2019
AOCD Fall Meeting
Program Review
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Nashville, TN
September 26-28, 2019
Program Attendance Summary

Program Evaluation Response
313 preregistration questionnaires completed, 90 program evaluations returned,
87 speaker and learning objective evaluations returned, 86 CME mission statement surveys returned
83 outcomes evaluations completed

Meeting Attendance
328 Total Registrations; 304 Total Attendance (AOCD Members – 256; Non-Members – 48)

Member Breakdown
Attending Physicians 228 (89%)
Residents 19 (7%)
Students/Interns 9 (4%)

Non-Member Breakdown
DOs 10 (21%)
Other 5 (10%)
PharmDs 1 (2%)
PA-Cs 6 (13%)
LE 2 (4%)
NP/RN 6 (13%)
Students 4 (8%)

State Breakdown

East 16.78%
Southeast 28.95%
Midwest 25.00%
Southwest 15.46%
Northwest 2.30%
West 11.51%
Registration Questionnaire Summary
313 registration questionnaires completed

What was your reason for enrollment? (more than one selection could be made)
- 73.16% - Needed CME hours
- 39.62% - Location of the program
- 40.58% - Desire to broaden knowledge
- 23.32% - Program topics
- 16.61% - Other

Other Reasons for enrollment:
- Speaker (21)
- BOT member (13)
- Recertification exam (4)
- Resident scholarly activity (3)
- Guest (2)
- AOBD exam (2)
- CAQ-Mohs
- CLIA certification
- Enjoy going as a resident and supporting our osteopathic body
- I am pursuing a career in dermatology and would like to meet some of the leading professionals in this field

What is the population of the city in which you practice?

- Over 100,000 - 46%
- 50,000 - 100,000 - 25%
- 30,000 - 50,000 - 12%
- 10,000 - 30,000 - 10%
- Under 10,000 - 7%

What is your professional status?

- Practicing - 87%
- Resident - 9%
- Student/Intern - 3%
- Retired - 1%
In which type of practice are you currently engaged?

- Solo: 22%
- Group: 56%
- Hospital: 8%
- N/A: 13%
- Retired: 1%

Have you previously attended an AOCD CME program?

- Yes (83.39%)
- No (16.61%)

What would you like to learn from the conference?

- Updates in dermatology (8)
- Board review (6)
- Treatment updates (4)
- Business/practice tips (3)
- Clinical pearls and updates (3)
- Cosmetic dermatology (3)
- Pharmaceutical updates (3)
- Surgical dermatology (3)
- Network with colleagues (2)
- Oral dermatology (2)
- Updates in common clinical topics (2)
- Acne
- Allergy
- Atopic dermatitis
- Biologics for psoriasis
- Broaden my knowledge and updates
- Dermatology office procedures
- Developing areas of research
- Essential oils
- Everything!
- Hair loss
- Interesting cases
- Medical dermatology update
- Nail disease
- New and/or off label treatment pearls
- Pediatric dermatology
- Pertinent topic reviews
- Practical dermatology
- Practical information regarding patient care
- Psoriasis
- Recertification practice
- Review of concepts
- The latest best practices
- Therapeutic pearls
- Tips for narrowing down a differential
- Treatment algorithms
- Useful ideas for daily patient care
- Useful stuff!
General Conference Evaluation Summary
94 evaluations returned

General Program Evaluation

<table>
<thead>
<tr>
<th>Activity content</th>
<th>Length of activity</th>
<th>Facilities</th>
<th>Overall rating</th>
</tr>
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<tbody>
<tr>
<td>3.6</td>
<td>3.71</td>
<td>3.82</td>
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Evaluation of Program Content

<table>
<thead>
<tr>
<th>Time for questions &amp; answers was sufficient</th>
<th>Activity met your expectations</th>
<th>Presentations provided usable ideas and/or techniques</th>
<th>Activity will improve professional effectiveness</th>
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<tbody>
<tr>
<td>3.74</td>
<td>3.62</td>
<td>3.69</td>
<td>3.69</td>
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Please describe any poor ratings:
- Felt some speakers were rushed
- Lecture hall was very deep and screens were difficult to read from the back - otherwise perfect
- Many topics covered were great, yet would have preferred treatment options discussed in greater detail
- Print on slides too small

Did the activity remain commercially unbiased?

Yes 100.00%

No 0.00%

List the subjects you felt were most valuable to you:
- Contact dermatitis (16)
- Melasma (14)
- Cosmeceuticals/Skincare (13)
- JAAD review (11)
- Pediatric dermatology (10)
- Dermoscopy (8)
- Surgical dermatology (8)
- Biologics for psoriasis (7)
- Allergy (6)
- CBD oil (6)
- Cosmetics (5)
- Antioxidants (4)
- Therapeutic updates (4)
- Dermoscopy for pigmented facial lesions (3)
- Homeopathy (3)
- Minimizing HIPAA liability (3)
- Physician wellness (3)
- Practice pearls (3)
- Surgical pearls (3)
- Urticaria (3)
- Use of compounded hydroquinone (3)
- Acne devices (2)
- Alternative therapies (2)
- Dermatopathology review (2)
- Eczema (2)
- Infectious disease (2)
- Rashes (2)
- Practice updates (2)
- All Saturday lectures – Their lectures were not review of what we already know but offered clinical pearls for hard to treat cases
- All topics relevant and informative
- Diagnostic pearls
- Essential oils
- New drugs
- Resident board preparation
- Skin PH
- Difficult cases
- Knowledge of OTC
- Laser treatments
- Legal pitfalls
- Marketing skills
- New information and updates
- Rare clinical cases

What topics would you like to see presented at future meetings?
- Dermoscopy (6)
- Pediatric dermatology (5)
- Complex medical dermatology (4)
- Hair/Hair loss (4)
- Nail diseases (4)
- Cosmetic dermatology (3)
- Lasers (3)
- Surgical dermatology (3)
- Biologics update (2)
- Bread and butter dermatology topics (2)
- Clinical pearls (2)
- Cosmeceuticals (2)
- Emerging treatments (2)
- Mix of topics (2)
- More hard-hitting practice pearls (like Dr. Dirk Elston’s JAAD pearls lecture) (2)
- Private equity in dermatology (2)
- Scientific evidence-based lectures (2)
- Therapeutic update (2)
- Updates and pearls (2)
- Acne
- Allergy
- Alternative therapies
- Artificial intelligence
- Coding issues
- Contact dermatitis
- Cosmetic demonstrations
- Cosmetic injectables
- Dealing with social media issues
- Dermatology emergencies
- Diagnosis of melanoma
- Diagnostic pearls
- Eczema
- Genodermatoses
- Hair disorders for women and men not using hair transplants
- How to work up pruritus
- Intro to cosmetic procedures for the medical dermatologist
- Legal pitfalls
- Light based devices
- Lyme disease
- Melanoma statistics
- Melasma update - Should be discussed every year as done at Fall Clinical by Dr. Darrell Rigel
- MIPS
- Mohs
- More of the same
- Neurotic excoriations and delusions of parasitosis treatment
- Nutrition in dermatology
- OCC
- Osteopathic and homeopathic topics
- OTC therapies
- Practice management
- Practice management roundtable
- Propranol use with urticaria
- Psoriasis
- Psychology in dermatology
- Rashes
- Resident training
- Rosacea
- SRT
- Topics directed toward NPs and LEs
- Tough dermatopathology diagnoses
- Veterinary dermatology and how it compares to clinical human dermatitis
- Website development
The following are overall learning objectives for the Fall 2019 Current Concepts in Dermatology seminar:

- A new and novel way to treat resistant melisma with compounded hydroquinone; learning to use oral tranexamic acid in the treatment of melasma; view case series of active patients that have been treated with high percentage hydroquinone and/or tranexamic acid.
- Learn the importance of reflectance confocal microscopy in your practice; why physicians should consider the use of reflectance confocal microscopy in your practice.
- Understand the various considerations when choosing the order of products in a regimen; learn which ingredients affect the efficacy and side effects of products in a regimen; learn what order to apply products in a regimen to improve efficacy.
- Recognize bacterial infections; recognize fungal infections; treat fungal infections.
- Order labs effectively; treat psoriasis effectively; treat hidradenitis effectively.
- Identify the potential sources of burnout that exist with the system that allows patients to review medical practices like consumers; recognize behavioral patterns and other warning signs of patient dissatisfaction that could lead to compromise of a practice’s reputation; maximize strategies to optimize the relationship with patients that lead to satisfaction in addition to improved outcomes.
- Discuss new developments of chronic inflammatory ski disorders; explain modes of action related to specific newer therapies that may contribute to therapeutic benefit and/or adverse effects; list specific newer therapeutic agents and their potential advantages as part of the therapeutic armamentarium.
- Homeopathic sodium chloride is a readily available, over-the-counter medicine which can be very helpful in the treatment of acne, warts, molluscum, atopic eczema and hyperhidrosis; for best results, the patient’s signs and symptoms should match the clinical criteria for the “sodium chloride” patient type; the sodium chloride clinical criteria will be discussed and successfully treated patient cases will be presented.
- When is further evaluation of urticarial necessary; when is allergy testing important and what kind of testing is necessary; what treatment exist for urticarial and when do I know to use them.
- Evidence-based, PubMed review focused upon dermatology; misleading advertisement and social media; side effects of cannabis oil.
- 30 years of research proves antioxidants can be quite harmful; new studies show antioxidants promote metastatic melanoma; antioxidants may promote skin cancer more in women than men.
- Learn evidence for and against popular dermatological uses of oils; raise awareness of side effects; raise broad based knowledge to communicate with patients that prefer oils to standard treatment.
- Formulate management plans for patients with pigmented facial lesions on sun damaged skin; describe how the dermatoscope can be incorporated into daily practice; identify the benefits of utilizing the dermatoscope to aid in diagnosis.
- Exploration of state rules and regulations; discussion of compliance mechanisms; review of medico-legal issues.
- An understanding of basic HIPPA requirements and how to identify potential business risks associated with HIPPA; how to minimize HIPPA liability, including an overview of the severe government fines; proper HIPPA breach response.
- Increase understanding of the pathogenesis of atopic dermatitis and various treatment options for the disease; gain increased comfort in the treatment options for pediatric psoriasis; learn about options for common issues in kids like molluscum and warts.

Have the overall specified learning objectives been met?

- Yes (98.92%)
- No (1.08%)
How will you utilize stated learning objectives within your practice?

- Adjust treatment regimens
- All material presented very useful for daily practice, especially contact dermatitis lecture
- All objectives will be implemented as directed
- Ask about stress factors
- Avoid practice pitfalls
- Best lectures were on melasma and Dr. Baumann’s lecture
- Better understanding allergies and contact dermatitis
- Better understanding of homeopathic and CBD uses to share with my patients
- Better understanding of ixekizumab for psoriasis treatment
- Biopsy margins
- Botox in neck
- Change my approach towards melasma patients and be more open-minded to patients using homeopathic regimens
- Change recommendations for melasma
- Change some policies, procedures and treatment management
- Changed approach to new and chronic rashes
- Consider using compounded hydroquinone with oral tranexamic acid
- Contact derm book
- Desmoplastic melanoma like scar
- Diagnosis and treatment of dermatitis
- Diagnosis of pigmented facial lesions
- Dr. Kirby had some great recommendations
- Eczema
- Ensure that I am providing the most up-to-date practice for my patients
- Fine tune current practice objectives
- Gradually increase percentage of hydroquinone
- Great contact dermatitis lecture, JAAD update, cosmeceutical lecture and pediatric dermatology
- Have a few treatment pearls and specific information to bring back to my practice
- Help me improve certain aspects of treatment of patients. Help evaluating topical cosmetics was probably the most beneficial.
- Help with burnout in office staff
- Hydroquinone taper
- I gained a lot from Dr. Adams’s set of lectures. I've recently had lots of questions about CBD oils and essential oils. He had a great scientific review that I can share with patients. Great discussion on dermatitis - lots of patients with this condition.
- I thought the meeting was a good balance between hard scientific data and also practice enhancement issues
- I will
- I will change day to day practice
- I will consider doing more incisional biopsies on pigmented facial lesions
- I will have a wider variety of therapeutic options to consider
- I will incorporate many of the recommendations into my practice
- I will make clinical and administrative changes after this conference. Great new info.
- I will share this information with my patients, staff and colleagues. Presenters are very knowledgeable but many ran over time which limited time for next presenter.
- I will use them immediately. All lectures were very interesting. I will make medicolegal changes and updates in my practice in my practice ASAP. I loved the homeopathic "out of the box" lecture. I'm clearer on topics like antioxidants, essential oils and CBD oil.
- I will use updated information received on pharmaceuticals, dermoscopy, and surgical experience in particular
- I will utilize several of the treatment recommendations
- Implement any updated policies regarding HIPAA
- Implement pre-breach HIPAA checklist
- Improved patient care!
- Incorporate many pearls gained at this meeting
- Incorporate the new ideas and methods discussed during this meeting
- Increase marketing
- Increase my aggressiveness in treating melasma
- Infectious disease
- Informed consent update
- JAAD update
- Knowledge share with my partners - All BCDs; To improve patient care
- Laser for acne
- Learn to do better self care
- Limit antioxidants
- Listerine for dandruff
- Lots of review but some new ideas brought to light that will help in my day-to-day clinical and surgical practice
- Many educational aspects to improve my treatment of patients
- Many presenters added to my knowledge and practice of dermatology
- Melasma management
- More aware of new research regarding antioxidant supplementation
- More effectively diagnose and treat dermatitis - different types
• More efficient evaluations of contact dermatitis
• Most will go to direct patient care and changes in protocols. Some info will be used in practice management.
• New mail away pharmacies
• New treatments in pediatric dermatology
• Not a lot except the Mohs lecture, as I am the Mohs surgeon for my group
• Pearls from the dermoscopy, cosmeceuticals, lesion biopsies
• Plan to make some changes in my current treatment regimens. Also a good review of some things I haven't done lately. Will attempt more treatments for melasma and acne.
• Practical pearls will be implemented into the practice. Thank you!
• Recommend nicotinamide more often for SCC patients
• Soap & moisturizer PH
• Some patient management changes

• Speak with office manager about ways to improve patient experience and care
• State medical newsletter
• Taper my hydroquinone over time rather than keeping it the same throughout
• Teaching employees and patients
• To improve and enhance patient care.
• Tweak some surgery skills
• Understand immunohistochemical stains more clearly
• Update how I treat melasma, including adding higher strength hydroquinone topical to my products and prescriptions used to treat patients
• Update treatments
• Updated information on medical and therapeutic options - all very useful
• Using Dr. Harold Rabinovitz lecture tips on microscopy to find possible melanomas on patients
• Utilize new information
• Utilizing appropriate diagnostic tests and therapies and answering questions regarding OTC, trending and osteopathic remedies

The Powerpoints and/or handouts effectively supported the presentation.

- Strongly Agree (79%)
- Agree (20%)
- Strongly Disagree (0%)

The content of the topics were presented in a clear and understandable manner.

- Strongly Agree (77%)
- Agree (23%)
- Disagree (0%)
- Strongly Disagree (0%)
The sessions assisted me in my professional development.

- Strongly Disagree (1%)
- Agree (30%)
- Strongly Agree (69%)
- Disagree (0%)

The sessions provided me with specific ideas that I intend to use.

- Strongly Agree (71%)
- Agree (28%)
- Disagree (1%)
- Strongly Disagree (0%)

The presenters were knowledgeable, organized and effective in their presentations.

- Strongly Agree (79%)
- Agree (20%)
- Disagree (1%)
- Strongly Disagree (0%)
The conference remained commercially unbiased.

- Strongly Agree (83%)
- Agree (16%)
- Disagree (0%)
- Strongly Disagree (1%)

Were disclosures made or conflicts of interest identified prior to the CME program?

- Yes (100%)
- No 0%
The overall mission of each AOCD CME Activity is to:
1. Inform the physician of advances in medical knowledge and technology.
2. Inform the physician of advances in diagnosis and treatments for better patient care and outcomes.
3. Inform the physician of advances in Practice-Based Learning and System-Based Practices.

AOCD CME activities are intended to enhance the knowledge and competence of its attendees, with the intended goal being improving patient care and their health outcomes. The impact of our educational meetings will provide a diversified CME program focusing on the art and science of Dermatology.

The AOCD has met its mission for this conference:

If you answered “no,” please describe how we did not meet the mission:

- Lectures given on Saturday were excellent, as they incorporated information that was directly relevant to change in the clinic. Lectures on Friday were terrible.
What changes in performance and/or patient outcomes do you anticipate to occur as a result of participating in this conference?

- Change in melasma treatment (5)
- Change frequency of labs for isotretinoin (3)
- Improved patient care (3)
- Improve patient outcome with new treatment options (2)
- Improved treatment efficacy for melasma (2)
- Improvement (2)
- Treat melasma more aggressively (2)
- A lot of effect in treating patients
- Address skin care regimen better after Dr. Leslie Baumann’s lecture
- Apply new concepts to practice
- Be more open and aware of alternative modalities patients may inquire about i.e. CBD and homeopathic medicine, as well as newer traditional treatments.
- Better care of atopic patients
- Better clinical acumen
- Better diagnose issues in dental diseases / oral health
- Better diagnosis
- Better diagnosis of patients with dermatitis
- Better patient care with increasing time with the patient and explaining their treatment plan in a way they understand
- Better performance and better outcomes
- Better treatment for hand eczema
- Change in management of common dermatologic conditions such as melasma
- Collaborating with patients and colleagues with the use of CBD oil will change my approach to therapy
- Flagyl for lichen planus
- Gardisil for eruptive squamous cell
- Going to stop recommending CBD and antioxidants
- Great info on improving my online presence - hoping to make changes to my website as well as our patient ratings online
- Greater knowledge of current concepts in dermatology
- Greater understanding of homeopathic and CBD treatments available to offer patients who cannot or will not use traditional methods of treatment
- Higher compounded hydroquinone topicals for melasma patients
- Hoping for better treatment of patients with melasma, atopic dermatitis, and urticaria
- How I approach a CBD conversation with my patients
- I will have a more open mind about CBD oils for dermatologic conditions
- Improve patient care
- Improved care and higher quality patient service
- Improved contact dermatitis patient outcomes
- Improved facial dermoscopy
- Improved laboratory testing protocols and new treatment options for different skin conditions
- Improved my psoriasis treatment
- Improved patient skin type evaluations for treatment options
- Improved treatment
- Improved treatments and compliance
- Incorporating information about non-medical treatments
- Increase dupixent use to atopic
- Increased patient satisfaction
- Learned a lot more about contact dermatitis
- Learned some tips that will apply to patient care
- Learning more about CBD oil
- Lesions with gray granules next dermoscopy will raise my suspicion for melanoma
- Making sure no sulfa drugs for spironolactone patients
- Management of dermatologic conditions.
- May be able to differentiate different reasons for itch based on distribution of a rash
- More acute regarding the subjects
- More aware of HIPAA issues
- More dermoscopy
- More dermoscopy of face
- More HIPAA compliance
- More likely to follow news of trials for CBD
- New information on treatments/management learned
- New information to help change day to day patient management
- Newer therapies will be utilized in my practice
- None at this time
- Patient coverage of off label use
- Plan to incorporate alternative therapeutic options to my standard existing regimen treating multiple conditions
• Recommend nicotinomide in immunocompromised patients
• Recommend probiotics to help minimize eczema
• Revised my HIPAA form and posted on website
• Through the meeting achieved more knowledge that allows me to add a new therapies
• Treatment of melasma
• Treatment of melasma, dermatitis, hidradenitis suppurativa, vitiligo and office protocols
• Updated treatments
• Updates were great to add in to practice as well as some new topics
• Usage of newer agents should increase
• Use Dupixent earlier
• Use of CBD in practice
• Will be a better clinician when it comes to difficult "dermatitis NOS"
• Will be more informed
• Will implement some supplements for transplant patients
• Will modify accutane bloodwork
• Will utilize several treatment options that I learned at the conference

How will your treatment options change after attending this conference?
• More options (7)
• No change (4)
• Broader range of treatment options (3)
• More melasma options (3)
• Transexamic acid for melasma (3)
• A lot learned and implement this
• Able to offer more treatment options for my patients
• Advances in guidelines
• As noted in the previous question we have the addition of CBD oil to our armamentarium...
  Additionally I’ve learned some new techniques to treat disorders of
• Atopic dermatitis treatment options
• Be able to refer to other practitioners (dentists, homeopathic doctors, alternative medicine professionals) and initiate traditional therapy in my own practice
• Better evaluation skills
• Better melasma treatment
• Better options
• Biopsy lesions with gray granules on dermoscopy
• Broader variety of agents, introduce a few more alternative therapeutic options
• Change how often I order labs for isotretinoin.
• Consider use of tranexamic acid
• Consider using CBD
• Dupixent at younger ages
• Expand in some disease states
• Expand my treatment acumen
• Expanded use of hydroquinone compounds
• Focus on patients stress factors
• Greater ability to manage difficult rashes
• Helped with cosmetic/anti-aging selection for patients
• Higher antihistamine doses for dermatographism patients
• I don't think they will significantly change however, with melasma, I am more comfortable in expanding my treatment options
• I have added new/different treatment options
• I have started implementing robathol oil in eczema patients
• I learned new treatment options that I was unaware of
• I may use homeopaths
• Improve
• Incorporate more options to discuss with them
• Increase efficiency
• Increase knowledge, have some info for patients who would like to use essential oils
• Increase options for treating dermatologic diseases
• Increase utilization of newer agents if insurance allows
• Increased--may entertain CBD treatment more, appropriately of course
• Keep a much more open mind for CBD oils and its effects on the skin
• Melasma
• Minimal
• Minor changes to acne treatment
• More aggressive with melasma
• More aggressive with atopic management
• More aware of newer products
• More ceravae over vani-cream
• More comfortable with alternative medicine
• More comfortable with bleaching agents, skin care products, biologics
• More educated on the approach of cutaneous infections
• More options offered to patients
• More recommendations avoidance of allergens
• More treatment options--feel ready and comfortable
• New topical option for pediatric wart treatment
• New treatment options and different ways to manage patients
• Newer and more treatment options including better biologic PASI scores for psoriasis
• Newer options and less laboratory testing with certain skin conditions
• No changes, but great info/research concerning CBD and Essential oils. I have been more and more questions about these products over the last year.
• No longer recommend biotin for hair loss
• Offer new treatment options that are supported in the literature
• Practice smarter
• Some osteopathic and holistic options for a variety of diseases including atopic dermatitis to verruca vulgaris
• Stop recommending so many vitamins and antioxidants

What is one new thing you learned from this conference?

• Melasma treatment options (9)
• Dermoscopy (4)
• Transexamic acid and kojic acid prescribed in the treatment of melasma (3)
• CBD oil info and options (2)
• Compounding to optimize result (2)
• How to use CBD oils (2)
• Hydroquinone mixtures (2)
• Suturing on thin skin with the aid of running steri strips parallel to the site (2)
• Updated my familiarity on HIPAA compliance (2)
• Advanced botox placement along jawline
• Aggressive treatment for scabies in patients with dermatitis NOS
• Alternative agents for atopic dermatitis
• Approach to cutaneous infections
• Be a better listener
• Better able to discern pigmented lesions
• Better diagnosis for dermatitis
• Better melasma treatment
• Better self-care
• Better understanding of biologics and psoriasis
• Biopsy technique
• Biotin raises troponin
• Broaden my differential when considering the location of contact dermatitis, as to what the causative agent may be
• Choosing appropriate skin care products and recommendations
• Closures after Mohs surgery
• Compounding HQ/KA/vitamin C
• Dental biopsies
• Dermoscopy of face
• Diagnose contact vs. atopic dermatitis more accurately
• Did not learn any new procedures
• Enhanced surgical skills
• Homeopathy
• How to 'break up' with a patient
• How to deal with difficult patients
• How to discriminate different reasons for itch
• How to distinguish different dermatoses of the hands
• How to increase my yield and outcome in using my dermatoscope
• How to make beautiful people more beautiful
• How to treat genital psoriasis
• How to use tofacitinib/Xeljanz in the treatment of alopecia areata
• Improved patient outcomes
• Increased confidence with using biologics
• Increasing use of KOH in office
• Lab monitoring
• Laser treatment indicator for recalcitrant acne
• Layer sequence of skincare to improve vehicle efficacy
• Learned about treatment for eczema and contact dermatitis
• Management
• Managing the itching/allergic patient better
• Managing/assessing difficult rashes
• Many pearls from Dr. Elston's lecture
• Nare cream for Elston's lecture
• New accutane guidelines
• New chemical peeling techniques that will benefit my patients with some damage and pigmentary disturbances
• New closure options
• New cosmetic techniques
• New toxin techniques
• Now read my state’s department of professional regulation monthly newsletter
• Options for psoriasis
• Oral therapy for melasma
• Patients

Who will you share this information with?
• Colleagues (44)
• Patients (25)
• Staff (22)
• Physician assistants (10)
• Residents (8)
• Nurses (4)
• Students (3)
• Aesthetician
• Local primary care providers
• Mid-level providers
• Office Manager
• We'll see

What information do you still need regarding the topics presented?
• None (18)
• Better understanding with CBD oils (2)
• None--I will pursue follow-up study independently (2)
• Not sure (2)
• Always need more info
• Any info is always good
• As time goes on, we're all concerned about safety, so long term safety regarding the newer biologics is very important
• Biologics summary handout
• Discerning malignant pigmented lesions
• Ease of access to some of these treatment options. Insurance coverages
• Feel like the topics were well-rounded and complete
• Follow up on CBD and cannabis data
• I am comfortable with the information provided
• I will be interested in seeing what types of results others will get
• I would be curious to see more studies on the use of CBD containing products in dermatology
• I’m fine, future conferences will update me
• I’m satisfied
• Insurance coverage and cost associated with care options
• Managing practice management challenges and physician burnout
• Medical updates and practice management
• Melasma treatments that aren't high enough risk
• More dermoscopy
• More evidence-based research for the use of NA CL
• More information on biologics
• More lectures on contact dermatitis
• More natural remedies and studies
• More reinforcement
• More small business advice for solo practices
• New updates in treatment options
• Newer therapies
• None--the lectures were complete
• Not much
• OMT for atopic dermatitis
• Other cosmetic topics, cosmeceuticals, antiaging and hormonal therapy
• Patient examples
• Protocol guidelines
• Regulation of mid-levels practicing dermatology
• Safety of hydroquinone while nursing
• Skin cancer identification and management
• specific recommended OTC products
• The skin care lecture gave beginning principles in creating a skin care regimen, but definitely didn’t provide enough details to implement examples of products for myself or patients. I guess you have to purchase the software to learn the details according to the lecturer.
• There is some great information presented at conferences in general that are not things I can apply to my clinic, like sending out a batch of labs to a lab in England or Utah for specialty tests; the presenters often gloss over how these things are done but these steps are the hardest part of actually doing them in a private practice and take the most time figuring out. IF the presenters can be told that if they recommend something and do it, to have a handout or explicitly say how to do it from scratch if we don’t have the support staff, it is very helpful, because then we also know at least that it is or is not feasible for us.
• Typical effective dose of CBD; Reputable sources
• Would like better access to the Powerpoint slides that lecturers use
Comments

- AOCD has really improved the content and quality of the meetings. The topics and speakers are excellent.
- Can instructions be given to speakers who just read their slides to go beyond the slide to engage the audience?
- CLIA certification test is very helpful for practicing dermatologists. Thank you! Would it be considered at the midyear meetings too?
- Consider having meeting end Sunday at noon
- Did not enjoy holistic presentations
- Excellent conference
- Excellent overall
- Excellent program and site. Thank you!
- Good location for meeting. Easy access. Great speakers.
- Good meeting. Enjoyed the location and thank you for all you do!
- Great balance of lectures and information to help me in my practice.
- Great city #1 and conference was good
- Great conference
- Great convention
- Great job on putting together a great AOCD conference
- Great location
- Great location and great speakers
- Great location for meeting! Great topics!
- Great meeting (2)
- Great meeting and location. All topics covered were applicable.
- Great meeting. Could have continued the meeting through lunch on last day.
- Great meeting. Dr. Leslie Baumann's lecture provided great basic science dermatology, yet was very relevant clinically!
- Great meeting. Thank you!
- Great seminar!
- Great topics. Appreciate resident/student lectures in alternative room. Did not like testing times overlapping with CME lectures.
- Great update of literature review - JAAD. Interesting info on acne - device based treatment. Enjoyed Drs. Baumann, Tam, Kirby and Adams talks. Dr. Zirwas was also awesome! Dr. Swanson and Lebwohl are great! Keep them coming back. Thanks!
- Great venue
- Great venue!
- Had a blast. Good meeting. Nashville was a fun choice. Thanks for all your hard work.
- Hopefully we can add more PA/NP. I would love to make the JAAD updates review part of every meeting.
- I did not feel that the homeopathy lecture was useful
- I did not find value in homeopathic lectures or dental cosmetics or dental pathology
- I like the wide variety of topics
- I really like the Thursday through Saturday schedule. This works very well for my practice. I would ask Dr. Schlesinger for his notes and provide them - he talked too fast and gave too much info to get it all down. I also think a half page "summary" printed page to take notes on would have been very helpful. I understand you can’t print the whole handout for everyone. Do we not have business meetings anymore? Shouldn’t there be a lunch meeting to know what’s going on?
- I wish there would have been more CME hours offered
- If possible, try to group like lectures together. For example: surgery lectures one morning, cosmetic lectures during one day, etc. Less spread out topics would have been easier to skip parts of the day for topics of disinterest and thus enjoy the city also. Put all cosmetic/naturopathic topics/lectures at the end or last day of the conference and hard hitting bread and butter topics on the first day.
- It was great. Fun seeing everyone.
- JAAD updates very helpful
- Keep conferences in interesting cities - nice excuse to see the country and have academic reunions.
- Keep up the good work. Thank you for this great learning experience.
• Love the location
• Make WiFi password easier to find; White pens were great, stylus pens would be awesome!
• Nice convention site
• Nice venue; Like the pen boxes and charging stations
• Nothing additional; The conference was successful as usual
• Outstanding - best conference to date. Very educational and up to date material. Excellent - great job, Marsha! Thank you for all you do! You have taken this organization to a higher level.
• Overall a great job and very informative. I hope the AOCD can remain alive and well in this era of "merger" with the allopathic organizations because the meetings are a pleasure to attend and much more personal for me.
• Overall excellent conference. Interesting topics - able to apply to practice.
• Perhaps start at the same time each day (start earlier on the first day)
• Please have lectures that provide clinical pearls, not review of diagnoses.
• Please reinvite Dr. Lebwohl to future conferences
• Really enjoyed the meeting, great lectures.
• Really thought it was a super meeting
• Several lectures did not advance medical knowledge or new therapeutic management.
• Some lecturers didn’t have time for questions, but they are approachable. This meeting was very well balanced - keep up the great work!
• Thank you
• Thank you for all you do in keeping this meeting and our college going - it is much appreciated.
• Thank you for always having well-organized meetings
• Thank you for setting this up!
• Thanks for all at AOCD! Great event, good location. See you next time.
• The exams should not be administered during CME hours
• Topics were much more practical at this meeting. Good job!
• Very good meeting. Thank you. (2)
• Very nice meeting and accommodations.
• Very pleased with quality of lectures this year.
• Well organized
• Well-rounded conference. Excellent location. Keep up the good work. Just fantastic and I thank you!
• Well-rounded meeting
• Well-rounded, broad perspective
• Workshops to be included if you have time
• Would love dermatologic topics to be more grouped together, like everything cosmetic put on one day or one afternoon/morning. Same with business or legal lectures, group them together. Keep lectures grouped by subject matter so I/patrons can skip larger sections of the conference easier. Instead of coming and going more frequently throughout the conference. Put all cosmetic and naturopathic lectures at the end/last day of the conference. Thank you!
• Would love to see more interactive or other non-Powerpoint based presentations
• Would prefer shorter, to-the-point lectures. Most topics can be discussed in 20-30 minutes, no need for full 60 minute lectures.