Members Head to Australia
see pages 18-19 & 23

Dr. Bermudez Takes on Complex Cases as Newest Mohs Fellow
see page 22

Ohio University/O’Bleness: Two Directors, One Vision
see pages 16-17

2010 Midyear Meeting in Sedona, Arizona
see pages 8-12
American Osteopathic College of Dermatology
P.O. Box 7525
1501 E. Illinois
Kirksville, MO 63501
Office: (660) 665-2184
Fax: (660) 665-2183
Site: www.aocd.org

PRESIDENT
Marc I. Epstein, D.O., FAOCD

PRESIDENT-ELECT
Leslie Kramer, D.O., FAOCD

FIRST VICE-PRESIDENT
Bradley P. Glick, D.O., FAOCD

SECOND VICE-PRESIDENT
James B. Towry, D.O., FAOCD

THIRD VICE-PRESIDENT
Karen E. Neubauer, D.O., FAOCD

SECRETARY-TREASURER
Jere J. Mammino, D.O., FAOCD

IMMEDIATE PAST-PRESIDENT
Donald K. Tillman, D.O., FAOCD

TRUSTEES
Celeste Angel, D.O., FAOCD
David L. Grice, D.O., FAOCD
Mark A. Kuriata, D.O., FAOCD
Rick J. Lin, D.O., FAOCD
Andrew Racette, D.O., FAOCD
Suzanne Sirota-Rozenberg, D.O., FAOCD

EXECUTIVE DIRECTOR
Rebecca Mansfield, MA

CONTRIBUTE TO DermLine
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, fax at 847-251-5625 or e-mail at RuthCarol1@aol.com.

UPDATE CONTACT INFORMATION
Is your contact information current? If not, you may be missing need-to-know news from the AOCD. Visit www.aocd.org/membership. Enter your username and password then click the “Login Now” button. Should you have trouble accessing your profile, you can fax the new information to the AOCD at 660-627-2623. Send the fax to the attention of Marsha Wise, resident coordinator.

INDUSTRY SPONSORS

DIAMOND SPONSORS
Biopelle Inc.
Dermpath Diagnostics
Global Pathology Laboratory Services
Medicis
Neutrogena
OrthoDermatologics
Ranbaxy Laboratories, Inc.
Stiefel

PLATINUM SPONSORS
Graceway Pharmaceuticals

GOLD SPONSORS
Galderma

SILVER SPONSORS
Centocor Ortho Biotech
Coria

BRONZE SPONSORS
Dermatopathology Laboratory of Central States
Intendis
Triax Pharmaceuticals

Upcoming Events
AOCD MIDYEAR MEETING 2010
April 14-17, 2010
Sedona, AZ

AOCD ANNUAL MEETING 2009
October 24-28, 2010
San Francisco, CA
Greetings from Tucson, Arizona:

I hope that you and your families have weathered the winter well and are ready to enjoy the Spring and the Midyear Meeting in breathtaking, red rock Sedona, Ariz.

I am pleased to inform you that your new Board of Trustees—with invaluable input from several of our past presidents and executive staff—have been able to dispel many allopathic misconceptions regarding osteopathic dermatology, our residency training programs, and our board certification to the membership of the American Academy of Dermatology (AAD) and the board of the Florida Society of Dermatology and Dermatologic Surgery.

A copy of the letter we sent to the AAD’s Director of Member Services in December 2009 appears on page 5. Much of it has been incorporated into the AAD’s 2010 Academy election web site (in the FAQ section on proposed amendments) and should help with the upcoming bylaws vote regarding the addition of a new osteopathic member category. I hope that you will use it as a reference when talking to your local allopathic dermatology colleagues about the upcoming vote at the annual AAD meeting in March.

In addition, I sent a letter to each of the AAD candidates requesting them to explain their position on the role of osteopathic dermatologists in the AAD. I specifically asked what roles, if any, do they feel that their fellow AAD osteopathic dermatologists should be able to fill within the AAD. Their responses will be posted on the AOCD web site.

On our behalf, your First Vice-President, Dr. Brad Glick, met with the Florida Society of Dermatology and Dermatologic Surgery board this past January and clarified much of the misinformation the society had regarding our organization, residency training programs, and certification process. The society was still under the impression that we had preceptorships and that preceptors lacked any oversight.

It is in our best interest to make sure that none of our allopathic dermatology colleagues are talking to each other inaccurately about our osteopathic training and certification due to their lack of understanding because we failed to go a little out of our way to educate them and ask them if they had any questions about osteopathic dermatology.

In that regard, while I was being asked to commit to the Annenberg Circle of the Dermatology Foundation by Dr. Gerald Kruger, I took the opportunity to ask him, as the AOCD President, to address the foundation’s Board of Directors for their support of the osteopathic membership category vote. He did so and e-mailed me back that we have their full official support on the vote.

Also, while attending the Winter Clinical Conference in Hawaii at the end of January, I had the opportunity to talk with the outgoing AAD President Dr. David Pariser. He was open to the idea of having a plenary session lecture at a future AAD meeting (unfortunately too late for the March meeting) on the history of osteopathic medicine and osteopathic dermatology. I am interested to know your thoughts on this idea.

On another note, at the Winter Clinical Conference in Hawaii (the sister meeting to the Fall Clinical Conference in Las Vegas), of which our past president and new residency director, Dr. Jim Del Rosso, is co-chair, Dr. Pariser reminded the attendees that the 2009 Medicare Reporting of Melanoma with a two percent bonus in Medicare reimbursement was available until February 28, 2010. For a little bit of time and effort all of us could have had an extra 2% of Medicare reimbursement in our business’ pocket. If you did not take this opportunity for 2009, I hope you will strongly consider doing so for 2010.

Sincerely and fraternally yours,

Marc Epstein, D.O., AOCD
President, 2009-2010
MDs to be allowed in DO programs. In fact, the AOA is trying to get approval for allopathic training through the AOA. The BOSS Committee voted “no.” However, there are many other committees in the AOA.

Midyear Meeting
We are now looking forward to the Midyear Meeting in Sedona. Dr. Towry has put together an excellent lecture program for attendees. Attendance for the Midyear Meeting is very good. Everyone is excited by spring weather and the opportunity to meet fellow colleagues. Registration for the annual meeting is good.

Future Midyear Meetings are tentatively planned to be held in Marco Island, Fla., in 2011 and Branson, Mo., in 2012.

Dr. Leslie Kramer will chair the AOCD Annual Convention slated for October 24-27 in San Francisco.

The AOCD staff welcomes your comments and suggestions that will improve our organization.

BOSS Committee
The BOSS Committee met in Chicago in February. This Committee was formed by the AOA to provide all osteopathic specialties an opportunity to voice their concerns on a quarterly basis. The Committee is composed of delegates from all osteopathic specialties. These members present concerns and recommendations to the AOA. Our BOSS Committee member is Dr. Robert Schwarze.

One of the issues discussed was the importance of having a committed formal policy with regard to Osteopathic Continuing Certification (OCC), which is the DO equivalent of Maintenance of Certification. Previously, all AOA specialty boards were charged with developing an OCC plan for their respective members by January, 2013. If the AOA specialty boards do not implement OCC, then the states are expected to pass their own laws regarding continuing certification and recertification. Currently, Dr. Lloyd Cleaver is heading up the AOCD’s OCC efforts.

Attendees were reminded that each specialty must implement a communications plan.

There was some discussion about the fact that the election of a Republican to fill the Massachusetts Senate seat should favor a repeal of the 21% reduction in Medicare dollars. Time will tell.

It was reported that attendance at the AOA Annual Conference in New Orleans was down 40% compared with Las Vegas the year before.

Also discussed was the physician shortage and the increasing enrollment in osteopathic schools and residency programs. Soon there will be a push for

New CME Reporting Cycle Begins
The AOA’s new CME reporting cycle for 2010 through 2012 began this past January.

Members of the AOA are required to participate in the CME program and to meet specified CME credit hour requirements for the 2010-2012 CME cycle.

The requirement for membership in the AOA is 120 CME hours. Of this total, 30 CME credits must be obtained in Category 1-A. The remaining 90 credit hours may be satisfied with either Category 1-A, 1-B, 2-A, or 2-B credits.

Members who obtain 150 credits or more of AOA approved applicable CME credit in a three-year CME cycle will be given a certificate of excellence in CME. These hours must be earned by December 31, but reported no later than May 31 of the current CME cycle.

It is the responsibility of each AOCD member to report his/her own CME credit hours to the AOA. The AOCD does not supply the AOA with this information.

For more information about the new CME reporting cycle, the CME Guide for Physicians: 2010-2012 can be found on the AOA’s website at www.donline.org. The guide is designed to provide osteopathic physicians with basic guidelines for obtaining CME credit. Specifically, it describes the CME requirements, risk management and managed care programs, types of online courses accepted for CME credit, CME requirements for certified physicians, CME credit for standardized life support courses, CME credit for bioterrorism courses, and waivers/ exemptions. It also explains how to report CME activities.
December 14, 2009

Kimberly A. Hoarle, MBA
Director, Member Services
American Academy of Dermatology
930 E. Woodfield Rd.
Schaumburg, IL 60173

Dear Ms. Hoarle,

As the newly installed President of the American Osteopathic College of Dermatology (AOCD), I have received the questions you sent the AOCD regarding osteopathic dermatology, training programs and board certification. I hope my comments and the web sites I have referred you to will answer your questions.

The AOCD was recognized in 1958 as a Specialty College of the American Osteopathic Association (AOA). Just as the osteopathic profession has grown over the past 100 years, the AOCD has also grown. There are currently 20 osteopathic dermatology residency programs with a total of 100 residents in training. Once training is completed and the residents have met all of the prerequisites, they are eligible to apply for and take the certification exam administered by the American Osteopathic Board of Dermatology (AOBD). The eligibility requirements to sit for the certification examination in Dermatology can be found summarized on the AOCD web site www.aocd.org.

Upon successful completion of the certifying examination, the AOBD recommends the candidate for certification in the specialty of Dermatology to the AOA. The Board of Trustees of the AOA awards the final certification. Board certified dermatologists are then awarded the designation of Fellow of the AOCD. As you are probably aware, Osteopathic preceptorships were discontinued in 1993 just as Allopathic preceptorships were discontinued as a form of training. The following information from the AOA web site www.do-online.org further defines the structure under which our training programs are regulated.

The AOCD Basic Document for Postdoctoral Training Programs:

This manual, revision 07/2009, has been prepared by the Council on Postdoctoral Training (COPT) of the American Osteopathic Association (AOA) and approved by the AOA Bureau of Osteopathic Education (BOE) and the AOA Board of Trustees (BOT). The document contains the basic standards for all postdoctoral training, including for Osteopathic Postdoctoral Training Institutions (OPTIs), individual training institutions, individual programs and for trainees. It is a guide for the development and maintenance of osteopathic training programs and contains requirements for program eligibility; faculty and administrative staff, administration of the educational program, clinical and educational resources, curriculum and instruction, evaluation of interns, evaluation of the program and recruitment of interns.

Program and Trainee Review Council:

The PTRC is a representative body composed of members from the AOA affiliate organizations created to assure the COPT, the BOE, the AOA Board, and the osteopathic medical professional and general public that postdoctoral training programs are operating within approved standards, rules and regulations, and are providing educational training satisfactory to the public interest.

The Handbook of the Program and Trainee Review Council:

The primary responsibilities of the PTRC are to serve as the decision making body for AOA-approved internship, residency, fellowship and subspecialty training programs and for individual training approvals. In this capacity, actions of the PTRC are final. These actions may be appealed to the BOE Appeal Committee, decisions of which may be appealed to the AOA BOT. The Council also serves as advisory body on policy to the COPT. The Handbook of the Program and Trainee Review Council can be found at: https://www.do-online.org/index.cfm?PageID=acc_postdocstds. This handbook is a procedural guide established for the use of the PTRC and other AOA officers. This is an official document adopted by action of the AOA BOT, and may be amended from time to time. The handbook includes a description of the PTRC’s purpose, function, structure, operating procedures and pertinent attached appendices. All dermatology programs are approved and scrutinized through this process.

Within the same web site, www.do-online.org under “Education” on the Menu Bar, there is a section entitled Internship and Specialty Standards and Workbooks. In this section one can find the detailed description of the Basic Standards for Residency Training in Dermatology. The eligibility requirements to sit for the certification examination in Dermatology can be found summarized on the AOCD web site www.aocd.org.

All AOA certified physicians and all ACGME certified physicians are required to participate in ongoing CME and recertification. Since this is mandated by the Federation of State Licensing Boards, all of these programs are similar in scope and structure.

Beginning in 2012, our recertification will be accomplished with continuous osteopathic certification that is very similar to maintenance of certification of the AAD. They are:

1. unrestricted license,
2. lifelong learning (CME),
3. cognitive assessment (recertification exam),
4. practice performance assessment, and
5. continuous membership in the AOA.

In closing, the AAD has positioned itself as the Umbrella Organization for all of Dermatology. In the current unstable health care environment, it is critical that the AAD does indeed take on that role. Passing the proposed amendment will enable the AAD to fulfill that role and cement its position as the professional organization that represents all dermatologists and their patients.

Sincerely,

Marc I. Epstein, D.O., FAOCD
President, AOAD

ME/mw
Cc: AOCD Board of Trustees Committee
AOCD Education Evaluation Committee
Dr. David Pariser, AAD President
Heading into the second year of his two-year term as president of the Dermatological Society of New Jersey (DSNJ), Alex Doctoroff, D.O., is intent on making even more improvements to the group that represents 260 dermatologists in the state.

First-Ever Meeting
During his first year, the Society held its first annual meeting in February, 2009 at the Hilton Hotel and Casino in Atlantic City. In addition to educational lectures, there was a six-hour cultural competency CME course offered. The Executive Board also held an open discussion session about the structure and goals of the Society.

The second annual meeting has been scheduled for September 24-26, 2010. It will be held jointly with the Pennsylvania Academy of Dermatology in Philadelphia.

Regulatory Efforts
The DSNJ also took a stand against non-dermatologists practicing dermatology. “We have continued our efforts to ensure the quality of dermatological patient care while protecting our position as specialists in dermatology,” Dr. Doctoroff says. To that end, the Society has collected information about cases with adverse outcomes when patients were mismanaged by non-dermatologists practicing dermatology or by dermatology physician extenders improperly supervised by non-dermatologists. The Executive Board formally presented these findings to the New Jersey Board of Medical Examiners and is currently awaiting a response.

In other regulatory news, the Society joined with many other state dermatology societies registering its strong opposition to the proposed procedural dermatology certification, which has subsequently been withdrawn.

Purchasing Power
The DSNJ established a purchasing alliance with the MDAvantage Medical Malpractice Insurance Company that will offer members a 25% discount on malpractice insurance, he notes.

MDAvantage insures 3,500 New Jersey medical professionals and has similar purchasing alliances with other specialists in the state. “Our goal was to use the strength of our numbers to obtain lower rates for DSNJ members,” says Dr. Doctoroff.

Media Presence
In an effort to increase its media presence and brand recognition among the general public, the Society hired a public relations firm. Information touting DSNJ members as experts in the field of dermatology has been sent to hundreds of newspaper, internet, radio, and TV outlets. This has resulted in the Society’s Top Ten Sun Safety Tips to be picked up by two publications and a radio station interview providing listeners with advice on sunscreen use.

The firm was instrumental in designing the DSNJ’s new logo and tagline as well as in creating a new public service announcement, which has aired on multiple radio stations.

Additionally, the Society’s web site (www.njderm.org) has been redesigned. “We would like to position the web site as a prime source of information about quality dermatologists in the state,” he says. “All dermatologists who are members of the Society will be able to have their profiles listed on the web site.”

Moving Forward
“Our efforts to create a modern, full-service medical society to address the needs of our members have started to bear fruit,” concludes Dr. Doctoroff. “I am very excited to begin my second year as the President of the Dermatological Society of New Jersey. I hope that our members are proud to be a part of our growing and developing Society.”

Founded in 1935, the DSNJ’s vision is to provide members with educational opportunities and awareness of advocacy issues, address pertinent economic issues, and offer professional networking opportunities.

Dr. Doctoroff has been in private practice for nearly eight years in Clark, New Jersey. He also teaches dermatology residents at the Veterans Administration Medical Center in East Orange, New Jersey, where he serves as Assistant Chief of Dermatology. In addition, Dr. Doctoroff is the Editor-in-Chief of an on-line skin disease guide for patients (www.Dermatopedia.com) that features articles on skin diseases written by dermatologists.

2009 Annual Convention Syllabus on Web Site
If you were unable to attend the 2009 AOCD Annual Convention, but would like to get a glimpse of what everyone talked about, the syllabus is now posted on the web site.

Simply go on the AOCD web site, click on “2010 Midyear Meeting” under the Meetings & Events headline. Under the headline Previous Meetings, click on the “2009 Annual Meeting Syllabus,” which is presented in a PDF format.
Dr. Krishnamurthy Joins Jacobi Medical Center

Karthik Krishnamurthy, D.O., has been hired as Director of Dermatology at Jacobi Medical Center in Bronx, New York, a teaching hospital for the Albert Einstein College of Medicine.

He secured this position upon graduation from the NYCOM/St. Barnabas Hospital Dermatology Residency Program in June, 2009. The residents rotate weekly with Steven Robert Cohen, M.D., MPH., the Dermatology Residency Director at Einstein.

“Karthik was an amazing resident, extremely bright, personable, and patients loved him. As Chief during his residency, he kept the team together and organized the dermatology service so that it would run smoothly,” says NYCOM/St. Barnabas Program Director Cindy Hoffman, D.O. “Dr. Cohen knew that Karthik would be a great director and mentor for the Einstein residents. Einstein has a very prestigious dermatology program in New York City and we are proud that one of our graduates has been given this position in such an esteemed program.”

Members Publish Tattoo Removal Articles

Tattoo removal was the topic of two articles recently penned by Will Kirby, D.O.; Alpesh Desai, D.O.; and Tejas Desai, D.O.

The article published in the January issue of the Journal of Clinical Aesthetic Dermatology, focused on the treatment of large bulla formation after tattoo removal with a Q-switched laser.

Three cases of patients who experienced bullous reactions shortly after undergoing Q-switched laser treatment for tattoo removal were presented. All three individuals reported painful blisters occurring approximately 18 to 24 hours following laser treatment. Interestingly, all three had been treated approximately six to eight weeks earlier with the same laser device and similar settings without complications. They admitted that they did not follow recommended aftercare instructions, such as elevating, resting, and intermittently applying ice to the area.

In brief, the blisters were cleaned with alcohol and serous fluid was aspirated from each bulla until they were flattened. The areas were coated with petrolatum ointment and dressed with a bandage that was sufficiently compressed. The areas healed without any signs of scarring.

The authors suggest that the patients experienced extensive cytolysis of epidermal cells secondary to thermal injury from the laser treatment, resulting in the formation of large bulla. Nonadherence with recommended aftercare instructions might have contributed to their formation. The authors note that bulla formation following treatment with a Q-switched laser is rare, occurring in less than one in a thousand treatments. They recommend that healthcare practitioners performing laser tattoo removal not only emphasize aftercare instructions, but consider using a cooling device during the procedure to minimize the risk of adverse events.

In the article entitled Tattoo Removal: Wiping the Slate Clean, which appeared in the January/February issue of Skin & Aging, the dermatologists review current modalities as well as older ones that are becoming obsolete. Because Q-switched laser devices deliver very little damage to the surrounding hemoglobin, melanin, and water, plus are associated with a relatively fast and uncomplicated healing time, the authors suggest that they have become the gold standard of tattoo removal treatment.

Estimating the number of laser treatments required to remove tattoos have become more precise, they say, thanks to the Kirby-Desai Scale, which the authors published in 2009.

Non-laser techniques that are still being used include dermabrasion; salabrasion; liquid nitrogen; phenol solution and trichloracetic acid; thermal cautery, electrocautery, and infrared coagulation; surgical excision; continuous wave lasers; and intense pulsed light devices. However, the authors note that these treatments offer unpredictable results and may result in scarring, undesired pigmenary alterations, pains, and incomplete resolution of the tattoo ink.
Sedona: Breathtaking Sites at Every Turn

Sightseeing takes on a whole new dimension when it’s done among Sedona’s world famous massive, sprawling red rocks.

Be sure to take in the breathtaking view while attending the AOCD Midyear Meeting, April 14-17.

Getting Around Town
The Sedona Trolley offers daily scheduled tours that provide information on the history, geology, climate, flora and fauna of the area, as well as good tips on hiking and biking trails, where to be for sunset, and the best places for shopping and dining.

The Sedona Highlights Tour visits the south side of town, showcasing the upscale Gallery District while the Seven Canyons Scenic Tour visits the west side of town and then heads out into the Dry Creek Valley where the vistas of Boynton and Long Canyon are revealed. For more information, visit the web site at www.sedonatrolley.com.

Several jeep tour operators offer jeep tours that can be combined with horseback rides, ranch-style cookouts, archaeological adventures, vortex experiences, and even winery tours.

If you just want to get around town conveniently, the Sedona RoadRunner offers a fixed route service for travel between attractions, including the shops and restaurants in Uptown, at the Hyatt, in Tlaquepaque, and at Hillside Galleries.

Art Galleries
With more than 40 galleries, Sedona has a burgeoning art community that rivals those of Santa Fe and Scottsdale.

The galleries showcase the artists’ work from cutting-edge contemporary and visionary to Native American and modern realism. They feature original paintings and multi-media works, jewelry, photography, sculpture, pottery, rugs, art glass, woven textiles, hand-crafted furniture, and collectible kachinas and fetishes made by artists known nationally and internationally.

This thriving community offers a full calendar of openings, artist receptions, demonstrations, and workshops to keep any art aficionado entertained.

Historic Places
Listed on the National Register of Historic Places, the Sedona Heritage Museum tells the stories of Sedona pioneers, how they lived, and the things they used.

The main museum building was the farm home of pioneers Walter and Ruth Jordan. Originally, it was a one-room cabin built in 1930, which has been restored with original furnishings. One of the rooms commemorates almost 100 feature movies made locally during the Golden Age of westerns. Another room relays the life of real cowboys. There’s an old-time laundry room, a school room, and a room dedicated to the pioneering Schnebly family.

There’s also a US Forest Service exhibit and a 3,300-square-foot apple packing shed complete with the original 46-foot apple grading machine.

The Museum is open daily. For more information, visit its web site at www.sedonamuseum.org.

Why are the red rocks red?
Because they contain iron oxide resulting from a post-glacial age ocean that once filled all of the Verde Valley. Essentially the rocks are rusting!

Shopping with a View
Combine history and shopping by visiting the Tlaquepaque (pronounced Tla-keh-pah-keh) Arts & Crafts Village, a replica of the traditional Mexican village of Guadalajara.
Nestled beneath the shade of the sycamores on the banks of Oak Creek, Tlaquepaque has been a Sedona landmark since the 1970’s with its vine covered stucco walls, cobble-stoned walkways, and magnificent arched entryways.

The galleries in Tlaquepaque, which means the “best of everything,” offers unique art expressions in every medium from Western and eclectic bronze sculpture, functional and traditional ceramics, blown glass creations, contemporary and Southwestern fine art paintings, weavings, decorative arts, architectural décor pieces, and large format photography. Don’t be surprised if you venture upon a well-known sculptor working on his or her latest piece in one of the galleries.

 Spend the day at Tlaquepaque and enjoy Mexican cuisine, French dining, an on-site brewery, and lunches in an intimate garden setting. Be sure to visit the The Chapel of the Holy Cross, which holds a very special place in the Tlaquepaque Village, with its stained glass windows, hand-carved leather pews, a stunning mural over the altar, and white-washed adobe walls. You may even hear the Chapel bells as part of a wedding celebration.

 Whether you’re in Tlaquepaque, Uptown, or at the Hillside Galleries, Sedona is teeming with boutiques, specialty stores, and one-of-a-kind shops that sell everything from antiques to New Age metaphysical items. If Native American crafts, healing gemstones, outdoor wind sculptures, a hand-carved walking stick or wooden flute is what you’re after, you’ll find it here.

 Two popular stops for made-in-Sedona gifts include the Sedona Arts Center gift store, which represents dozens of local artists, and the Sedona Heritage Museum shop that offers many quaint items with a historic flair, such as wooden pens made from the fruit trees on its property.

 Other Sedona products around town include candles; cactus jellies; bath, body and facial goods; custom-fitted Western boots; and even a limited edition of Swiss-style watches.

**Sports Outings**

If golf is your game, tee up at one of the seven highly rated championship golf courses located in Sedona and the Verde Valley open to the public. The courses include the following:

- The Sedona Golf Resort is a par 71 course in the lush desert style with long rolling fairways.
- Beaver Creek Golf Club is an historic, 18-hole scenic course designed by Jack Snyder in 1962.
- Canyon Mesa Country Club is a 9-hole, par 28 course that features 1,265 yards designed by Jack Snyder.
- Oak Creek Country Club is a par 72, 18-hole championship golf course designed by the famous father and son team, Robert Trent Jones Sr. and Jr.

---

**Sedona’s Spiritual Side**

Many people visit Sedona to explore its metaphysical dimensions, especially its vortexes.

A medium, Page Bryant, coined the term vortex while investigating sacred locations in the area. A vortex is a site that has highly concentrated energies conducive to prayer, meditation, and healing.

The commonly identified vortex areas are as follows:

- **Airport Mesa.** Closest to the Uptown area of Sedona, it offers panoramic views.
- **Bell Rock.** Adjoining the Village of Oak Creek, it has an easily identifiable bell-shape rock formation.
- **Boynton Canyon.** Still a site for annual Native American ceremonies, this vortex is off Dry Creek Road in West Sedona and offers the longest hike of the four main vortex sites—up to three hours round trip.
- **Cathedral Rock.** Located on Lower Red Rock Loop Road, it is the most photographed site in Sedona. The cathedral-like structure rises above Oak Creek.

Other special places to connect with the sacred energy of Sedona include The Chapel, Schnebly Hill, West Fork, and the Amitabha Stupa.

Each person experiences a vortex differently. Possibilities include new insights, intense feelings of joy or release, a sense of well being, a physical healing, or a new or heightened spiritual awareness. While one person might see colors or energetic swirls, another might simply feel more supported and uplifted.

The Sedona Chamber of Commerce Affinity Group and the Sedona Metaphysical Spiritual Association are resources for learning about the spiritual and metaphysical side of Sedona. In addition, a variety of lectures, texts, and guides are available through Sedona’s bookstores and Spiritual Centers.

*continued on next page...*
• Pine Shadows Golf Course is a 9-hole, par 33 public executive course in Cottonwood. It costs $15 to play nine holes, complete with cart. For five dollars more, golfers can play 18 holes.
• Radisson Poco Diablo Resort features a 9-hole, par 3 executive golf course on 22 acres, which include green lawns, red rocks, willow trees, and water features.
• Verde Santa Fe Golf Course is a challenging 18-hole, par 71 championship course in Cornville framed by Verde Valley’s Black Hills.

If tennis is your game, Sedona weather is ideal all year long. Some resorts offer professional instruction and scheduled competition on top-quality courts.

Dining in Sedona

Sedona restaurants offer an exceptional variety of menu choices, and several local eateries have earned national acclaim for their exceptional food and atmosphere.

You’ll find American food (including steakhouses); South-of-the-Border Mexican food; and international fine-dining specialties, including Italian, French, Indian, Chinese, Korean, Thai, and Japanese food.

Casual attire is welcome—even in fine dining establishments.

For visitors on the go, there are fast-food franchises and other Sedona eateries, such as sandwich shops, pizza parlors, delis, cafeteria-style buffets, and coffee shops.

For more information about things to see and do in Sedona, visit the official tourism bureau web site at www.visitsedona.com.

Day Trips

If you have a couple of days to spare, both Scottsdale and Jerome are only hours away from Sedona by car.

Set in the heart of the lush Sonoran Desert, Scottsdale boasts award-winning resorts and spas, world-class shopping and dining, championship golf, and a vibrant arts and cultural scene. Explore the richest, most biologically diverse desert in the country, experience the area’s Native American heritage, and peruse the sidewalks of the Historic Old Town Scottsdale. For more information, visit the web site www.Scottsdale-Sedona.com.

Jerome is an historic mining town built on Cleopatra Hill above a vast deposit of copper. It grew rapidly from tent city to prosperous company town as Jerome followed the swing of the mines’ fortunes until they closed in 1953. In 1976, Jerome became a National Historic Landmark. During the 1960’s and 1970’s—the time of the counter culture—Jerome offered a haven for artists. Today, it has an eclectic mix of residents, including writers, artists, artisans, musicians, historians, and families. For more information, visit the town’s web site at www.jeromechamber.com.

If you haven’t had your fill of rock formations in Sedona head to the Grand Canyon, which is only 114 miles away.

Midyear Meeting Speakers Address Diverse Topics

Presentations at this year’s AOCD Midyear Meeting run the gamut from cutting-edge topics such as the concept of the medical home and skin eruptions post-bone marrow transplant to the well known, but little understood, condition of alopecia.

Resident speakers will kick off the meeting, which will be held at the Hilton Hotel Resort and Spa in Sedona, Ariz., April 14-17, 2010, with lectures beginning on Wednesday morning. Resident presenters are scheduled through the morning on Thursday. Following the break, guest lecturers will begin.

One of the first guest presenters is Kim Hiatt, M.D., FAAD, Director of Dermatopathology at the University of Arkansas in Little Rock, who will give two lectures: one on skin eruptions post-bone marrow transplant and the other on Top 10 Diagnoses Not to Miss at Your Dermpath Signout.

Hollis Coblentz, D.O., Associate Medical Director of the Fallon Community Health Plan in Worcester, Mass., will close the meeting with a lecture on the medical home and its impact on dermatology. The AOA is a long-time supporter and advocate of the patient-centered medical home model, under which the patient’s physician leads a team of healthcare professionals who collectively take responsibility for the patient’s continuous care.

World renowned dermatology lecturer and AOCD favorite James Del Rosso, D.O., will present a dermatology
update, including therapies and interesting cases.

Other topics to be addressed include hair disorders and vasculitis on the clinical side, and laser fundamentals and electronic medical records on the administrative side.

**Resident Speakers**

Resident speakers (including their program and year) and their topics are as follows:

Emily Fiberger, D.O., 2nd Year Resident  
St. Joseph Mercy Health System  
**Acute Onset of Painful Nodules on Bilateral Lower Extremities**

Angela Brimhall, D.O., 2nd Year Resident  
Richmond Medical Center  
**Hemorrhagic Bullae in an ICU Patient**

Travis Lam, D.O., 3rd Year Resident  
Richmond Medical Center  
**Cutaneous Infections Associated with Biopsy**

Amy Spizuooco, D.O., 2nd Year Resident  
MWU-Glendale/Alta Dermatology  
**Cutaneous PAN in Childhood**

Sean Stephenson, D.O., 2nd Year Resident  
O’Brien Memorial Hospital  
**Systemic Sarcoidosis Presenting as a ‘Tattoo Granuloma’**

Susun Bellew, D.O., 2nd Year Resident  
TUCOM/Valley Hospital Medical Center  
**Overcoming the Barrier to Ithiysis Treatment: A Combination Therapy Approach**

Brent Loftis, D.O., 2nd Year Resident  
Northeast Regional Medical Center, #2 Texas  
**Delusions of Parasitosis**

Michelle Jeffries, D.O., 3rd Year Resident  
MWU-Glendale/Alta Dermatology  
**Purpura Fulminans-Type Necrosis in a 10-year-old Female**

Ali Banki, D.O., 3rd Year Resident  
St. Barnabas Hospital  
**An Unusual Presentation of Eosinophilic Perforans Sertiiginosa**

Angela Combs, D.O., 3rd Year Resident  
NSUCOM/BGMC  
**A Rare Perineal Tumor**

Wade Keller, D.O., 3rd Year Resident  
MWU-Glendale/AZCOM  
**Bilateral Idiopathic Auricular Ossificans**

Andleeb Usmani, D.O., 3rd Year Resident  
Columbia Hospital  
**Subacute Radiation Dermatitis-A Unique Case**

Chris Weyer, D.O., 3rd Year Resident  
Northeast Regional Medical Center  
**TBI**

Scheduled to speak on Thursday are the following resident speakers (including their program and year) and their topics:

Jack Griffin, D.O., 3rd Year Resident  
Western University/Pacific Hospital  
**Treatment of Large Facial Boxen’s Disease with Imiquimod, A Case Report and Review of the Literature**

Amy Adams, D.O., 2nd Year Resident  
MWU-Glendale/AZCOM  
**Twist Flap**

Zainab Rashid, D.O., 2nd Year Resident  
MWU-Glendale/AZCOM  
**Nephrogenic Fibrosing Dermopathy**

Laura DeStefano, D.O., 2nd Year Resident  
Columbia Hospital  
**Cholester Emboli Syndrome**

Gwyn Frambach, D.O., 2nd Year Resident  
St. Barnabas Hospital  
**Nekam’s Disease in Siblings**

Julian Moore, D.O., 2nd Year Resident  
NSUCOM/BGMC  
**Bullous Sweets Syndrome: A Clinical Case**

Francis Kartono, D.O., 2nd Year Resident  
Pontiac/Botsford Osteopathic Hospital  
**A Comparison of Teledermatology and In-Office Consultation Visits for Acne Vulgaris**

Maryam Shasavari, D.O., 2nd Year Resident  
Western University/Pacific Hospital  
**Acinic Prurigo**

Jacqui Thomas, D.O., 2nd Year Resident  
Columbia Hospital  
**Marjolin’s Ulcer**

Nicole Edwards, D.O., 2nd Year Resident  
St. Joseph Mercy Health System  
**Four-Month-Old with Molloseum-Like Papules**

**Guest Speakers**

Guest speakers are slated to begin presentations on Thursday later in the morning. The speakers and their topics are as follows:

Tejas Desai, D.O.  
**Heights Dermatology, Houston, TX**  
**Photodynamic Therapy**

Kim Hiatt, M.D., Director, Dermatopathology  
University of Arkansas, Little Rock  
**Top 10 Diagnoses Not to Miss at Your Dermpath Signout**

Guest speakers will resume their presentations on Friday morning. The speakers and their topics are as follows:

Kim Hiatt, M.D.  
**Cutaneous Eruptions Post-Bone Marrow Suppression**

2010 Midyear Meeting Sponsors

- Biopelle, Inc.
- Caris Diagnostics
- Centocor Ortho Biotech
- Coria Labs
- Dermpath Diagnostics
- Dermpath Labs Central States
- Dusa
- Galderma
- Global Pathology
- Graceway
- Hill Dermaceuticals
- Hillbrich Laboratories
- Intendis
- Medicis –The Dermatology Company
- Merz
- Neutrogena
- OrthoNeutrogena
- Ranbaxy Laboratories
- Stiefel Labs
- Triax Pharmaceuticals
- Young Pharmaceuticals Inc.

2010 Midyear Meeting Exhibitors

- Caris Diagnostics
- Centocor Ortho Biotech
- Coria Labs
- Dermpath Diagnostics
- Dusa
- Dermpath Labs Central States
- Galderma
- Global Pathology
- Graceway
- Hill Dermaceuticals
- Hillbrich Laboratories
- Medicis
- Merz
- Stratus Pathology Services
- Triax Pharmaceuticals
- Warner Chilcott
- Young Pharmaceuticals Inc.
Hello Everyone,

The AOCD office has been bustling since the last newsletter with the completion of the Annual Convention and the planning of the Midyear Meeting.

In addition, our program directors have notified us of their new residents who start July 1. It is now time to focus on them. All new residents will receive their first-year informational packets via e-mail shortly.

For current residents, this is a reminder to renew your AOCD dues. The membership year runs from January 1 to December 31. To renew on-line and to update your membership information, log on to www.aocd.org/membership.

Also, the end of the year reports will soon be due. The forms, which have been revised, can be downloaded from the web site at www.aocd.org/qualify. For those of you who will be taking the board exam in the fall, information regarding the application process will be sent to you.

AOCD Welcomes New Residents

The AOCD welcomes nearly 40 new residents to its dermatology residency training programs. In addition, there are three new residency training programs.

The new residents, listed with their programs, are as follows:

- O’Bleness Memorial Hospital (Dr. Scott Drew)
- Allison Himes D.O.
- Richmond/Case Medical Center (Dr. Joan Tamburro)
- Ashley Kittridge, D.O.
- Blakely Richardson, D.O.
- NRMC-Kirksville (Dr. Lloyd Cleaver)
- Peter Knabel, D.O.
- NRMC-Texas (Dr. Bill Way)
- Steffeny Steinmetz, D.O.
- St. Barnabas Hospital (Dr. Cindy Hoffman)
- Libby Rhee, D.O.
- Oakwood South Shore Medical Center (Dr. Steven Grekin)
- Paul Aanderud, D.O.
- Billy Bethea, D.O.
- PCOM (Dr. Tanya Ermolovich)
- Tatyana Groysman, D.O.
- Marie Lewars, D.O.
- St. John’s Episcopal Hospital, South Shore (Dr. Marvin Watsky)
- Sanjosh Singh, D.O.
- Charlotte Noorallah, D.O.
- NSUCOM/Largo Medical Center (Dr. Richard Miller)
- Ralph Fiore, D.O.
- Ellecia Cook, D.O.
- Jackie Levin, D.O.

New Members Update

by Marsha Wise, Resident Coordinator

AOCD Welcomes New Residents

The AOCD welcomes nearly 40 new residents to its dermatology residency training programs. In addition, there are three new residency training programs.

The new residents, listed with their programs, are as follows:

- O’Bleness Memorial Hospital (Dr. Scott Drew)
- Allison Himes D.O.
- Richmond/Case Medical Center (Dr. Joan Tamburro)
- Ashley Kittridge, D.O.
- Blakely Richardson, D.O.
- NRMC-Kirksville (Dr. Lloyd Cleaver)
- Peter Knabel, D.O.
- NRMC-Texas (Dr. Bill Way)
- Steffeny Steinmetz, D.O.
- St. Barnabas Hospital (Dr. Cindy Hoffman)
- Libby Rhee, D.O.
- Oakwood South Shore Medical Center (Dr. Steven Grekin)
- Paul Aanderud, D.O.
- Billy Bethea, D.O.
- PCOM (Dr. Tanya Ermolovich)
- Tatyana Groysman, D.O.
- Marie Lewars, D.O.
- St. John’s Episcopal Hospital, South Shore (Dr. Marvin Watsky)
- Sanjosh Singh, D.O.
- Charlotte Noorallah, D.O.
- NSUCOM/Largo Medical Center (Dr. Richard Miller)
- Ralph Fiore, D.O.
- Ellecia Cook, D.O.
- Jackie Levin, D.O.

To ensure that your office information is correct, check the Find a DO section on the AOCD web site (www.aocd.org). If the information is not accurate, contact Marsha Wise at the national office.

New Membership Directory is Underway

To ensure that your office information is correct, check the Find a DO section on the AOCD web site (www.aocd.org). If the information is not accurate, contact Marsha Wise at the national office.

New program
New Resident Requirement Changes

A change in requirements for new residents only went into effect after September 2009. This change does not affect current residents.

The changes are as follows:
- Each resident must submit an abstract, at least once in the three-year timeframe of the residency, at the annual meeting of the American Academy of Dermatology. The resident must provide proof of the abstract’s submission along with his/her annual reports.
- During the resident’s second year of training, he/she must submit a poster at the annual AOA meeting. This poster must be an individual submission, not a group project. Material derived from the work of others must be appropriately referenced.

With regard to the scientific research paper, the requirement changes are as follows:
- Each resident is required to prepare an annual scientific paper under the direction of the program director. The paper must be suitable for publication in medical journals during each year of training and should be based on assigned topics that incorporate basic and clinical sciences. The resident should submit this paper along with his/her annual reports. It must include two questions related to the topic with the correct answers and references.
- During the resident’s third year of training, he/she must present one of these three papers at an AOCDD Midyear Meeting or Annual Convention. Presentation time for each paper is fifteen minutes using a PowerPoint format. Along with a copy of the paper being presented, the resident must submit a CD copy of the PowerPoint presentation to the AOCDD national office.

Documentation of submission for publication must be submitted to the AOCDD along with each paper annually. Every resident paper submitted for publication must be reviewed, corrected, and approved by the resident’s program director prior to being submitted for consideration for publication.

The resident must complete a documentation submission form, which must be signed off by the program director to verify that he/she has reviewed, corrected, and approved the annual paper.

Opportunities for Residents

Are you taking advantage of the many opportunities available to AOCDD residents? Consider participating in the following:

The Chicago Dermatology Review to be held July 3-7, 2010. For more information, visit the web site at www.chicagodermboardreview.com. Currently AOCDD has no funding available for this review.

The Scripps Course scheduled for July 12-16, 2010. For more information, visit the web site at cme.ucsd.edu. There is minimal funding available for third-year residents.

Dr. Michael Morgan’s Dermpath Diagnostics sessions can be accessed by going to the resident section of the AOCDD web site link at www.dermpathdiagnostics.com. To access Dr. Morgan’s Monday telepath sessions, click on “Telepathology” and follow the directions.

Global Pathology Laboratory Services offers a one-week dermatopathology scholarship rotation. Rotation dates will be arranged by mutual consent of the coordinators at each site and the individual scholarship recipient. The scholarship covers travel, lodging, and other expenses determined by each site. For more information, visit the Global Pathology web site at www.globalpathlab.com.

Other opportunities that you can read about in this issue of DermLine include the A.P. Ulbrich Research Award, the Intendis ‘Call for Papers,’ the Koprince Award, and the Dermatologic Surgery in the Outback—Australia Preceptorship.

Dr. Kirby Lectures, Tapes New Show

Will Kirby, D.O., recently presented two lectures and appeared on a new cable network television show.

In December, he gave the grand rounds lecture for the Plastic Surgery Department at the University of Southern California University Hospital. He lectured about cosmetic dermatology.

Two months later, Dr. Kirby was the featured speaker at the Nova Southeastern University Homecoming 2010 Alumni Lecture Series. The lecture series topic was “The Fountain of Youth—Maintaining a Healthy and Young Self.” Proceeds went to benefit the American Developing Smiles program and the Nova Southeastern University’s College of Osteopathic Medicine Medical Missions.

Moving from in-person appearances to taped ones, Dr. Kirby filmed a segment for a new Style Network show called What I Hate About Me. Each episode in this makeover series, which debuted in January, centers on one woman who reveals the top 10 things she hopes to change about herself. A specialist is recruited to help solve the problem(s). Each guest is given the tools she needs to make positive changes, build confidence, and knock all the items off her hate list. In this specific episode, Dr. Kirby performed a simple excision of an unsightly mole.
Residents who would like to apply for the A.P. Ulbrich Research Award in Dermatology have until the end of the month to do so.

Applications must be received by March 30 to be eligible for consideration of the award during the following academic year (July 1, 2010 - June 30, 2011).

Recipients can use the grant to conduct a basic science or clinical research project that will make a significant contribution to osteopathic medicine and dermatology. Offered to encourage osteopathic resident physicians to engage in dermatologic research, the award is an educational grant sponsored by the AOCD and funded through the College’s Educational Research Fund. The $1,000 grant is distributed in three separate sums.

Applications will be entertained from osteopathic physicians in postdoctoral training programs and research fellowships in dermatology. Each grant supports one individual. Not more than two consecutive or non-consecutive grants may be awarded to the same individual.

Because the grant is not exclusive, the investigator may seek additional funding from other sources including the AOA Bureau of Research, governmental agencies, other outside agencies, a college, or hospital.

The type of research eligible for consideration can vary. For example, a resident may contribute to, or take responsibility for, a portion of an ongoing research project; seek support for conducting novel research after developing a feasible research project; or seek support to develop a research idea. In the last case, the resident should first conduct a complete literature search to determine the feasibility and need for the project. A research proposal must be developed by the end of the grant timeline.

All resident research must be conducted under the guidance of a research advisor, that is, a sponsor.

Once received, applications will be reviewed by the Research Committee, which will forward its recommendations to the AOCD. Applicants are notified of the Committee’s action by certified letter. Winners of the award will be honored at the 2010 AOCD Annual Convention.

For more information about the requirements for the A.P. Ulbrich Research Award in Dermatology, visit the AOCD web site at www.aocd.org/qualify.

AOCD Establishes Item Writing Committee

The AOCD is forming an Item Writing Committee. The purpose of the committee is to develop questions to be used on the In-Training Examination for residents and the Board Certification Exam. The goal is to have a bank of questions from which questions can be pulled. This committee will meet on July 31 at a location to be determined.

Based upon the recommendation of the Educational Evaluation Committee, the Board of Trustees voted to approve the allocation of funds for the purpose of conducting a workshop for this committee. This workshop will provide training on question writing for the attendees. This was voted upon at the 2009 Annual Convention.

College members who have volunteered to sit on this committee are as follows:

James Towry, D.O., Chairman
Ryan Carlson, D.O., Co-Chair
Shaheen Oshtory, D.O., Co-Chair

Anais Badia, D.O.
Lloyd J Cleaver, D.O.
Tejas Desai, D.O.
Merrick D. Elias, D.O.
Tanya Ermolovich, D.O.
Jonathan Keeling, D.O.
Mary Beth Luca, D.O.
John Minni, D.O.
Dwayne Montie, D.O.
Andrew Racette, D.O.
Suzanne Sirota-Rosenberg, D.O.
Matthew Smetanick, D.O.
Joan Tamburro, D.O.
Adam Wray, D.O.
Dr. Frambach Named Resident Liaison

Gwyn Frambach, D.O., a second-year Resident at NYCOM/St. Barnabas Hospital in Bronx, New York, was named resident liaison at the 2009 AOCD Annual Convention.

Dr. Frambach learned that she was voted in by the residents after the in-service examination. “I found out immediately after the vote and was very excited,” she says.

The primary objective of the resident liaison is to act on behalf of the residents, serve as a sounding board when issues arise, to diffuse any problems if possible, and to relate any serious issues the residents have to the AOCD Board of Trustees, as Dr. Frambach sees it.

“I had the privilege of having Karthik [Krishnamurthy] as my senior resident last year, and watched the commitment and effort that he, and then Reagan [Anderson], dedicated to the position,” she says. Among their efforts she cited was having the mock boards be a more accurate representation of the actual boards.

One of the recent ideas raised by residents is to implement a resident exchange program, which would allow residents of the same year to swap programs for one- to four-week rotations, depending on the program’s ability. “I’m sure this is not quite as easy as it sounds,” says Dr. Frambach, “but I love the innovative idea and will see what I can do with it.”

She also would like to broaden the voice of osteopathic dermatologists among the allopathic community. To that end, she applied for a position on the Residents/Fellows Committee of the American Academy of Dermatology (AAD). “The possibility of having adjoining positions at the AOCD and the AAD may prove invaluable,” says Dr. Frambach. Although dermatologists trained in osteopathic programs have only recently been granted affiliate membership by the AAD, DOs are making great strides into the allopathic community as represented by Michael Scott, D.O., running for election to the AAD Board of Trustees. “He was unfortunately defeated, however, this attempt was a major step,” she says, adding, “The path ahead will not be easy, but with the help of such visionaries we are beginning our journey.”

No stranger to leadership roles, Dr. Frambach has served as president of her medical school class at OUCOM; a student member of the Ohio Osteopathic Association focus group; and an intern representative to the Osteopathic Residency Advisory Committee for her internship hospital, Grandview Medical Center. She also served on numerous student council-related committees. “I have a strong and persuasive voice, and do not shy away from a challenge,” says Dr. Frambach.

“I feel proud and extremely blessed to be a DO in the field of dermatology and excited for the future we have ahead of us,” concludes Dr. Frambach, who is looking forward to becoming an active member of the AOCD upon completing her residency.

Deadline for Intendis 2010 ‘Call for Papers’ Competition

The deadline for submitting a research paper to Intendis Pharmaceuticals for its 2010 Call for Papers Competition is May 27, 2010.

Papers will be judged for originality, degree of scientific contribution, and thoughtfulness of presentation.

Winners may claim cash awards provided by Intendis as follows:

- 1st Prize—$1,500
- 2nd Prize—$1,000
- 3rd Prize—$500

To enter the competition, residents must be in an approved AOA/AOCD dermatology training program. They must submit six copies of the paper. Finally, they must complete a cover sheet that can be obtained by contacting Resident Coordinator Marsha Wise at the AOCD national office.

Papers should be sent to Eugene T. Conte, D.O., at 8940 Kingsridge Drive, Suite 104, Centerville, Ohio, 45459.

Residents may submit only one paper per year. This paper must have been written and submitted while the resident is still in training. It must be typed and suitable for publication. Submission of this paper for review does not become part of the resident’s annual training reports. However, if the resident intends to use it as his/her annual paper, it must be submitted to the AOCD national office with the resident’s annual report.

Winners will be announced at the 2010 AOCD Annual Convention to be held Oct.24-28 in San Francisco.
Some program directors probably wish they could clone themselves in order to accomplish all the work involved in running a program, but G. Scott Drew, D.O., and Mary Beth Luca, D.O., don’t have to. That’s because they oversee the Ohio University/O’Bleness Memorial Hospital Dermatology Residency Program in Athens together as co-directors.

The two took over the program in 2007, three years after it began under the directorship of John Hibler, D.O.

“The upside is that we each have our own strengths we bring to the program and a division of labor so that somebody is always around to attend to the residents’ needs,” says Dr. Drew, adding, “It’s so much work and takes so much effort, frankly I don’t know how one person does it.”

It didn’t hurt that the two dermatologists had been friends for 15 years having met through the AOC. “Dr. Luca graduated from Dr. Conte’s program. I graduated from Dr. Walker’s program,” he says. “So we come from different perspectives.” Sharing the director’s position was a great opportunity to work together without being in the same practice, notes Dr. Drew.

Currently, the program has four residents. A fifth spot may be added this July. Since O’Bleness began, four residents have graduated. While three stayed local and are working in Columbus and Athens, one graduate moved to South Dakota.

**Didactic Program**

The residency program places a strong emphasis on didactic training, he explains. The residents have to learn the basic science, dermpath, and the correlates, in addition to seeing patients in a clinical setting. “We want our residents to be as academically prepared as they can be in addition to knowing both clinical science and basic science,” adds Dr. Drew.

Didactics are held twice weekly in conjunction with Ohio State University. Every Wednesday is **Academic Day**, which consists of prescribed reading materials, academic lectures, kodachromes, and dermpath sessions. “The MD and DO residents work together bringing the strengths of both programs and faculty to the table,” he notes.

Other weekly didactic training includes academic dermpath on Friday mornings and the book club every Monday night.

Every other Friday afternoon, the residents meet for the continuity clinic where they have the opportunity to manage their own patients, under supervision, for the duration of their residency. Plans are underway for them to start seeing patients at the continuity clinic at Children’s Nationwide Medical Center beginning this summer.

O’Bleness residents host the journal club once a month. The Ohio University Journal Club is attended by the Ohio State University residents and faculty from dermatology, pediatric dermatology, and dermatopathology. On average, 30 individuals attend the meeting.

They are required to attend an osteopathic manipulative medicine workshop one Friday each quarter. This gives the residents an opportunity to interact with other osteopathic residents in various specialties delivering multidisciplinary care to hospitalized and clinic patients, explains Dr. Drew.

In addition to the usual paper submission requirements, O’Bleness residents must present three lectures a year. The first venue they present at is the Indiana Osteopathic Association meeting held in December. The Ohio Dermatology Association meeting is held in October. They lecture at either the AOA or the AOC Midyear Meeting, as well.

The residency program emphasizes learning with other dermatology residents, says Dr. Drew. In addition to having combined academic didactics with Ohio State University residents,
O’Bleness residents conduct grand rounds one Wednesday night each month at Ohio State University and attend grand rounds at Cleveland Clinic. Patients are presented from both residency programs by community dermatologists. On average, 75 individuals attend grand rounds at which nationally recognized dermatology visiting lecturers present. This year’s speakers included Jeff Callen, M.D. and Jean Bologna, M.D.

Rotations

O’Bleness residents have a rigorous rotation schedule, as well. They are required to do two months every year at Children’s Nationwide for both inpatient and outpatient pediatric dermatology rotations. They also participate in the vascular tumor clinic, the genodermatosis clinic, and the pigmented lesion clinic there. Each year, each resident does an inpatient dermatology consult rotation at the Ohio State University Hospitals, James Cancer Center, Ross Heart Hospital, and Harding Psychiatric Hospital.

They also are required to have a rotation in dermpath, dermatological surgery, and cosmetic dermatology.

Some residents choose a different type of rotation altogether, explains Dr. Drew. For example, Chief Resident Shannon Campbell, D.O., will be traveling to Botswana this March to work in an AIDS clinic for a month. This past summer, second-year Resident Kate Chilek opted to go to Camp Discovery, the camp for young people with chronic skin conditions sponsored by the American Academy of Dermatology (AAD).

Accomplishments

O’Bleness residents have a lot to be proud of individually and collectively.

Dr. Campbell has been accepted to a post-graduate fellowship at New York University. She was recently awarded the AAD’s Residents’ International Research Grant, which enabled her to go to Botswana. Last October, Dr. Campbell received first place in the annual poster competition sponsored by the Ohio Dermatological Association. Her poster entitled A Survey of Skin Disease and Skin Concerns in San Salvador, El Salvador depicted her residency research project conducted as a first-year resident on a medical mission trip to El Salvador sponsored by the Ohio University College of Osteopathic Medicine.

Dr. Chilek co-authored a chapter entitled “Exfoliants, Moisturizers and More: AHAs, BHAs, and PHAs” in a dermatology textbook called Procedures in Cosmetic Dermatology Series: Cosmeceuticals. The second edition textbook was published in 2009.

Second-year Resident Sean Stephenson, D.O., has been accepted to a dermpath fellowship at the Ackerman Academy in New York.

In 2008, the O’Bleness residents came in second at the Dermpath Bowl held during the AOCD Annual Convention.

Clinical Conference

That same year, the residency program hosted its first clinical conference for regional residents in conjunction with Ohio State University. It is modeled after Indiana University’s basic science course, but it is focused on clinical dermatology.

“We wanted to design a resident-based symposium that would give them an opportunity to learn together and mingle,” says Dr. Drew. “We wanted them to be able to meet in a situation where there weren’t attendings running around and to be able to learn clinical information and see how other residents do things.”

The one-day conference, which is held in September, is open to all osteopathic and allopathic residents from the area. Many of the residents who have attended are from Ohio, Michigan, Kentucky, Indiana, Pennsylvania, New York, West Virginia, and North Carolina. Presenters include regional faculty who are nationally recognized. In 2009, the faculty included Joan Tamburro, D.O.; Patty Whitman, M.D.; Joy Moser, M.D.; and Mark Bechtel, M.D.

The first conference focused on contact dermatitis. Last year, 60 residents attended the conference on pediatric dermatology. Plans for this year’s conference are well underway.

Looking to the future, Dr. Drew would like to continue collaborating with the other regional osteopathic programs and expand grand rounds. He reasons that different physicians in different regions, and even in the same region, practice the art of medicine differently. “The more residents are exposed to that, the better they will practice themselves.”

Dr. Drew says that serving as co-director is the best job he has ever had. “These young people are intuitive and intellectually curious,” he adds. “They want to help people and are fierce in their eagerness to learn. They make me stay current and bring an enthusiasm that sometimes ebbs as we get older.”

When the residents leave O’Bleness, Dr. Drew would like them to remember “what a privilege it is to do what we do and to pass it forward.”
Dr. Campbell Awarded International Research Grant

Shannon M. Campbell, D.O., Chief Resident at the Ohio University/O’Bleness Memorial Hospital Dermatology Residency Program, was recently awarded the Residents’ International Research Grant, which is sponsored by the American Academy of Dermatology (AAD).

The grant provides funding for six US or Canadian senior dermatology residents to participate in either a four- or six-week elective in a developing nation where the AAD’s Education and Volunteers Abroad Committee is establishing dermatology support programs and teledermatology consulting services. The primary site is Gaborone, Botswana, where participants rotate between the Princess Marina Hospital, in conjunction with the Botswana-UPenn Partnership, and the Baylor International Pediatric AIDS Initiative. Residents assist in providing dermatologic HIV care for both children and adults, and can visit outreach sites in Francistown and Southern Botswana.

Dr. Campbell learned about the grant through e-mails that she received from the AAD. She liked that the program was very structured, so she applied for the grant in spring 2009, and was awarded it in October. “I am very honored and excited to participate in this program,” says Dr. Campbell.

Having been to Cameroon in college, she is thrilled to be returning to Africa. “I was very impressed with the culture and people there,” says Dr. Campbell, who considers herself fortunate to have also traveled to El Salvador and Ecuador during residency.

Dr. Campbell, who is planning to make the trip in mid-March, will have the opportunity to learn about the care of tropical and HIV-related dermatologic conditions, as well as how to practice routine dermatology with finite resources. “I have had some training and experience with HIV, but not to the devastation and extent that it is in Africa,” she says. It is estimated as much as 40 percent of the population in Botswana is HIV positive.

She also is expected to prepare lectures and presentations, develop a database of photographs, and submit teledermatology consults, as well as present a report of activities to the AAD and O’Bleness Memorial Hospital.

Her program directors, Drs. Scott Drew and Mary Beth Luca, have been very supportive of Dr. Campbell’s participation in the grant program. “They understand that residency is about developing yourself as a physician and broadening your horizons,” she notes. “They encourage personal as well as professional growth during your training and the Botswana program serves as a unique opportunity to accomplish both.”

In preparation for the trip, Dr. Campbell is familiarizing herself with the history and culture of Botswana as well as learning about HIV-related dermatologic conditions through tools offered by the grant program, including a teledermatology web site. She also needs to obtain the appropriate credentialing.

“The when you take yourself out of your own element, you are forced to approach medicine in a different way. You get down to the basics,” she says, adding, “During your residency, you tend to get bogged down with all the paperwork and your schedule. This reminds you of why you walked through the doors of medical school so many years ago.”

Dermatologic Surgery Preceptorship in the Outback

AOCD members have an opportunity to experience a dermatologic surgery preceptorship in Australia.

Anthony Dixon, M.B., B.S., Ph.D., Assistant Professor (School of Medicine) at Bond University in Gold Coast, Australia, and Fellow of the Australasian College of Skin Cancer Medicine, has extended an invitation to the physicians and residents of the AOCD for a preceptorship down under.

The preceptorship is limited to two physicians each year; one resident and one attending physician (AOBD board eligible or board certified).

The attending physician’s selection will be based on the silent auction principal. The starting bid is $1,000 and the
Earn Extra Credits by Judging Koprince Award

Did you know that AOCD members who judge presentations for the Koprince Award can earn extra Category 1-A credits?

Normally an AOCD member who attends the resident lectures held at the Midyear Meeting and the Annual Convention are awarded AOA 1 Category 1-A credits on an hour-for-hour basis. But if the dermatologist agrees to judge the presentations for the Koprince Award, he/she can earn an additional ½ credit, up to a maximum of 10 credits per AOA three-year CME cycle.

If you would like to serve as a judge for the Koprince Award, contact the Awards Committee c/o the AOCD office.

2009 Koprince Award Winners

Four residents were chosen for the 2009 Daniel Koprince Award.

The recipients are as follows:

Saira Momin, D.O., third-year Resident at TUCOM/Valley Hospital Medical Center in Las Vegas, won for her lecture entitled *Aberrant Loss of Differentiation in Metastatic Malignant Melanoma*.

Third-year Resident at NSUCOM/Largo Medical Center in Port Richey, Fla., Johnny Gurgen, D.O., won for his presentation about *Infectious Diseases*.

Lyubov Avshalumova, D.O., also a third-year Resident at NSUCOM/Largo Medical Center, won for his lecture entitled *EKV*.

Sabrina Waqar, D.O., second-year Resident at Columbia Hospital in Palm Beach, Fla., won for her presentation about *Epidermolysis Bullosa Acquisita*.

The Koprince Award was established in 1986 to honor the work of AOCD member, Daniel Koprince, D.O., who passed away in 2008. The award recognizes the top lectures presented by residents during the annual meeting. They are evaluated for subject matter, audiovisual presentation, and speaking ability.

Recipients were presented the award during the Presidential Banquet at the 2010 AOCD Annual Convention.

The resident 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 AOCD’s Education Evaluation Committee along with Dr. Dixon will select the winning author. Deadline for submission of the paper is October 1, 2010. Submissions should be sent to the AOCD national office. 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 silent auction. While this amount will not cover the cost of the entire trip, it will pay a substantial portion of it. The approximate airfare is $1,200. Attending physicians will be responsible for their own expenses.

Winners can essentially 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. Additional details will be addressed upon announcement of the winners and preparation for the trip.

For more information, contact Lloyd J. Cleaver, D.O., at lcleaver@atsu.edu.
When most dermatologists outgrow their offices, they simply move the practice to a larger facility. When Laurie Woll, D.O., ran out of space in her office, she built a larger facility, serving as contractor for the entire project from the excavation of the site to the last door knob being placed.

In 1980, when Dr. Woll purchased her first building in Montclair, Calif., where she established her practice, she also bought the parcel of land next door. At that time, Dr. Woll remodeled her offices, but over the years she simply outgrew the space.

Although she looked for an existing building, Dr. Woll didn’t find anything suitable. During her search, she was less than impressed with the quality of the facilities. That’s when Dr. Woll decided to build on the property next door and serve as the contractor. “I wanted control of my project,” she says.

Dr. Woll hired a full-time supervisor who hired the subcontractors. Her real estate attorney, who also happens to be her fiancé, helped pen the many contracts that were required.

It took five years from the time the land was zoned for a building to the 6,000 square foot building being erected. The latter took approximately two years.

During that time, she spent one to two hours daily addressing building issues. Other duties included checking and verifying contractors’ licenses, checking liability insurance, and taking care of mechanics liens.

Dr. Woll talked to the supervisor several times a day. “Everyday my supervisor would say, ‘I have good news and I have bad news,’” she says. “Then we would have to solve the problem of the day.”

Although Dr. Woll doesn’t believe that she saved any money by serving as the contractor, she does think she has a better quality building than if it was left to somebody else. Dr. Woll also had the opportunity to design the office space to her liking. “I wanted to minimize the hall space and get as many rooms as I could in the 3,000 square feet,” she says. There are 10 rooms, doubling the size of her old offices. Some things Dr. Woll insisted on were terrazzo floors, mahogany doors, and sculpted ceilings.

**Stumbling Blocks**

Fortunately, along the way, she didn’t encounter many major problems. One that did occur was a lack of ventilation in the computer room. That was a hard one to resolve because nobody seemed to have a solution, says Dr. Woll.

Installing a fan in the ceiling and a freestanding air conditioner took care of the problem.

The best part of the process was seeing the building go up. “It was fun to watch when everything was going up, like the framing,” she recalls. “I also enjoyed working with the supervisor.”

The worst part was dealing with the city inspectors and all the regulations. Dr. Woll called the city so often that the staff began to recognize her voice. Although the individuals were pleasant enough to work with, she says, the bureaucracy was overwhelming at times.

For example, pulling all the necessary permits seemed to take forever. There was the sides of the building that had to be raised two and one-half feet because the air conditioner was visible from the freeway, which violated a new city regulation. There was the manhole cover that was uneven by a quarter of an inch that had to be redone at a cost of $2,500. Then there were the $2,500 sprinklers that the fire marshal insisted had to be installed by the trash enclosure, even though there was no mention of this in the code. “In the end, the city planners said I built the nicest building in Montclair,” Dr. Woll says proudly.

**Business Savvy**

Along the way, she gained some business savvy, as well. “Although the supervisor hired quality people to do the work, that’s not to say we didn’t have to fire a few,” says Dr. Woll.

She learned to get everything in writing, especially when changes occurred. When Dr. Woll didn’t, it...
New Trustees Bring Fresh Perspective

The two newest trustees—Celeste Angel, D.O., and Andrew Racette, D.O.—may not have a lot of membership years between them, but they do have a lot of enthusiasm when it comes to serving the AOCD.

“Many changes have taken place in our organization in the past few years that have affected the members and the existing and evolving residency programs,” notes Dr. Angel. “As one of the newest and most recent graduates to become inducted as trustee, I hope to bring a perspective to the organization that reflects my experiences that were influenced by these changes. It is important to have a balance among the more established and founding members of our organization and the newer members and graduates.”

Dr. Racette, who has served as co-editor of the JAOCMD with Jon Keeling, D.O., for the past year, wanted to further his involvement with the College. “I want to learn more about how the AOCD works, and have an impact on that by bringing some new ideas and energy into the College,” he says. Having graduated from residency in 2008, Dr. Racette says he is very familiar with the residency programs, knows many of the residents, and is excited about recent activities, including the focus on improving the practice boards and board exam. “Improving the exams will strengthen the College,” he says. Another issue that is important to the DO community is recertification, which also is being addressed.

As a trustee, Dr. Angel would like to be involved in furthering the AOCD’s continued evolution and growth in both its membership status and recognition by other communities/organizations.

Dr. Racette summed it up best when saying, “I’m excited for this opportunity, and very thankful to have been voted in.”
Dr. Bermudez Takes on Complex Cases as Newest Mohs Fellow

Since his second year of residency, Rene Bermudez, D.O., was hooked on Mohs micrographic surgery; the more complex, the better.

But after graduating from the Summa Western Reserve/ Cuyahoga Falls General Hospital Dermatology Residency Program under the directorship of Schield M. Wikas, D.O., in 2005, Dr. Bermudez started practicing in North Carolina. He did both medical and surgical dermatology, but something was missing. “I didn’t do Mohs,” says Dr. Bermudez. “It was really tough to make those referrals when I wanted to do it myself, but I didn’t have the training.”

At the 2007 AOCD Midyear Meeting, he learned about the Mohs fellowship at Dermatology Associates of Tulsa, the offices of Edward H. Yob, D.O., who serves as the Program Director for the fellowship. “I wanted to do the fellowship because it immerses you in the training. That’s the best way for me to learn,” says Dr. Bermudez.

Getting a Head Start

That fall, Dr. Bermudez was notified that he was going to be the next Mohs Fellow, beginning in September 2009. Eager to get a head start, he resigned from his position and moved to Tulsa in January, 2009. For the next seven months, Dr. Bermudez practiced medical dermatology at Dermatology Associates of Tulsa. “That was very valuable for me because I was able to get a feel for the way the practice runs,” he says.

The fellowship requires just as much reading, but more hands-on than residency training, says Dr. Bermudez.

Plus, there are no other residents. “It’s one-on-one training with your mentor,” he adds. “I feel like more of a colleague. I don’t feel like a resident. Dr. Yob has made me feel very welcomed and I value what he is teaching me.”

The fellowship is similar to a residency because he is honing his skills, says Dr. Bermudez.

Expect the Unexpected

He wants to work on the more complex cases and be involved in every aspect from clearing the tumor to performing the reconstruction. But even Dr. Bermudez was caught off guard by how complex and challenging some of the cases are.

He also was surprised by how much collaboration with other specialists is involved, particularly for the more aggressive tumors. “In this practice we have great relationships with specialists in ENT, plastics, and ocular plastic surgery,” he says.

While the majority of Mohs surgeries are done on an outpatient basis, Dr. Bermudez says what is unique about this practice and his training is that some of the surgeries are performed at the surgery center in the operating room. “That’s a reflection of how complex some of the patients are, whether it’s their medical background or the degree of intensity of surgery itself,” he explains.

Another benefit to the training is that Dr. Bermudez will be doing outside rotations with specialists in the fields of plastic surgery and radiation oncology. He will be working at MD Anderson in Houston at the Melanoma Clinic and working with other Mohs surgeons in town and in Oklahoma City.

Beyond Surgical Skills

Dr. Bermudez is quick to point out that he is not just learning new surgical skills, but he also is learning what it takes to run a practice. For example, Dr. Bermudez is learning how to decide who is a surgical candidate and who isn’t, how to schedule Mohs patients, and how to counsel them. “It’s not easy to explain to a patient that he or she will need reconstructive surgery, which is associated with a scar, and make the patient feel comfortable with that, especially if he or she is cancer phobic,” he says.

Dr. Bermudez is hopeful that he will come out of the fellowship with the skills and confidence it takes to do even the most complex Mohs surgeries. Ultimately, he would like to practice Mohs surgery three to four days a week and do medical dermatology the rest of the time. He will be joining Dr. Yob’s practice where he can do so.
John P. Hibler, D.O., won the silent auction held at the 2009 AOCD Annual Convention, which affords him the opportunity to observe Anthony Dixon, M.B., B.S., Ph.D., Assistant Professor (School of Medicine) at Bond University in Gold Coast, Australia, and Fellow of the Australasian College of Skin Cancer Medicine.

“I have always wanted to visit the beautiful country down under,” says Dr. Hibler. “When I saw the photos that Dr. Dixon showed during his great dermoscopy presentation comparing skin lesions to the natural Australian scenery, I knew I had to see it for myself. Adding the opportunity to spend quality time learning from an internationally-recognized dermatologist, such as Dr. Dixon, will make the trip truly rewarding.”

Dr. Hibler’s wife, Kathy, will accompany him on the trip, which he expects to take this fall. “We are looking forward to our visit with great anticipation.”

Jason Mazzurco, D.O., a third-year Resident at St. Joseph Mercy Health System in Clinton Township, Mich., won the Australian Surgical Paper Competition for his paper entitled Modified ‘Square’ Procedure for the Treatment of Lentigo Maligna and Lentigo Maligna Melanoma. As the prize, he too, will be going to Australia to observe Dr. Dixon.

“To have won something like that when so many other residents could have gotten it was a true honor for me,” he says. “Having a chance to rotate with Dr. Dixon is a once in a lifetime opportunity.”

Dr. Mazzurco plans on making the trip in July.

Proceeds from the silent auction are used to help fund the trip for the winner of the resident paper competition.
Osteopaths Contribute to Relief Efforts in Haiti

The AOA and DO CARE International are accepting financial contributions from the osteopathic community to help with relief efforts in Haiti following the earthquake that struck on January 12, causing more than 150,000 deaths and destruction in Haiti’s capital, Port-au-Prince, and surrounding areas.

In addition to the collapse of two of the three hospitals in the area, which left injured and dying victims without access to care, the United Nations’ headquarters and the presidential palace were destroyed.

Donations will be routed to internationally recognized aid organizations in which DOs are participating. Individuals who would like to support osteopathic relief efforts can send their contributions to DO CARE International, c/o Michael Mallie, Executive Director, 142 East Ontario Street, Chicago, IL 60611.

The AOA also is collaborating with the American Medical Association’s journal *Disaster Medicine and Public Health Preparedness* to co-sponsor a webinar for medical responders in Haiti. DOs are invited to view the webinar, which is being routinely updated, after they register for viewing. AOA publications have established an affiliate partnership with the journal, which led to the AOA’s invitation to co-sponsor the webinar. Currently, two DOs serve on the journal’s editorial advisory board: Italo Subbarao, D.O., MBA, and Frederick C. Nucifora Jr., D.O., PhD. The journal staff also is developing a roster of physicians interested in volunteering in response to the Haiti disaster.

In addition, DOs are encouraged to contribute to relief efforts by donating to the international fund of the Red Cross. Donations can be made on-line to the Red Cross or $10 can be charged to your cell phone bill by texting *HAI T I* to 90999.

While monetary donations are preferred, commodity contributions and volunteer support also are of value. If you would like to volunteer your medical skills as a DO or medical student, you can register your skills and experience at the Center for International Disaster Information’s registration page, which can be found on its web site at www.cidi.org.

For more ways to help, visit the following web sites:

- **USAID** is an independent federal government agency that provides international assistance, including disaster relief. ([www.usaid.gov](http://www.usaid.gov))
- **The Center for International Disaster Information** provides information and guidance in support of international disaster donations.
- **InterAction** is the largest coalition of US-based international nongovernmental organizations focused on the world's poor and most vulnerable people. ([www.interaction.org](http://www.interaction.org))

New Criteria for Fellow of Distinction Now in Effect

If you are considering submitting an application for the honorary title of Fellow of Distinction, be aware that there are new criteria for it.

The AOCD’s Executive Committee approved these new criteria in 2007 to go into effect this year.

A candidate must now:

- Be a member of good standing of the AOA for a period of not less than 7 years;
- Be a member in good standing of the AOCD for a period of not less than 7 years;
- Be a Diplomate of the AOBD for a period of not less than 7 years;
- Be recognized as a leader among his or her peers by being active in the AOA, AOCD, and/or AOBD for at least 7 years;
- Have obtained at least 100 service points by working in an administrative or educational capacity of the AOA, AOCD, and/or AOBD for a period of not less than 7 years; and
- Have obtained 200 cumulative service points prior to fellowship consideration.

The honorary title is conferred on members who have made outstanding contributions through teaching, authorship, research, or professional leadership to the College.

The deadline for submitting an application is July 1. This deadline allows the Fellow Committee enough time to thoroughly review the applicant’s qualifications and contributions in time for his or her induction at the 2010 AOCD Annual Convention to be held Oct. 24-28 in San Francisco.

To obtain an application, either download one from the AOCD web site ([www.aocd.org](http://www.aocd.org)) or contact the national office.
Three Members Take on Inspector Role

Drs. Steven Grekin, Leslie Kramer, and Rick Lin recently signed on to become inspectors.

Inspectors are responsible for reviewing the AOCD’s 23 existing residency training programs as well as new program applicants. After conducting an inspection, which takes one to two days on site, inspectors are required to write a summary report noting areas of strengths and weaknesses (if any). Previously, the AOCD had seven inspectors.

To become an inspector, members must have at least five years of AOBD certification.

All three members took on this new role as a way to contribute to the osteopathic dermatology education process and give back to the profession and the College.

Dr. Grekin, who has been involved in resident training for the past 12 years, felt he was ready to help others in their pursuit of quality training programs. “The members who have given so generously of their time need to be recognized and applauded,” he says. “I felt the highest compliment to give was to attempt to walk in their shoes. The Cleavers, Purcells, Hoffmans, Contes, and the rest of the College participants need some relief.”

Although neither Drs. Kramer nor Lin had previous experience serving in an inspector-type role, Dr. Kramer is confident that she will know what specifically to look for now that she has received the appropriate training.

“We were informed what to look for such as patient care, resident educational papers, and study time,” she says, adding, “Everybody has been really open and willing to help.” Dr. Kramer also has requested to go on an inspection or two with a more seasoned inspector to hone her new skills.

Dr. Lin believes that being out of residency for only four years, he brings a more current perspective to today’s residents’ needs. “I see the inspection process as an opportunity to exchange ideas in improving the overall osteopathic dermatology training for the entire College,” notes Dr. Lin.

As they await their first assignment, all three are looking forward to that first inspection. “I am very excited about becoming more involved in the residency training process,” Dr. Lin concludes. “I look forward to seeing the strength of each and every program.”

Members interested in becoming an inspector may submit a letter of introduction/application along with a current CV to the Education Evaluation Committee at the AOCD office addressed to AOCD/EEC, P.O. Box 7525, Kirksville, MO 63501. The information also can be faxed to the AOCD at 660-627-2623.
AOCDBoastsThreeNewResidencyPrograms

Last year, the AOCD reached a milestone by accepting 100 residents. This year, three new dermatology training programs are underway. When they are fully operational, they will add 12 new residents to the fold.

Texas Program
The University of North Texas Health Science Center/Texas College of Osteopathic Medicine (UNTHSC/TCOM) Dermatology Residency Program under the directorship of Robert Harla, D.O., actually began in November, 2009, shortly after it was approved by the AOA.

Currently, there is one resident, Stephen Weis, D.O. “I’m in heaven,” he says. “I’m doing exactly what I want and receiving good training.” A second resident will begin in July. The funded residency program is approved for three residents in total.

Over the years, Dr. Harla has tried to start a residency training program, but the opportunity never solidified. This time, the University of North Texas contacted him about starting a program. It took approximately one year to work all the details out and get the program approved. “Once it was approved, Dr. Weis wanted to start,” says Dr. Harla.

Teaching is not new to Dr. Harla as he has been part of the faculty at the Northeast Regional Medical Center Dermatology Residency Program in Duncanville under the directorship of Bill Way., D.O., for the past eight years. Prior to medical school, Dr. Harla taught respiratory therapy technology for seven years. He earned a master’s degree in biomedical communication.

Regarding the TCOM curriculum, it is a competency-based approach to physiology and disease state, notes Dr. Harla. He anticipates that the residents will do clinic at TCOM and at an IPA with DO faculty in Forth Worth. They will start a dermatology clinic, where they will train for a half-day each week, and also will train in a rural setting.

Currently, there are three faculty on staff: Michael Dunnigan, D.O.; Joseph Susa, D.O.; and Charles D. Kennard, M.D. Clay Cockerell, M.D., out of Dallas, will train the residents in dermatopathology. The residents also will receive training in Mohs micrographic surgery and will rotate with various faculty members, such as a rheumatologist. Drs. Harla and Way are discussing opportunities to collaborate, as well.

Dr. Harla is most excited about opportunities through TCOM for residents to become involved in clinical studies and research. “Not many programs have the ability to partner with medical school staff interested in doing research or clinical trials,” he says.

Another unique feature of the program is the resident himself. When Dr. Harla was a student at TCOM, Dr. Weis was his teacher. “It’s a different relationship than the usual program director and resident,” says Dr. Harla. “Dr. Weis, who is nationally known in public health and HIV, is an asset to the program. He knows a lot about integration with the college. He’s done research and received grants. He brings a lot to the table.”

“I feel real fortunate to have a guy like Dr. Weis as my first resident because of what he brings in experience as a clinician and physician,” concludes Dr. Harla. “I’m fortunate to be affiliated with TCOM, which I feel is one of the best DO schools in the country, and to have the college’s support. There will be a lot of work, but I’m going to give it my best shot. It’s a real blessing and opportunity.”

Virginia Program
The Montgomery Regional Hospital/Virginia College of Osteopathic Medicine (VCOM) Dermatology Residency Program will start July 1 with Daniel Hurd, D.O., at the helm. Two residents a year will be added until there is a total of six. Geeta Patel, D.O., and Ry Bohrstedt, D.O., are the residents starting in July.

Dr. Hurd has thought about establishing a residency program ever since he graduated from residency under the directorship of Eugene Conte, D.O., in 1999. As a resident, Dr. Hurd enjoyed teaching interns and students. He was a teaching Fellow his last year. “Teaching came natural to me and they seemed to learn,” he says. In addition, Dr. Hurd taught a core dermatology curriculum at the West Virginia School of Osteopathic Medicine from 1999 through 2005. When VCOM opened, he transferred his primary teaching responsibilities to Blacksburg, Virginia.

“When I applied for residency, when there were even fewer programs than there are now, I appreciated the sacrifice the program director made in order for me to train and have a career for the rest of my life,” adds Dr. Hurd. Even after he graduated, Dr. Hurd felt like he was being mentored. “I wanted to have that impact on others.”

In 2007, VCOM approached him about establishing a program. It has taken three years to bring it to fruition.

The curriculum will include general, cosmetic, and surgical dermatology, as well as dermpath. “Each day, the residents will read about and discuss different aspects of our specialty in a step-by-step fashion that will mature them over a three-year period,” he says. Residents will have academics each morning and evening. Clinic will run throughout the day.
A unique feature of the program is computer-based, interactive dermatopathology lectures. The residents will be taught by a pathologist from Dermath Labs of Central States in Dayton, Ohio. Residents will meet in a large room with conference center capabilities. Real dermatopathology cases will be scanned into a high resolution scanner in Ohio one week before the lesson. They will be connected over the telephone that is logged onto the computer. “What the pathologist looks at under the microscope in Ohio will appear on the monitor in Virginia,” says Dr. Hurd. “The residents can even take a cursor and move it around on screen and ask the pathologist questions about what’s on the screen.” In addition, the residents will view glass slides from the laboratory in the traditional sense.

The program will be hospital-based, office-based, and mission-based, he explains. Residents will have clinic for a half-day every week in the local free clinic. In addition, Dr. Hurd wants to establish a dermatology clinic within the medical clinic that VCOM has either in the Dominican Republic or Honduras.

Dr. Hurd’s goal is to train individuals so that they are well educated and proficient in their job. But more than anything else, he hopes to instill a sense of “giving back” whether that means a desire to train future residents, to treat indigent patients, or to help within their communities.

“I see a significant challenge ahead in getting all of the residents here and making sure all the kinks get worked out of the system,” concludes Dr. Hurd. “It feels good, like it’s an accomplishment, but we have some work ahead of us.”

The third program is MWU/AZCOM/Advanced Desert Dermatology under the directorship of Vernon Mackey, D.O. One resident will begin in July and two more will be added for a total of three residents.

Industry Sponsor’s Biologic Performs Well in Psoriasis Study

As the biologic agents market heats up, Centocor Ortho Biotech Inc., an AOCDS industry sponsor since 2006, has good reason to be proud of its contender.

Approved by the Food and Drug Administration in 2009 for the treatment of moderate to severe plaque psoriasis, STELARA™ (trade name for ustekinumab) recently passed another hurdle by showing greater efficacy than etanercept in a Phase 3 study.


Nine hundred and three patients with moderate-to-severe psoriasis were randomly given subcutaneous injections of either 45 mg or 90 mg of ustekinumab (at weeks 0 and 4) or high-dose etanercept (50 mg twice weekly for 12 weeks).

At week 12, 67.5% of patients who received 45 mg of ustekinumab and 73.8% of those who received 90 mg, experienced at least a 75% improvement in the Psoriasis Area-and-Severity Index (PASI). That compared with 56.8% of patients who received etanercept. Similarly, 65.1% of patients who received 45 mg of ustekinumab and 70.6% of those who received 90 mg of ustekinumab had cleared or minimal disease, according to the Physician’s Global Assessment. That compared with 49% of patients who received etanercept. Among patients who did not respond to etanercept, 48.9% had at least 75% improvement in the PASI within 12 weeks after crossover to ustekinumab.

The study authors conclude that the efficacy of ustekinumab at a dose of either 45 mg or 90 mg was superior to that of high-dose etanercept over a 12-week period in patients with psoriasis.

“We were very pleased with these findings from this first-of-its-kind, head-to-head study comparing two biologic agents in the treatment of moderate-to-severe plaque psoriasis,” notes Craig Stoltz, a company spokesperson.

A Phase 3 trial evaluating STELARA in the treatment of active psoriatic arthritis is currently underway. Additionally, a Phase 2 trial for STELARA in the treatment of sarcoidosis is ongoing.

In 2008, two Johnson & Johnson organizations, Centocor, Inc. and Ortho Biotech Inc., merged to become Centocor Ortho Biotech Inc. The company has another dermatology-related product called REMICADE™, approved for the treatment of adult patients with chronic, severe plaque psoriasis.
Join us in Sedona, Arizona for the
Midyear Meeting
April 14 to 17, 2010

With its massive red-rock formations, abundant sunshine, and clean air, Sedona serves as a calming backdrop for the AOCD Midyear Meeting.

Come to the meeting to keep current with the latest in dermatology. Stay to get a glimpse of some of the most scenic territory in this nation from the Coconino National Forest to the Red Rock Scenic Byway. There is enough natural beauty to keep the naturalist engaged, enough outdoor activities to keep the sports minded occupied, enough history and archaeology to keep the history buff enthralled, and enough museums and galleries to keep the culturally minded enchanted.

Natural endowments aside, you’ll also find world-class resorts and fine dining.
So after enriching your mind at the meeting, kick back, relax…and just be…in Sedona.