UPS, FED-EX, etc.) should be sent to our street address at **2902 N. Baltimore, Kirkville, MO 63501**. Please be sure to update your records with the new information.

AOA Specialty Affiliation Agreement

One year ago, the AOCD and AOA signed the AOA/Specialty Affiliation Agreement. This document acknowledges the unique relationship that exists between the AOA and its specialty colleges and societies. The purpose of affiliation between the AOA and AOCD, for example, is to ensure the health and viability of the osteopathic medical profession. Both organizations expect and desire that each shall support, assist and/or participate with the other with respect to all matters of common interest that further the fundamental and primary purposes of each.

We look forward to seeing everyone at our Annual Meeting, Sept. 30-Oct. 3, 2013, in Las Vegas.

Good Governance and the IRS

The AOCD's Good Governance Policies are published in the College's Policy and Procedural Manual, which is updated annually and is available to the membership for review. Per AOA requirements and Internal Revenue Service (IRS) regulations, the AOCD is required to disclose its policies for the purposes

of transparency. Information about the College's current policies related to Form 990 and documentation retention are included below for your information.

The AOCD is required to file Form 990, along with a Schedule A, with the IRS each

year to maintain its tax-exempt status. In 2008, the IRS revised the 990 form. The new form is not simply a numbers game. It is a direct effort by the IRS to make tax-exempt organizations follow some of the policy requirements that the Sarbanes-Oxley Act imposed on public companies and to otherwise require them to adopt best practices.

A sample of questions on Form 990 includes the following:

- Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year?
- Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
- Did the organization have a written conflict of interest policy?
- Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- Did the organization regularly and consistently monitor and enforce compliance with the policy?
- Did the organization have a written whistleblower policy?
- Did the organization have a written document retention and destruction policy?

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Additionally, the organization must indicate how it made these forms available. Specifically, it is asked to describe whether (and if so, how) it made its governing documents, conflict of interest

policy, and financial statements available to the public during the tax year. The AOCD has posted a notice on our website concerning AOCD documents available for public inspection.

Per the requirement, any person may request to inspect the AOCD's Annual Return 990 in person at the AOCD's principal office, 2902 N. Baltimore St., Kirksville, MO 63501, during regular business hours. Unrelated business income tax returns filed by organizations exempt under Code section 501(c)(3) also are available.

A request for copies of such materials also may be made in writing. The AOCD may charge a reasonable fee to cover copying and mailing costs. The AOCD will provide the copies within 30 days from the date we receive the request. A fee of \$1.00 for the first page and .15 for each subsequent page, plus mailing costs (if mailed) is required. The documents will be sent 30 days from the date the AOCD receives the payment.

Document Retention and Description Policy

This policy identifies the record retention responsibilities of the Board of Trustees, staff, volunteers, and outsiders for maintaining and documenting the storage and destruction of the College's documents and records. The College's Board of Trustees, staff, volunteers, and outsiders (i.e. independent contractors via agreements with them) are required to honor these rules:

- paper or electronic documents indicated under the terms for retention below will be transferred and maintained by staff;
- all other paper documents will be destroyed after three years of creation/receipt; and

- no paper or electronic documents will be destroyed or deleted if pertinent to any ongoing or anticipated government investigation or proceeding or private litigation.

Items the AOCD is required to retain permanently include:

- Governance records – charter and amendments, bylaws, other organizational documents, governing board and board committee minutes.
- Tax records – filed state and federal tax returns/reports and supporting records, tax exemption determination letter and related correspondence, files related to tax audits.
- Intellectual property records – copyright and trademark registrations and samples of protected works.
- Financial records – audited financial statements and attorney contingent liability letters.

In case of a disaster, the AOCD's biggest loss can come from the large amount of paper documents kept on the premises. During the past two years, AOCD staff have been working hard to electronically archive all of the members' records as well as all governance and financial records located within the many file cabinets in our office. The scanned documents are saved to our main server as well as backed up to portable/personal hard drives that are kept in a fireproof safe when not in use.

The complete policy as well as all of the AOCD's policies will be available on our website.

AOCD Unveils New Website

The AOCD is pleased to unveil its new website that is expected to enhance the College's ability to communicate and interact with members, while providing members new ways to network with colleagues and increase their visibility with the public.

The site is powered by Yourmembership.com, which for more than 15 years has provided membership-oriented organizations with tools to build websites, maintain membership databases, and communicate with members.

At first glance, the site has a completely different look. Although the menu bar has been redesigned and reorganized, it still leads to all the same information, such as the Dermatologic Disease Database and Residency Program Directory, found on the previous version of the site. Some of the familiar pages have been enhanced. For instance, the Find an Osteopathic Dermatologist feature has been integrated with Google maps to help potential patients locate and receive directions to the dermatologist's office all from the physician's profile on AOCD.org.

New items can be found on the menu bar, as well. Archive pages have been created for *DermLine*, the *JA OCD*, and minutes from past committee meetings. The latter will be a good resource for those interested in the College's history. The earliest content in the archive pages dates back to the mid-1980s. The archive page will feature content related to past Annual and Midyear Meetings including photo galleries and PDFs of syllabi.

Another new feature is a document library, which houses important documents, forms,

and other resources that members can access quickly and easily at their convenience. Materials include resident and program director report documents, speaker documentation forms, and award application forms.

The revamped home page features a slideshow, calendar, and news ticker. The calendar is interactive and allows members to RSVP for events, receive directions using built-in Google Maps functionality, and export event data directly into their personal scheduling software such as Microsoft Outlook and Apple iCal. The news ticker allows the national office to prominently display timely information that may be of interest to members. Also, the site is now completely searchable, which will help users find specific information quickly and easily.

At the core of the new website is the membership management software. It supplies data to the membership profiles, automated dues reminders, the blast email system, and survey and polling tools. This powerful tool provides the AOCD with a solution to create and maintain a dynamic membership database. Previously, the College maintained two separate databases, one through the



previous version of the website and a local Microsoft Access database. Moving forward, information will need to be entered into only one database, saving time and redundant work. The database is expandable and customizable, allowing staff to add and remove data collection fields as needed. With record-keeping requirements frequently changing, the ability to continually build on the database is extremely important.

Members will still have the ability to update their own information in the database. In addition, they will be able to track their meeting attendance and continuing medical education through their membership profiles. Members also will be able to print receipts and proof of membership directly from the website.

Having recognized that social media has become an increasingly prominent method of communication, Yourmembership.com has integrated their websites with social networking features that are simple and streamlined. Members will have the ability to easily share information from AOCD.org on their professional facebook or Twitter pages with just a couple of clicks. Going a

step further, this site contains its own social network allowing members to send one another messages, create blog posts, and keep up with friends and colleagues directly through AOCD.org.

Another new feature—the career center—will allow users to post job openings. Job-seeking members will be able to post their resumes and apply for jobs posted on the career center.

On the administrative side, the biggest benefit of the Yourmembership.com-powered site is the ability for staff to update the site without requiring knowledge of HTML. Updating a page is almost as simple as editing a Microsoft Word document. With the content management system, adding pictures, new pages, and menu items is a simple and easy process.

Although the bulk of the work is done and the website is being launched, it will require an ongoing effort for everyone to become comfortable with the new system. The national office staff, which has been working diligently on the new website since March, would like to thank members for their patience as the website is being rolled out. That being said, members should really enjoy using the new site. As with any new project, there is always room for improvement. The staff welcomes member feedback and would like suggestions for enhancing the content. Please write to membersupport@aocd.org to recommend additional features or content on the new site.

DO Program Directors, Residents Attend 'Real World' Dermatology Conference

Osteopathic dermatologists were well represented at the third annual, invitation-only *Real World Dermatology for Residents Conference* held last April in Las Vegas. Sponsored by the National Society of Cutaneous Medicine, this conference was designed to provide dermatology residents the information they really need to know before they enter practice. Program Directors who gave presentations were Stanley Skopit, D.O., MSE, FAOCD, NSU-COM/Larkin Community Hospital; Lloyd Cleaver, D.O., FAOCD, Northeast Regional Medical Center; Bradley Glick, D.O., MPH, FAOCD, Wellington Regional Medical Center; and

Richard Miller, D.O., FAOCD, Nova Southeastern University-COM. Residents from the St. Barnabas Hospital program, led by Cindy Hoffman, D.O., FAOCD, traveled with residents from the residency program led by Mark Lebwohl, M.D. Dr. Lebwohl was a conference chairperson along with James Q. Del Rosso, D.O., FAOCD, Program Director at TUCOM/Valley Hospital Medical Center; Roger Ceilley, M.D.; Clay Cockerel, M.D., and; Darrell Rigel, M.D.



Left to right: Drs. Skopit, Glick, Lebwohl, Del Rosso, Rigel, and Cleaver.

Lehigh Valley Residents Place in Stelwagon Competition



(Left to right) Drs. Marie Lewars, Luis Soro, Thomas Griffin M.D. (faculty member at Lehigh Valley), Sean Branch, Ryan Owen, and Christian Oram. Dr. Tatyana Groysman is not pictured.

Residents from the Lehigh Valley Health Network/PCOM Dermatology Residency Program, led by Stephen Purcell, D.O., FAOCD, recently picked up awards in the Johnson-Beerman and Stelwagon Competition sponsored by the Section on Dermatology at the College of Physicians of Philadelphia.

“This is a prestigious award in Philadelphia,” said Dr. Purcell. “Our residents competed against dermatology residents from the University of Pennsylvania, Thomas Jefferson University, and Drexel University, and did very well for themselves and the osteopathic community.”

First-year resident, Sean Branch, D.O., won second place for his paper entitled *Regression Merkel Cell Carcinoma: Case Report and Characterization of the Lymphocytic Reaction*.

Additionally, Lehigh Valley dermatology residents received honorable mentions as follows:

- Tatyana Groysman, D.O., a third-year resident, for her paper entitled *Circumscribed Palmar or Plantar Hypokeratosis: First Report on a Nonacral Site with Unique Histological Features*;
- Marie Lewars, D.O., a third-year resident, for her paper entitled *Car Seat Dermatitis: A Case Report and Review of the Literature*;
- Christian Oram, D.O., a second-year resident, for his paper entitled *Atypical Vascular Lesions and Angiosarcoma: A Review*;
- Luis Soro, D.O., a second-year resident, for his paper entitled *Clinical and Histopathological Distinctions between Inflammatory Vitiligo and Hypopigmented Mycosis Fungoides: A Case Report and Review* and;
- Ryan Owen, D.O., a first-year resident, for his paper entitled *Trigeminal Trophic Syndrome*.

The PCOM residents presented their papers, along with the other award winners, this past April at the College of Physicians of Philadelphia.



Dr. Aguilera Wins Award at Aesthetic Academy

Shino Bay Aguilera, D.O., FAOCD, recently won an award for the Best Non-Surgical Facial Enhancement in 2012 presented at THE Aesthetic Academy, a leading

aesthetic practice development seminar. Dr. Aguilera, who specializes in cosmetic dermatology, achieved the results with the facial filler Sculptra, which he chose because it is a collagen bio-stimulator that addresses most of the changes that will occur in an aging face, and it is a long lasting filler. Dr. Aguilera received this award, which honors top aesthetic physicians in South Florida, in 2011 and is nominated for it in 2013. Awards were presented to the best in five aesthetic enhancement categories, including surgical and non-surgical results.



Honorable Mention

Patrick Keehan, D.O., FAOCD, was recently named one of the “Top Docs” for 2013 by Fort Worth, Texas magazine. More than 4,500 local physicians were asked in a survey to voluntarily rate their peers and name the best doctors in Tarrant County. The final results were submitted to a select panel of physicians for review and published in the April issue, which can be viewed at <http://fwtx.com/articles/2013-top-docs>.



AOCD on facebook

Like us on facebook at <http://www.facebook.com/aocdderm>.

Annual Meeting Speakers to Address 'Current Concepts'



Some speakers will impart pearls of wisdom on acne, medical dermatology, nevi, and surgery, while others will present lessons learned from the clinic, inpatient setting, and even the Amazon jungle as *Current Concepts in Dermatology* take center stage at this year's AOCD Annual Meeting to be held Sept. 30-Oct. 4 in Las Vegas.

Residents will see the return of the Dempath Bowl, but not until after taking the In-Training Examination on Monday. While the residents are testing, the AOCD Board of Trustees will convene in a meeting. The AOBD Exam also will be given that day.

Tuesday Speakers

Lectures will begin at 9:30 a.m. on Tuesday, allowing for members to attend the AOA opening session at 8 a.m. Lectures will last until 3 p.m. Before the AOCD speakers begin, Gregory Pappadeas, D.O., FAOCD, will offer the CLIA-Mohs Proficiency Testing.

The speakers (listed with their topics) scheduled to present and events are as follows:

James Del Rosso, D.O., FAOCD
Acne Pearls & Other Facial Dermatoses

Whitney High, MD, M.Eng
Medical Dermatology Pearls

Christopher Miller, MD
Surgical Pearls

The General Business Meeting will be held between 3:00 p.m. and 5 p.m. The Presidential Celebration, which is a ticketed event, will be held from 6:00 p.m. to 10:00 p.m. It will include a social hour and hors d'oeuvres. The installation of officers will take place as well as the presentation of Presidential Citations. Cocktail attire is requested. To obtain tickets for this event, members must register with the AOCD.

Wednesday Speakers

Speakers (listed with their topics) scheduled to present lectures between 7 a.m. and 4:15 p.m. as well as events on Wednesday are as follows:

Cindy Hoffman, D.O., FAOCD
Great Cases from Osteopathic Teaching Programs

Jere Mammino, D.O., FAOCD
Medical Missions in Dermatology

Brooke Walls, D.O.
Targeted Therapy in Cutaneous Oncology

James Landero, D.O.
POTS: A Dermatologic Perspective

Winifred Chu, D.O.
A Case of Hailey-Hailey Disease and Successful Treatment with Intralesional Kenalog

Charisse McCall, D.O.
An Interesting Case of Familial Firm Facial Papules: Basal Cell Nevus Syndrome or Multiple Hereditary Infundibulocystic Basal Cell Carcinoma?

Luis Soro, D.O.
Dystrophic Epidermolysis Bullosa

Christian Oram, D.O.
Merkel Cell Carcinoma

Sourab Choudry, D.O., FAOCD
Pediatric Pearls

Gary Marder, D.O., FAOCD
Surgical Pearls

Paul Chu, MD
Pearls of Nevi—How They Look Different on Different Parts of the Body

The Dermpath Bowl will be held from 4:15 p.m. to 6:15 p.m.

Thursday Speakers

Speakers (listed with their topics) scheduled to present lectures between 7 a.m. and 3:35 p.m. as well as events on Thursday are as follows:

William James, MD, FAAD
Lessons from the Clinic

Misha Rosenbach, MD
An Approach to Inpatient Consults

Anthony Dixon, MD, MB, BS, PhD.
Managing skin cancer in Australia vs. USA: What are the differences?

Resident presentations will round out the rest of the day as follows:

Sital Patel, D.O.
Mucosal Melanoma and Trends in Incidence at University Hospitals Case Medical Center

Pezhman Shoureshi, D.O.
Rosacea and Its Association with Skin Cancer

Nicholas Rudloff, D.O.
Checklist Dermatology

Nicholas Benner, D.O.
What's Bugging You?

Nathan Cleaver, D.O.
Disorders of Fat

Anne Hanson, D.O.
Miliary Osteoma Cutis and Calciphylaxis in End-Stage Renal Disease Patient

Morgan McCarty, D.O.
A Retrospective Clinical Analysis: Treating Pemphigus Over a Decade with Tetracycline Analogs and Niacinamide

Megan Morrison, D.O.
Disseminated Cutaneous Botryomycosis in an Elderly Woman

Dustin Wilkes, D.O.
Pigmented Lesions in the Pediatric Patient

Katherine Johnson, D.O.
The Hairy Side of Dermatology

Cathy Koger, D.O.
Vexing Adnexal: A Clinical and Histologic Review

Mike Morgan, M.D., and Paul Chu, M.D., will present the Dermpath Review from 3:45 p.m. to 5:45 p.m.

Bylaws Vote Scheduled for Annual Meeting

A bylaws vote will be conducted as part of the Business Meeting held during the AOCD Annual Meeting in Las Vegas. Members will vote on the bylaws amendment regarding voting members.

The Business Meeting will be held at 3 p.m. on Tuesday, Oct. 1, 2013.* While business meetings are open to all AOCD members, only Fellow members and Associate members whose dues are current can vote.

Per the AOCD Constitution:

ARTICLE V AMENDMENTS

Section 1. Proposals Approved by Board of Trustees

- A. Amendments to the Bylaws shall be submitted to the Board of Trustees and if approved by a majority vote may be adopted by a two-thirds (2/3) vote of eligible voting members at the next annual meeting. The proposed amendment shall have been sent to all voting members not more than ninety (90) days or less than thirty (30) days prior to the next annual College meeting.

The bylaws change to be voted on would make the position of Finance Committee Chair a voting member of the Board of Trustees as follows (change provided in BOLD CAPS):

ARTICLE II BOARD OF TRUSTEES AND STANDING COMMITTEES

Section 1. Voting Members

The voting members of the Board shall consist of the President, President-elect, First Vice President, Second Vice President, Third Vice President, Secretary-Treasurer, Education Evaluation Committee Chair, **FINANCE COMMITTEE CHAIR**, Immediate Past President, six (6) Trustees and an appointed representative of the American Osteopathic Board of Dermatology. In addition, the Executive Director and the Resident Liaison shall attend all meetings of the Board of Trustees as non-voting members.

* Annual Meeting schedule is subject to change.

Cast Your Vote for New Officers, Trustees

New officers will be voted in at the Annual Meeting to be held Sept. 30-Oct. 4 in Las Vegas.

Nominees to move up the officer list include the following:

- Suzanne Sirota Rozenberg, D.O., FAOCD, for President
- Rick Lin, D.O., FAOCD, for President-Elect
- Alpesh Desai, D.O., FAOCD, First Vice-President
- Karthik Krishnamurthy, D.O., FAOCD, Second Vice-President

Members will vote on the following nominees:

- Daniel Ladd, D.O., FAOCD, for Third Vice-President
- Michael Whitworth, D.O., FAOCD, for Trustee (three-year term)
- Tracy Favreau, D.O., FAOCD, for Trustee (three-year term)
- Jere J. Mammino, D.O., FAOCD, for Secretary-Treasurer (three-year term)

Melanoma Skin Cancer Month: How Did You Observe?

Dr. Kurgis Observes Melanoma Skin Cancer Month with M&Ms



Bradley S. Kurgis, D.O., FAOCD, observed Melanoma Skin Cancer Month with what he calls M&Ms, which stands for Melanoma Mondays.

Every Monday in May, Dr. Kurgis hosted a special event at his practice. He offered snacks, goodie bags filled with skin care information, book marks on the ABC's of melanoma, mole maps for patients to mark suspicious moles at home before their appointment, raffles, and product discounts. The festivities wrapped up on "FRY-Friday," as in don't, with a drawing for products and services. The staff wore special t-shirts designed by Dora Bloomer who works at the front desk.

"Since we live in the beautiful coastal community of San Luis Obispo County California, we see a large number of skin cancer patients," said Dr. Kurgis, who placed ads in the local paper to publicize the event. "This is the first time we have done this and hope to make M&Ms an annual event."

Dr. Kurgis also had a booth at the health fair hosted by Atascadero State Hospital for its employees and guests on May 22 in Atascadero, Calif. He answered dermatology-related questions while staff members provided goodie bags with sunscreen, sun safety information, and mole maps at the fair, which typically draws 500 to 700 individuals.

Drs. King and Rivera Make Melanoma Month 'Newsworthy'

In observation of Melanoma Skin Cancer Month, Gwyn King, D.O., FAOCD, appeared on a segment of Living Dayton, a local news program, in Ohio. Dr. King offered tips for keeping skin safe in the summer. Among the tips were using sunscreen with an SPF of at least 30 and reapplying it every two hours; more if you are swimming or sweating heavily. She also talked about the importance of checking moles using the ABCDE's of melanoma. The segment can be seen in its entirety at http://www.wdtn.com/dpp/living_dayton/health/keep-your-skin-safe.

Albert Rivera, D.O., FAOCD, was interviewed on the local television station WAFF NBC 48 in Huntsville, Ala. During the health segment of the news, he discussed melanoma, skin cancers, sunscreen, and safe sun exposure habits. The segment, which also has an online summary, can be seen in its entirety at <http://www.waff.com/story/22207118/may-is-melanoma-awareness-month>.

A close-up portrait of a young child with severe skin disease, likely scabies or a similar condition. The child's face is covered in numerous small, raised, and crusted lesions, particularly around the eyes, nose, and mouth. The child's eyes are large and dark, looking directly at the camera with a somber expression. The background is a plain, light-colored wall.

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AOBD Develops OCC Plan

With the advent of rigorous quality models, the AOA and associated specialty certifying boards, under the direction of the Bureau of Osteopathic Specialists, have developed Osteopathic Continuous Certification (OCC) to meet and exceed industry and regulatory requirements.

The AOBD has, as of Jan 1, 2013, developed a plan to comply with the requirements of AOA OCC.

To maintain certification, all diplomates with time-dated certificates are required to participate in OCC. Time-dated certificates were first issued in 2004. Thus, anyone certified in 2004 or after **MUST** participate in OCC.

Diplomates holding non-time-dated certification (formerly referred to as lifetime), are not required to participate in OCC at this time. However, the AOA strongly encourages all physicians to participate in OCC. This will become important as more states require an ongoing certification process to maintain licensure.

The AOBD uses a 10-year OCC certification cycle, with three-year continuing medical education (CME) cycles. Non-compliance with OCC may lead to a loss of board certification.

OCC Philosophy

The AOBD recognizes the following:

A continuous quality improvement (CQI) process in patient care promotes the identification of opportunities to improve patient care. The development of methods to address identified quality gaps in patient care and the implementation of plans to improve those gaps improves patient care.

Augmenting the certification process with a CQI process provides physicians with the opportunity to evaluate and improve their knowledge base, facilitating the incorporation of evidence-based medicine into their practices.

There is a growing expectation by public governmental agencies, licensure bodies, health plans, and employers for an OCC process.

Osteopathic continuous certification will ultimately provide better patient care and a consistent method for the evaluation of osteopathic dermatological care.

OCC Components

As a board certified osteopathic dermatologist, you will be required to participate in all five components of OCC to maintain certification.

The components are as follows:

1. Unrestricted licensure
2. Lifelong learning/CME
3. Cognitive assessment (previously re-certification examination)
4. Practice performance assessment and improvement (PPA)
5. Continuous AOA Membership

As a board certified osteopathic dermatologist, you are already participating in four of the five components. Component 4 (PPA) is the only new requirement for maintaining certification through OCC.

A brief overview of each component follows:

Component 1: Unrestricted Licensure

AOA board certified dermatologists must hold a valid, unrestricted license to practice medicine in one of the 50 states or territories. In addition, they must adhere to the AOA's Code of Ethics. Candidates will attest to meeting this requirement once in each three-year CME cycle.

Component 2: Lifelong Learning/CME

Each osteopathic board certified dermatologist must fulfill a minimum of 120 hours of CME credit during each three-year CME cycle. Of these, 50 hours must be in dermatology. Of the 50 specialty CMEs required each three-year cycle, 25 hours must come from osteopathic dermatology programs (AOCD). Candidates will attest to meeting this requirement once in each three-year CME cycle.

Component 3: Cognitive Assessment

Every 10 years, each time-dated certificate holder participating in OCC must successfully complete the AOBD OCC Cognitive Assessment Examination (previously known as the re-

certification exam). These psychometrically valid exams assess dermatology knowledge as well as core competencies in the provision of health care.

Component 4: PPA

Each physician in OCC must engage in CQI through the evaluation of their personal practice performance and development of quality improvement plans. The AOBD will provide several different, chart-based, online modules available through the AOA O-CAT program (www.ostcat.com). Completion of one PPA module will be required every five years in the cycle (i.e., one PPA module completed during years 1-5 and one PPA module completed during years 6-10). Participants also will be required to complete one communication module (available through the AOA's O-CAT program) every five years in the cycle (i.e. one communication module completed during years 1-5 and one communication module completed during years 6-10).

Component 5: Continuous AOA Membership

Continuous AOA membership is a required component for OCC compliance. Membership in the AOA provides each physician with connections to the professional osteopathic community, online technology, practice management assistance, national advocacy for DOs and the profession, professional publications, and CME opportunities. Candidates will attest to meeting this requirement once in each three-year CME cycle.

To register for OCC with the AOBD, download the registration form from the AOBD website www.AOBD.org.

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Dermpath Lessons For DO Residents Go Viral for All



What started out as teaching a couple dermatopathology sessions for a handful of residents at the Genesys Regional Medical Center in Michigan, 10 years later has turned into a year-long review routinely *attended* by more than 200 residents from across the country, both osteopathic and allopathic alike.

Michael Morgan, M.D., Managing Director at Dermpath Diagnostics Tampa, Atlanta and Pensacola, and Clinical Professor of Dermatology and Pathology at Michigan State University College of Osteopathic/Allopathic Medicine, was more than happy to accommodate the request to review some dermatopathology basics made by David Bracciano, D.O., FAOCD, who was a resident at the time. After all, Dr. Morgan had been teaching dermatopathology to allopathic residents for 15 years.

The only difference is that these lessons would be taught remotely. Attendees use a conference call number to dial in. A login number gets them the audio portion. They view it through video streaming on the Internet. Although a handful of courses were being taught remotely, it was still a relatively new concept one decade ago, Dr. Morgan said, adding, “I just never thought about teaching that way.”

But teach he did. The occasional sessions turned into weekly ones. Nowadays, class begins at 8 a.m. (EST) every Monday except national holidays.

Dr. Morgan’s virtual classroom continues to grow, as well. Shortly after he started his lessons, residents from other AOCD programs based in Michigan joined in. Then residents from programs on the East Coast

sheets. “I have seen a dramatic improvement in the quality of osteopathic residents using this programmable approach that mirrored what I was giving to allopathic residents in a more traditional guise,” he noted.

Approximately six years ago, an influx of allopathic residents began dialing in. Dr. Morgan remembers that happened shortly after he hosted a live session with residents from the University of Florida. An advocate of mixing osteopathic and allopathic residents, Dr. Morgan invited residents from the AOCD programs under the directorship of Richard Miller, D.O., FAOCD, and Bradley Glick, D.O., FAOCD. “The allopathic residents came out surprised at how sharp the osteopathic residents were,” he said. “That was a watershed moment.”

Today, there are as many allopathic residents participating as there are osteopathic residents. In addition to residents, Dr. Morgan’s virtual students include medical students and nurse practitioners.

tuned in. “Next, residents on the West Coast were waking up at 5 a.m. in order to attend,” he said. Although it’s not a formal program, Dr. Morgan said that many program directors now require their residents to attend these sessions. They even have attendance and login

Over the years, the lessons have become more formalized and structured. The *course* starts in July. For the first six months, the lessons are indexed to major textbooks. He starts off with a review of the anatomy and physiology of the skin, probing into the epithelium, dermis, and subcutaneous fat. Attendees know what will be taught in the upcoming lessons, so they can prepare in advance. Dr. Morgan reviews clinical histories and slides, discussing the diseases and differential diagnoses. “We discuss eight to nine different diseases in each category,” he said.

The next few months are spent preparing residents for their in-service examinations and boards. The lessons are much more random, on purpose. “I expose them to a series of unrelated dermatology entities as they would encounter them on the boards,” Dr. Morgan said.

JAOCD Call For Papers

We are now accepting manuscripts for publication in the upcoming issue of the *JAOCD*. ‘Information for Authors’ is available on our website at www.aocd.org/jaoed. Any questions may be addressed to the editor at journalaocd@gmail.com. Member and resident member contributions are welcome. Keep in mind, the key to having a successful journal to represent our College is in the hands of each and every member and resident member of our College. Let’s make it great!

- Karthik Krishnamurthy, D.O., FAOCD,
Editor

“Come July first, we start all over again. By three years of this, the residents have a good grasp of the basics as well as the nuances of complex matters,” he said, adding, “I think I’ve done my job pretty well because for the first time, osteopathic dermatologists won the DermPath Bowl this year,” said Dr. Morgan. He is, of course, referring to residents from the Lehigh Valley Health Network/PCOM program, under the directorship of Stephen Purcell, D.O., FAOCD, who won the competition at the annual meeting of the American Academy of Dermatology held this past March in Florida.

Dr. Morgan supplements the sessions by conducting in-person lectures at Michigan State twice a month. He also offers week-long externships at the microscope in DermPath Diagnostics’ laboratories. Currently, complimentary CD-ROMs of the lessons are available. Dr. Morgan is exploring the option of video/audio recording the sessions and even creating an App for smartphones.

Given today’s economy and the lack of state matching funds for resident education, this form of teaching could really catch on, he said. It clearly already has, Dr. Morgan.

Sunshine Act Sheds Light on Financial Relationships

Dermatologists who have received payment from industry for presenting a lecture, consulting on research, or conducting a clinical trial, among other activities, might want to start keeping track of those payments.

That’s because beginning August 1, industry will start reporting such payments to the Centers for Medicare & Medicaid Services (CMS) as part of the National Physician Payment Transparency Program: Open Payments, formerly known as the Sunshine Act. Next year, CMS will begin publicly reporting the data on a yet-to-be-developed website.

The final rule for the Sunshine Act, which was designed to increase transparency about the financial relationships between drug and device manufacturers and physicians and teaching hospitals, was announced this past February. Any payments or other transfers of value that manufacturers of drugs, devices, biological and medical supplies make to such providers must be reported. In addition, manufacturers and group purchasing organizations must disclose physician ownership or investment interests.

Among the 14 exemptions included in the final rule was one for accredited continuing medical education activities that meet the definition of indirect payments. Other exemptions are a transfer of value less than \$10, unless when aggregated, the transferred amount totals more than \$100 a year; product samples for patient use; educational materials for patients; discounts such as rebates; and certain items used for charity care. Devices that are loaned for the purposes of evaluation for a trial period, not to exceed 90 days, also fall under the exemptions.

Although physicians are not responsible for reporting these payments, they will have an opportunity to review them before the data go public. In January 2014, dermatologists will be able to register on the new CMS website. Once registered, they can review the reported payments for accuracy and dispute any discrepancies.

A timeline for the Sunshine Act is as follows:

- August 1, 2013: Industry begins collecting data through Dec. 31, 2013.
- January 2014: Physicians can register on the CMS website.
- March 31, 2014: Drug manufacturers must report the data to CMS.
- April 2014: Physicians have 45 days to review the posted information and dispute specific payments.

- At the end of 45 days, manufacturers will have an additional 15 days to correct disputed data.
- September 2014: CMS will post this information on a public website that will allow users to search and download the data collected.

To learn more about the Sunshine Act, visit the AOA’s Sunshine Act page. It provides

- an overview of how the Sunshine Act will work, including dates and timelines;
- summaries of the Sunshine Act final rule and the definitions it includes,
- information on the AOA’s advocacy leading up to the Sunshine Act final rule, and
- updates as the Sunshine Act gets rolled out.

In addition, the AOA is working with Partners for Healthy Dialogues to provide clear, useful information on what the Sunshine Act will mean for patients, physicians and biopharmaceutical professionals. This page provides resources to help explain to patients and the public the importance of collaboration between physicians and industry to further medical innovation.



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Dr. Mammino's Latest Mission Floats Down River



“All aboard” took on a whole new meaning for Jere Mammino, D.O., FAOCD, on his latest medical mission to Manaus, Brazil.

That’s because it was a floating clinic. The new 120 x 40 foot boat, which was built by the Central Brazilian Mission, traveled down river making medical stops in villages with such names as Paraiso (Paradise), Sol Nascente (The Rising Sun), and Divino (Divine). In addition to medical and dental offices, a well-stocked pharmacy was housed on the first floor. Sleeping quarters as well as the dining and meeting hall were on the second floor. Being on this particular boat was actually nicer than staying in accommodations on land, Dr. Mammino said, because the rooms were air conditioned. “The rooms were comfortable and clean, and this is the first trip where I had air conditioning in my room,” he said, adding, “It can get very hot in the Amazon.” Although the rooms were equipped with showers, many opted to swim in the river for bathing. Of course, they didn’t swim too close to the shore to avoid the anacondas.

The team consisted of 11 individuals from across the country. Dr. Mammino and a retired family practice physician were the only doctors on the two-week mission that took place last September. Other team members included a dentist, nurses, and spouses. In fact, Dr. Mammino’s wife, Wendy, was one of the spouses who helped out by taking vital signs, fitting people for reading glasses, and assisting the dentist with procedures.

Dr. Mammino treated people for common conditions, such as low back pain, gastroesophageal reflux disease, stomach ulcers, urinary tract infections, and upper respiratory infections. But there was also the occasional malaria and polio. “I had to blow the dust off my stethoscope,” said Dr. Mammino, who practiced family medicine for three years before specializing in dermatology. He not only has a familiarity with general medicine, but going on one to two medical missions a year helps him keep up those skills.

Dr. Mammino also saw his fair share of dermatology cases. There were the usual skin infections: impetigo, fungus infections, chicken pox, and eczema. “I see common skin conditions but because they go untreated, they are more extensive than what I see back home,” he said. Luckily, Dr. Mammino came prepared with a lot of samples and supplies of various dermatological creams. The

people there don’t have good access to medical care, so he can help them treat their condition, at least temporarily, and then educate them about keeping the condition from worsening. For example, Dr. Mammino advised patients to avoid using soaps too often and to use petroleum jelly, which is inexpensive and easy to get, to moisturize and calm certain skin conditions.

The most unusual case he came across was a piranha bite. A 16-year-old boy, who had been fishing, pulled out a piranha that was caught in his net with the other fish. The piranha bit the tip of his finger off. Dr. Mammino repaired the large wound. There also was the patient who was stung on the foot by a stingray. Because it had happened within 24 hours, the area was only mildly swollen and the patient was sent home with ibuprofen and asked to return in a few days for follow-up.

He usually sees several patients with diseases related to poor nutrition on missions, but in the Amazon people are actually well fed, Dr. Mammino said. “The river is full of fish and the jungle has fruits and berries.” But there were a fair amount of people with intestinal parasites from not boiling the water before drinking it. Nearly everyone who came for a visit left with medication to kill parasites.

As they traveled from village to village, the team treated more than 500 people in total. In what little spare time he had, Dr. Mammino explored the villages and talked to the locals through a translator as he does not speak Portuguese. He saw a variety of beautiful birds, including macaws, green parrots, and toucans. There were a lot of monkeys, as well.

Participating in medical missions has allowed Dr. Mammino to help others and, in the process, travel to parts of the world to which he might never have gone. “I get to see how people actually live, not just the tourist sites,” he said. Dr. Mammino was surprised how happy the people are despite having so little in comparison to what people have in this country. As an example, most villages lacked electricity and don’t have generators. Those that did have a generator, ran it only one to two hours in the evening because gasoline is so expensive. “People have their basic needs met and they are very happy and pleasant,” he said. “It just goes to show that you can be happy with whatever lot in life you have.”



Dr. Mammino maintains that he benefits more than those he sets out to help. "I come back realizing that we don't need a lot of stuff we have," he said. "We can get by with a lot less and still be happy."

Dr. Mammino was apprehensive before going on his first mission in 2001. This was largely because he had practiced dermatology for so many years, he was uncertain that his general medicine knowledge and skills would return. Dr. Mammino also was concerned that he wouldn't be able to recognize unusual or tropical diseases. "But I forced myself to do it and I'm so glad that I did because it opened up a new world for me," said Dr.

Mammino, who has gone on 15 medical missions to Central and South America and Africa, to date. This January, he will be going to Myanmar, his first mission to Southeast Asia. He encourages others to come along. "If you've been thinking about it, stop thinking and start doing," he said.

Dr. Mammino will review dermatological cases that he has come across during his many medical missions at this year's AOCD Annual Meeting in Las Vegas.



CORPORATE SPOTLIGHT *By Shelley Wood, MAE, Grants Coordinator*

Medicis Supports Dermatologists, Gives Back



In this time of economic unrest, there are still companies that are committed to *giving back*. Medicis, dedicated to helping patients attain a youthful appearance and self-image, is one of those companies.

Medicis Pharmaceutical Corporation, a division of Valeant Pharmaceuticals, is a leading specialty pharmaceuticals company in the United States with a primary focus on dermatologic and aesthetic treatments. Since 1988, Medicis has pioneered the development of more than 30 new products and formulas. Today, Medicis leads the way in branded prescription products for dermatological and aesthetic categories and has earned an expansive acceptance by physicians and their patients because of the effectiveness, high quality, and cosmetic elegance its products adhere to.

Maintaining a physician focus in dermatology, aesthetics, and other fields is a goal of Medicis, an AOCD Diamond

Level Corporate Member. With the support that Medicis has provided, the AOCD was able to send 89 residents to the American Academy of Dermatology meeting held this past March in Miami Beach. This unrestricted educational grant provided registration and travel for our residents. The company also provided an unrestricted grant for our Midyear Meeting held this past January in Winter Park, Colo. Medicis is providing an unrestricted grant for the 30th Annual Hugh Greenway's Superficial Anatomy and Cutaneous Surgery (Scripps) Course on July 8-12, 2013 in San Diego.

Not only does Medicis support physicians, it brings specialized health care to those in need here and abroad. The company's *Passion to Heal* initiative (www.passiontoheal.com) specializes in serving patient healthcare needs through Operation Smile, Free the Children, and Domestic Volunteer Opportunities. These programs are provided financial support through respected non-profit organizations. In turn, these non-profit organizations fund travel expenses for dermatologists, plastic surgeons, residents, and other healthcare professionals to care for underserved populations, promoting skin cancer awareness and providing the opportunity for reconstructive surgeries.

Developed in 1982 as a non-profit organization, Operation Smile has provided

free reconstructive surgeries to more than 160,000 children with cleft lips and palates. Operation Smile has made a difference in more than 300 remote and urban areas worldwide.

Free the Children was developed to help identify the link to helping disadvantaged people meet basic health care needs and building a stronger community. This program funds mobile health clinics and basic medical supplies, helps train healthcare workers, and offers preventable diseases workshops. The Free the Children initiative has assisted millions of people gain access to clean water, health care, and sanitation.

Domestic Volunteer Opportunities helps provide quality dermatologic care, skin cancer screenings, and education. The current volunteer for Domestic Volunteer Opportunities is the Venice Family Dermatology Clinic. Past volunteers include Mount Sinai School of Medicine and the Chicago Dermatological Society. The Venice Family Dermatologic Clinic provides quality dermatological care for underinsured populations in the Los Angeles area. The Mount Sinai School of Medicine provided free skin cancer screenings and education for visitors at Jones Beach State Park. The Chicago Dermatological Society provided free skin cancer screenings and education to visitors at North Avenue Beach.

Second Resident, Second Year at Lakeland Regional

Program Director Mark A. Kuriata, D.O., FAOCD, is preparing for his second resident as Year 2 at the Michigan State University College of Osteopathic Medicine/Lakeland Regional Medical Center Dermatology Residency Program gets underway.

James Yousif, D.O., will be a second-year resident this July. Riddhi Shah, D.O., who is the incoming first-year resident, will be joining him. A third resident will start next July as the program is approved for three positions.



Drs. Kuriata and Yousif

“I am looking forward to expanding our program and continuing to maintain insightful educational discussions in a clinical setting with bright individuals from various backgrounds,” Dr. Kuriata said.

Although there are a limited number of dermatologists in Southwest Michigan, there is a large demand for dermatologic services in this area and a diverse patient population, he noted. “This gives the residents an opportunity to see a wide variety of pathologic processes with a multitude of different clinical presentations.”

In addition to daily patient care, the residents participate in weekly didactic sessions with some of the other Michigan-based residency programs. The sessions include text review, journal club, and glass slide review. Dermatopathology training is provided weekly by the dermatopathologists at Dermatopathology Laboratory of Central States. Monthly grand rounds also are offered through the Department of Dermatology at Wayne State University. In addition, Drs. Kuriata and Yousif provide lectures to the residents in other specialties and medical students at Lakeland Regional Medical Center. Residents are exposed to Mohs micrographics

surgery throughout their residency, as well. Dr. Kuriata carries a Certificate of Added Qualification in Mohs.

He is in the process of adding more trainers to the program to offer residents additional opportunities to gain knowledge and experience from other well educated clinicians.

If getting published is any indication of success, the program has been highly successful in its first year. To date, Dr. Yousif has published five papers in respected scientific

journals, including *Cutis*. He has two more manuscripts pending.

As Dr. Kuriata prepares for the second year of the residency program, he reflects on the first year. “Teaching is a passion, and I thoroughly enjoy having the opportunity to educate and work alongside residents in a one-on-one environment,” he said. “At the same time, it is a welcomed challenge to balance the commitments involved with the program, as well as the work required to manage a successful practice.”

“In my first year as Program Director, I have learned that it is vital to embrace this position and what it stands for,” Dr. Kuriata continued. “To me, it not only means being a trainer for future dermatologists, but also serving as a role model, mentor, and friend.”

Dr. Kuriata hopes that his residents feel that they have gained enough exposure and experience during their years of training to have the confidence to manage any patient who walks through their door when they are out in practice. “I hope that all my residents feel when they complete their training as I do, that they are well equipped, both academically and hands-on, to meet the challenges of being a dermatologist, and feel blessed and excited to practice in a field that they love and enjoy getting up to do every day.”

New Mohs Fellowship at Larkin Community Hospital

This July marks the start of a new Mohs Fellowship at NSUCOM/Larkin Community Hospital.

The year-long Fellowship is under the directorship of Dan Rivlin, M.D., who is a Mohs Fellowship trained dermatologist. But the Fellowship itself falls under the auspices of the Dermatology Residency Program led by Program Director Stanley Skopit, D.O., MSE, FAOCD.

“We are very excited to be starting a new Mohs Fellowship,” Dr. Skopit said. “With the MDs moving toward a Procedural Fellowship, more DO residency graduates will be locked out of pursuing a Mohs Fellowship. We were able to start a Mohs

Fellowship at Larkin Community because we have the ideal circumstances,” he continued. “We have a participating hospital and osteopathic institution. As a new teaching program, we received funding from the Centers for Medicare & Medicaid Services to offer the Fellowship.”

Shauntell Solomon, D.O., will be the first Mohs Fellow. “Dr. Solomon will be doing Mohs surgery day in and day out,” Dr. Skopit said. She will be taught how to remove cancers, read pathology slides, and do repairs.

“I am ecstatic about starting the Fellowship and hope that it will become one of the top Fellowship programs,” Dr. Solomon said. “It is so exciting for me to be able to train

under someone, such as Dr. Rivlin, who has such talent and experience.” Dr. Solomon graduated from the NSUCOM/Broward Health Dermatology Residency Program in June. Prior to residency, she completed a family medicine residency followed by a pigmented lesion Fellowship with Harold Rabinovitz, M.D.

This is only the third Mohs Fellowship offered through the AOCD. The first Moh Fellowship approved by the AOA is based at the offices of Dermatology Associates of Tulsa, which is the practice of Edward H. Yob, D.O. The second is affiliated with the Residency Program at Saint Joseph Mercy Health System in Ann Arbor, Mich., under the directorship of Daniel Stewart, DO, FAOCD, and Kent Krach, MD.



Fellow residents,

Besides warmer weather, summer means the end of our academic year and the beginning of a new one. Congratulations to those graduating residency or fellowship and moving on to pursue their career. I hope you also will join me in welcoming our new incoming first-year residents to the AOCD family.

Graduating seniors, don't forget to continue putting together your application package for submission to the AOBD. You can download the package requirements and materials at <http://www.aobd-derm.org/wp-content/uploads/2013/05/AOBD-primary-certification-application-PACKAGE.doc>. This must be completed by August 1. Also, don't forget to submit your annual publication prior to leaving your program, as well as your AOCD Annual Report within 30 days of leaving your program.

Rising seniors, by now you should have confirmed with Resident Coordinator John Grogan whether you plan to give your senior presentation at the Annual Meeting this fall or at the Midyear Meeting to be held in winter 2014. Your presentation must be 20 minutes in length; please do not try to get by with a shorter presentation, as you may be asked to remediate a presentation that does not meet this requirement. The presentation must cover one of your required annual publications submitted to the AOCD, so I would recommend deciding which one you plan to use and begin putting your PowerPoint slides together. Don't forget to keep up with your patient logs and submit your Annual Report as soon as possible after July 1. Make sure to include proof of submission of your second required publication.

Rising second-years, the same applies regarding your yearly publication and Annual Report. Be sure to keep up with your patient logs in order to make submitting your Annual Report as efficient as possible. Remember that at least once in your residency you must submit an abstract to the Gross and Microscopic Symposium held by the American Academy of Dermatology (AAD). This *cannot* be anything that was previously published or submitted for publication. Per the AAD's website, abstract submission opened on June 11 and the deadline to submit abstracts will be 12 p.m. CST on July 12. Be on the lookout for emails from the AAD regarding abstract submission requirements. You also must submit an electronic (PDF) poster for the AOCD

Annual Meeting to be held Sept. 30-Oct. 4, 2013. If you are looking for the path of least resistance in order to meet

your requirements, you can create a poster for submission to the AAD and then submit that same poster to the AOCD. Posterpresentations.com (<http://www.posterpresentations.com/>) is a great online resource offering free PDF poster templates that can help you get started.

New first-year residents, please be sure to respond promptly to all requests from the AOCD, and start digging into the massive amount of material you will soon be tested on at your first in-service examination being administered at the Annual Meeting this fall; it will be here before you know it! Galderma's Dermatology in-review (<http://dermatologyinreview.com/Galderma>) is a great, free online resource loaded with high-yield board review material, kodachromes, and practice questions to get you started.

I look forward to seeing you all at the Annual Meeting in Las Vegas.

Dermatologic Surgery in the Outback

Anthony Dixon, M.B., B.S., Ph.D., Director of Postgraduate Education at the Australasian College of Cutaneous Oncology, has extended an invitation to the physicians and residents of the AOCD for a preceptorship *down under*.

The attending physician's selection will be based on the silent auction principle. The starting bid is \$1,000 and the preceptorship will be awarded to the highest bidder. The auction will take place at this year's Annual Meeting to be held Sept. 30-Oct. 4 in Las Vegas. Attending physicians will be responsible for their own expenses. The funds raised will be used to provide financial support for the winning resident attendee.

The resident's selection will be based on a surgical paper competition. The paper will be judged on the basis of its surgical application in dermatologic surgery, with an emphasis on cutaneous cancer. It should be based on principles of surgical treatments for skin cancer, emphasizing literature review and/or new techniques. Original research is strongly encouraged. The deadline for the paper is September 13, 2013.

The AOCD's Awards Committee along with Dr. Dixon will select the winning author. Submissions should be sent to the AOCD office in Kirksville, Mo. The winner will receive approximately \$1,500 toward the cost of the trip to Australia, with additional funding to be determined on proceeds generated by the auction. While this amount will not cover the cost of the entire trip, it will pay a substantial portion of it. The airfare is approximately \$1,200.

Winners essentially can schedule their preceptorship for any time during the year, pending any conflicts with Dr. Dixon's schedule. The attending physician and resident are not required to travel simultaneously to Australia. The preceptorship is limited to one attending physician (AOBD board eligible or board certified) and one resident each year.

For more information, contact Lloyd J. Cleaver, D.O., at lcleaver@atsu.edu.





Hello everyone,

Now that we're settled into our new office, we have been working hard on the new AOCD website. It

will offer new features, and we can't wait to unveil it.

Annual Reports

As I touched on in the last issue of *DermLine*, it will soon be time for Annual Reports to be turned in. All forms can be downloaded from our website at www.aocd.org/qualify/annual_reports.html.

The Resident's Annual Report, Program Director's Annual Report, Resident's Annual Paper with two referenced questions, Documentation Submission Form for Publication, and AOA Core Competency Report are due to the AOCD office 30 days after the end of each training year. Residents are encouraged to keep a copy of the report for their records.

One original copy with a signature page attached should be sent. The signature page must be signed by the Resident, Program Director, and Director of Medical Education (DME). It is an affirmation of complete and accurate reports. Once the reports are received by the AOCD, we will upload them to FileWorks, which is our online storage system. The Education Evaluating Committee (EEC) members will then be able to view each report as they are uploaded at their convenience, allowing them more time for review. Incomplete reports will not be uploaded. Also, please do not fax your reports.

All reports submitted late are subject to a late fee penalty and will not be reviewed by the EEC until the fee is paid. The late fee schedule is as follows:

- \$100 for all reports submitted 30 to 365 days past deadline
- \$250 for all reports submitted 365 to 730 days past deadline
- \$500 for all reports submitted 731 days past deadline

Late documents will delay the approval of each year of training by the EEC and the AOA's Postdoctoral Training Review Committee. Board eligibility is granted only upon approval by both committees.

Please compile your report in the following order:

Annual Report Coversheet

Your report is not considered complete without the signatures of yourself, your Program Director and DME. In addition, your Program Director must initial and date each item to verify that each report component is included and complete.

Resident's Annual Report

Please answer all questions on the form, and review it prior to submitting it. Remember to keep a copy for your records. Supporting documents of meetings attended are unnecessary to send, but do keep them for your personal files. Please note that the diagnosis and procedure logs have changed. The required Microsoft Excel form is on the AOCD website at the URL listed above. Once completed, email the form to me at jgrogan@aocd.org.

Program Director's Annual Report

This is a two-page evaluation AOCD form.

Complete Core Competency Evaluation Form

Residents who are not graduating are not required to fill out the program "complete" summary Final Resident Assessment Form.

Resident's Annual Paper Documentation Report

You will need to submit the following: a copy of the complete paper, proof of submission, and two multiple choice examination questions with answers including references.

Please do not staple the forms, bind them, or use color paper or print anything in color. Review your report before submitting it to ensure that it is complete. Again, faxed or emailed reports will not be accepted.

Finally, please note that we have moved to our new office, and report packets should be sent to the following locations:

If using the US Post Office, please continue to send your reports to:

American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501

If using any other parcel service, such as FedEx or UPS, please use the following address:

American Osteopathic College of Dermatology
2902 N. Baltimore Street
Kirksville, MO 63501

Incoming Residents

Seven additional individuals have been added to the list of incoming residents, bringing the count to 48 first-year residents. They are as follows:

LECOM/Tri-County Dermatology

Brittany Carter, D.O.

Palisades Medical Center

Sunny Chen, D.O.

Erine Kupetsky, D.O.

David Posnick, D.O.

Silver Falls Dermatology

Karla Snider, D.O.

UNTHSC/TCOM

Christa Tomc, D.O.

Western U/Pacific Hospital

Donna Tran, D.O.

New Resident Packet

New residents beginning training in July 2013 should be submitting all of their application materials to the national office. Dues should be paid at this time if payment has not been made this year. Those who have already paid student dues for the current year will owe a balance of \$25. If you are uncertain if you have paid this year, please feel free to contact me. All resident dues must be current before becoming eligible to sit for the In-Training Examination in Las Vegas this September.

All residents are asked to provide the following documents:

- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your state license
- 2 passport size photos
- A current CV

Tanzania Rotation Teaches Lessons Beyond the Textbooks

Jambo! That means *hello* in Swahili.

I just returned from a four-week elective rotation in Tanzania, Africa. I was lucky enough to find a dermatology clinic at Muhimbili National Hospital that allowed me to join its team and learn from its patients.

My first day at the hospital was a shocking experience. I travelled through wards packed full of patients, many of whom were lying on mats on the floor. There was no air conditioning and it was hard to imagine how the physicians and nurses survived an entire day there in the 90-plus degree weather. I met an infectious disease attending who, after hearing about my interest in dermatology, ushered me through crowds of waiting patients and into a small clinic room. Two dermatologists welcomed me and immediately put me to work. I was asked to evaluate and diagnose my first patient. I used what little Swahili I knew and jumped into this new and exciting clinic experience.

During the next month, I saw many different patients with various dermatologic presentations. Among the common and expected diseases were atopic dermatitis, scabies, lichen planus, acne keloidalis nuchae, keratosis pilaris, tinea infections, and prurigo nodularis. Although these conditions are common, even in the United States, the progression was the most surprising aspect of each case.

These people did not seek care until their skin manifestations had taken over most of their body or they became secondarily infected.

I came across some conditions that I had only read about in textbooks, but because they had such a classic presentation I was able to diagnose them as soon as the patients revealed their skin. One of the patients was a young girl with scleroderma en coup de sabre. I remember coming across a picture of this

condition in a dermatology textbook my third year of medical school and it had stuck in my mind. It was very exciting for this patient to walk through the door during my first week in Africa. Other examples include kaposi's sarcoma, bacillary angiomatosis, casal's necklace in a pellagra patient, and leprosy.

The single most shocking case involved a 12-year-old boy who had acquired leprosy at the age of two. This young man sat silently as physicians, interns, and students surrounded him in an effort to learn from his case. He had been treated once before, but did not complete the full course of treatment. This boy now will suffer from permanent disfigurements and loss of sensation in all distal extremities. The physicians planned to start a new course of treatment in order to halt the nerve damage and bone resorption that the leprosy had caused.

Biopsies were rarely performed in this clinic. There was no cryo-can in sight. I had become used to seeing actinic keratoses and skin cancers daily in the dermatology offices at home, but in Africa these common diagnoses were traded for complications of systemic diseases and far progressed cutaneous manifestations. I witnessed a punch biopsy of presumed bacillary angiomatosis in an HIV-positive patient. A special surgical tray had to be brought in as there are no cupboards filled with surgical supplies. Almost nothing is disposable, instruments are washed by hand, and there is only one suture size...00.

There were several interesting cases for which a definitive diagnosis could not be made clinically. In these cases biopsies were taken, but unfortunately results can take weeks to come back and I had to leave before I received any answers. I plan on staying in contact with the attending physician in order to follow-up on these cases. The first case was a young boy with a year-long history of diffuse bullae that had evolved into a general lichenification. It appeared as if his skin had cracks all throughout it. This child's skin would flake off with every movement and his parents



Grady examines young patient suffering from leprosy.

kept him tightly wrapped in blankets due to his poor temperature regulation. The physicians with whom I worked gave him a preliminary diagnosis of pemphigus foliaceus. They said they were tipped off by the characteristic offensive odor.

Another case involved a middle-aged man who had linear scar-like papular lesions running vertically along the dorsal aspect on his right arm. The lesions were thickened and skin colored, and appeared during a number of years starting on his right hand working their way up his arm. The lesions were unilateral and there was no history of trauma. The doctor I worked with that day had never seen a case like this before. She made an initial diagnosis of lichen amyloidosis based on what she had read during her training. Later that day, I walked to an internet café to look up this diagnosis and was surprised at how similar the pictures were to the patient I had seen.

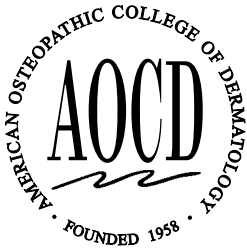
One patient was diagnosed with Sézary syndrome. His condition had evolved over the course of 10 years, making him unrecognizable. His skin had numerous hypopigmented patches and tumors. He had lost most of the hair on his body. It amazed me that this patient waited until now to visit a physician.

Overall, my medical experience in Africa was unique, exciting, and eye opening. I witnessed disease processes that I will most likely never see again. I was able to gain the trust of our patients, despite the language barrier, and became a part of the team working to help them. Each case became a lesson as the doctors with whom I worked explained the cases and tested my knowledge. The experience exceeded my expectations in every way. The physicians with whom I worked were incredibly intelligent and welcoming. I plan on staying in touch and hopefully returning at some point as a physician.

Grady is a fourth-year medical student at Lincoln Memorial University-DeBusk College of Osteopathic Medicine in Harrogate, Tenn.



Patient diagnosed with Sézary syndrome



American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501

UPCOMING MEETINGS

HYPERHIDROSIS SEMINAR SLATED FOR SEPTEMBER

The International Hyperhidrosis Society (IHHS) will offer an educational seminar on September 7, 2013 in Boston.

The one-day program is designed for medical professionals and their staff who wish to attain optimal patient outcomes and practice efficiencies when treating hyperhidrosis. The program is designed to:

- explain the pathophysiology of hyperhidrosis and how it is classified;
- describe the indication for, techniques of administering, and potential complications of the current and emerging treatments for hyperhidrosis;
- describe the effects of hyperhidrosis on a patient's quality of life;
- demonstrate the specific techniques for best outcomes for all treatment options and focal areas; and
- show how to incorporate tools into practice for optimal patient management, satisfaction, and loyalty.

The program includes lectures and a video demonstration, as well as live demonstrations of iontophoresis and onabotulinumtoxinA injections for axillary and non-axillary hyperhidrosis.* The program will be led by noted physicians Dee Anna Glaser, M.D., FAAD, IHHS President and founding member, and David M. Pariser, M.D., FACP, FAAD, IHHS Secretary and founding member. Dr. Glaser, the Program Chair, is a Professor of Dermatology, Internal Medicine, and Otolaryngology, and Vice Chairman of the Department of Dermatology at Saint Louis University in Missouri. She is also the Director of Cosmetic and Laser Surgery in the Department of Dermatology and Director of Dermatology Research at Saint Louis University. Dr. Pariser is a Professor of Dermatology at Eastern Virginia Medical School in Norfolk. He is a former president of the American Academy of Dermatology.

Attendees may obtain a maximum of 6.5 *AMA PRA Category 1 Credits*[™]. For more information about the seminar or to register online, visit the IHHS' website at www.SweatHelp.org.

*Physicians licensed to practice in Massachusetts may register for hands-on experience treating axillary and non-axillary hyperhidrosis with onabotulinumtoxinA. To do so, register online as an *injector* and the IHHS will contact you with further details.

AOCD ANNUAL MEETINGS

Sept. 30-Oct. 4 2013 Las Vegas, NV
Oct. 25-29, 2014 Seattle, WA
Oct. 17-21, 2015 Orlando, FL

AOCD MIDYEAR MEETINGS

Feb. 20-23, 2014 Dallas, TX
April 23-26, 2015 Charlotte, NC