Presentation Woes?

• Don’t Panic
• Take a Deep Breath
• Read Pages 11 - 13
American Osteopathic College of Dermatology

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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 John Grogan, resident coordinator.

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.

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Upcoming Events

AOCD MIDYEAR MEETING 2012
April 19-22, 2012
Branson, MO

AOCD ANNUAL MEETING 2012
October 7-11, 2012
San Diego, CA
Message from the President

To all of my AOCD colleagues, thank you for the honor and privilege to serve as your AOCD President for 2011-12.

For those of you who were unable to attend the AOCD Annual Meeting in Orlando, the conference was educationally sound yet fun-filled. More than 300 members, conference speakers, residents, family members, and guests attended a wonderful Welcome Reception on Sunday evening. As always, this gathering is a fantastic time for all attendees to catch up with one another, and this reception did not disappoint.

The educational component of the meeting commenced Monday with Dr. Gregory Papadeas’ CLIA Proficiency Test; always a terrific opportunity to test one’s laboratory knowledge. Next, the first-ever University of Pennsylvania Symposia was born with four internationally recognized speakers giving lectures that stimulated a great deal of academic discussion. Following intriguing lectures about cosmetic dermatopathology and pruritus, the day was capped off by the AOCD Business Meeting. Many College accomplishments were acknowledged including the naming of the first 16 Founding Members of the Ulbrich Circle—each of whom have committed $10,000 over 10 years to the Foundation for Osteopathic Dermatology, the College’s education and research foundation. Decorative plaques were presented to each founding member as a small token of appreciation for this momentous occasion. (Please see page 8 for a list of the founding members.)

The Business Meeting ended with the election of the Board of Trustees, including three new trustees; Drs. Reagan Anderson, Karthik Krishnamurthy, and John Minni.

On Day 2, informative lectures given by Drs. Christopher Buckley and Eduardo Weiss explored Mohs Micrographic surgery reconstructions and complications of cosmetic procedures. Our esteemed colleagues, Drs. Alan Menter and Eric Billy Baum, delivered detailed and up-to-date presentations about psoriasis on the final day of the meeting, which ended with a series of leading-edge case presentations and dermatology disease state reviews provided by more than 30 of our talented second- and third-year dermatology residents. Thank you to all of the speakers for your efforts to make this an unforgettable meeting.

At the Presidential Banquet, I talked about the goals I hope to fulfill during this coming year, two of which I will mention now. First, I plan to heighten communications throughout the College, not just to Board and Committee members but to all AOCD members, affiliated institutions, our allopathic colleagues, and industry. I will accomplish this through use of routine emails and a monthly Presidential Message to be known as the AOCD e-Wire. Second, I plan to preserve the integrity and maintain leadership of the JAOCD. A search is underway, under the direction of Dr. Jay Gottlieb, for his replacement as editor. After more than 10 years of commitment to the JAOCD, Dr. Gottlieb will be stepping down. I trust that all of our members and colleagues join me in thanking Dr. Gottlieb for his tremendous contribution to this phenomenally successful component of our College. Thank you, Jay!!! I ask that all members participate in the search for an editor by keeping lines of communication open.

I look forward to an active year. To that end, I am available to hear any ideas and suggestions that will serve to move our College in a positive direction. My email address is spinskings1103@aol.com.

In closing, in addition to thanking all of you for your dedication to our College, I would particularly like to acknowledge our Immediate Past Presidents Drs. Leslie Kramer and Mark Epstein from whom I have learned so much already. Thank you both for your tremendous efforts these past two years. I also would like to thank Ruth Carol for her great work on DermLine, and finally to our Executive Director Marsha Wise, as well as John Grogan and Carmen Stanton, the newest members of our home office staff, for their efforts not only for setting up a wonderful 2011 Annual Meeting, but also for all of their hard work through the coming year. Best wishes to all of you in all of your endeavors for the remainder of 2011 and beyond.

Fraternally Yours,

Brad P. Glick, D.O., MPH, FAOCD
AOCD President, 2011-2012
Greetings everyone!

It was good to see you all at the Annual Meeting in Orlando! Hopefully everyone had a good time. 2011 was certainly a busy year in the AOCD office with the addition of new staff members.

2012 will be equally busy in the AOCD office as John and Carmen continue to get settled into their positions. We will be working on new projects that are designed to assist and better inform our members. Plans for updates to DermLine and our website are among these new projects.

2012 is also the last year for this CME cycle. Everyone should be checking their CME activity for accuracy. The cycle is as follows:

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<th>AOA CATEGORY 1-A CREDITS</th>
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To view your CME Activity Report, you must log into the members-only section of the AOA website using the login button in the top right corner of the screen. If you need login assistance, send an email to info@osteopathic.org.

To report your CME Credits, fax them to (312) 202-8202, Attention: Division of CME, or email attachments to cme@osteopathic.org. Be sure to include your name and AOA ID.

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, 2012 and reported no later than May 31, 2013.

A tentative schedule for our 2012 Midyear Meeting to be held April 19-22 in Branson was handed out during the Annual Meeting in Orlando. We hope you can join us in the Show Me State for this meeting.

Happy Holidays to everyone. Here in Kirksville, my grandchildren, Lily, Travis, and Gavin and I are anxiously awaiting the arrival of their new cousin, John Matthew, who should be arriving in early January.

This is the third in a series of articles about the AOCD’s Good Governance Policies. Per AOA requirements and Internal Revenue Service (IRS) regulations, the College is required to disclose its policies for the purposes of transparency. This article focuses on document retention and destruction. In the previous issue of DermLine, the topic of due diligence and transparency was addressed.

The IRS encourages charities to adopt a written policy establishing standards for document integrity, retention, and destruction. The document retention policy should include guidelines for handling electronic files. The policy should cover backup procedures, archiving of documents, and regular check-ups of the reliability of the system. Charities are required by the Internal Revenue Code to keep books and records that are relevant to its tax exemption and its filings with the IRS. Organizations that file Form 990 will find that Part VI, Section B, Line 14, asks about whether an organization has a written document retention and destruction policy.

AOCD’s Policy
The AOCD’s Document Retention and Description Policy identifies the record retention responsibilities of the Board of Trustees, staff, volunteers, and outsiders for maintaining and documenting the storage and destruction of the College’s documents and records.

The College’s Board of Trustees, staff, volunteers, and outsiders (i.e. independent contractors via agreements with them) are required to honor the following rules:

- Transfer all paper or electronic documents that must be retained (as described below) to staff to maintain;
• after three years of creation/receipt, destroy all other paper documents; and
• do not destroy or delete any paper or electronic documents that are pertinent to any ongoing or anticipated government investigation or proceeding or private litigation.

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

The following documents should be retained for 10 years:
• Pension and benefits records – pension (ERISA) plan participant/beneficiary records, actuarial reports, correspondence with government agencies, and supporting records.
• Government relations records – state and federal lobbying and political contribution reports, and supporting records.

The following documents should be retained for three years:
• Employee/employment records – employee names, addresses, social security numbers, dates of birth, INS Form I-9, resume/application materials, job descriptions, dates of hire and termination/separation, evaluations, compensation information, promotions, transfers, disciplinary matters, time/payroll records, leave/comp time/FMLA, engagement and discharge correspondence, documentation of basis for independent contractor status (retain for all current employees and independent contractors as well as for separated/terminated independent contractors).
• Lease/insurance/and contract/license records – software license agreements, vendor, hotel, and service agreements, independent contractor agreements, employment agreements, consultant agreements, and all other agreements (retain during the term of the agreement and for three years after the termination/expiration/non-renewal of each agreement).

The following documents should be retained for one year:
• All other electronic records, documents, and files – correspondence files, past budgets, bank statements, publications, employee manuals/policies and procedures, survey information.

AOCD Confidentiality, Privacy Policies
Board members, committee members and staff are required to sign confidentiality agreements for the AOCD. This agreement states the following:

This is to certify that I (name), an employee, or Board/Committee member of the AOCD understand that any information (written, verbal, or other form) obtained during the performance of my duties must remain confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such breach.

The AOCD privacy policy maintains that the College will never sell members’ personal information, including addresses, telephone numbers, and email addresses. On occasion, if a company presents an educational opportunity to its members, the Executive Director is authorized to send or release office addresses or email addresses for a one-time mailing. If the Executive Director has any questions about the appropriateness of the mailing, she will contact the President or Secretary-Treasurer for final approval.

Governance and Administration
The AOCD is governed by a 15-member Board of Trustees. The tenure and responsibilities of the officers are as follows:

The President shall serve a one-year term beginning at the Annual Meeting and...
following a term as President-elect. The President shall be an ex-officio member of all committees. He/She shall preside at all meetings of the College as its officer and execute those duties delegated to the President per the AOCD’s bylaws.

The President-elect shall serve a one-year term commencing at his/her election and terminating at the next annual election of officers. In the absence of the President, the President-elect shall preside at all meetings of the College or its officers. The President-elect shall execute all duties delegated in the AOCD bylaws to that office and in the event of the death or resignation of the President shall fill the office of President for the remainder of his/her term. The President-elect shall serve as chair of the Annual Meeting Educational Program Committee.

The First Vice President shall serve a one-year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The First Vice President shall serve as vice chair of the Midyear Meeting Educational Program Committee. The First Vice President shall preside at all meetings in the absence of both the President and the President-elect and shall execute all duties delegated to him/her. In the event of death or resignation of the President-elect, he/she shall assume the duties of that office in addition to maintaining those of the First Vice President.

The Second Vice President shall serve a one-year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The Second Vice President shall chair the Midyear Meeting Educational Program Committee.

The Third Vice President shall serve a one-year term commencing with his/her election and terminating at the beginning of the next annual election of officers. The Third Vice President shall serve as vice chair of the Midyear Meeting Educational Program Committee.

The Secretary-Treasurer shall serve and preserve records of all meetings of the College and its officers. The records shall include attendance and proceedings of each meeting. He/She shall receive, protect, and disperse the funds of the College as directed. The Secretary-Treasurer shall serve a term of three years.

The Immediate Past-President shall serve a one-year term immediately following his/her tenure as AOCD President and terminating at the beginning of the next annual election of officers.

In addition to the Executive Committee, there shall be six trustees who shall hold office for three-year terms. Two trustees shall be elected each year at the Annual Meeting. Trustees shall assist the officers in the conduct of College business to gain experience and shall be active on various committees.

The Board of Trustees shall employ an Executive Director to carry out the business functions of the College. The basic job description will be set by the Board of Trustees and incorporated into the Administrative Policy Manual. The President will serve as the Executive Director’s immediate supervisor.

The AOCD receives its administrative operating funds from annual membership dues. Additionally, the AOCD receives support from various companies for the purpose of providing educational seminars and information to the general membership.

For more information about document integrity, retention, and destruction, see IRS Publication 4221, Compliance Guide for 501(c)(3) Tax-Exempt Organizations, available on the IRS website.

In the next issue of DermLine, Ethics, Board Member Code of Conduct and Board Member Commitment, and Whistleblower Policy will be discussed.

Online Store Serves Patients’ Needs

What do you do if several patients request that you ship them products?

If you’re Melinda Greenfield, D.O., you open an online store.

Dr. Greenfield’s practice, Albany Dermatology Clinic, is in rural Georgia, which is home to a large military population. While many patients are routinely transferred, others may travel up to two hours for an appointment as the number of dermatologists serving the area is scarce. Additionally, many patients are at work during her office hours.

Throughout the years, patients have requested that she ship skin care products and office-dispensed supplements and vitamins. Dr. Greenfield, who has a personal interest and passion in nutrition and health, spends a lot of time reading and researching the supplements and vitamins that she recommends and they are not necessarily available at the local drugstore. She agreed it would be a nice convenience to offer her patients.

“Nowadays, a lot of sales are made when people have down time,” Dr. Greenfield says. “It’s just the world we live in. At the end of the day, after the kids are in bed, people read their emails and make purchases online. By having an online presence, you’re there twenty-four hours a day, seven days a week.”
She combined her desire to build a web-based store with a makeover for her practice website, which was nearly 10 years old. “The pictures were so old they didn’t even resemble the staff anymore,” Dr. Greenfield jokes.

**Steps Involved**
The local web designer she hired to update the website did a great job. But he was unable to set up the online store. Dr. Greenfield, however, wasn’t giving up on the notion. Through word-of-mouth, she found a webmaster based in New York who had experience setting up web-based stores. Although she had spoken to a handful of references and even saw an online store he set up, Dr. Greenfield was apprehensive about giving this webmaster a percentage of money upfront to start the process. “It wasn’t a huge amount of money. And I have learned that in business, you have to take risks to grow,” she says. “I figured if it doesn’t work out, it wasn’t meant to be.”

Dr. Greenfield spent a few, very long weekends in front of her computer compiling a product list, which consists of approximately 100 items, complete with pricing. “I had to research all of the prices online because I wanted to be competitive,” she says.

Within a few days of forwarding the information to the webmaster, he sent Dr. Greenfield the online store he had built. “It’s exactly what I had in mind,” she says. “To say I was pleasantly surprised is a huge understatement.”

After making some refinements, Dr. Greenfield purchased the domain name (www.skincareanthology.com), which was then linked with her practice website (www.albanydermatology.com). “We tried to give them a similar look,” she says. “You would never know that they are designed by two different people.”

Next, Dr. Greenfield ordered an additional $20,000 worth of products to ensure that she had enough inventory to fulfill any incoming orders. “Products on your online store have to be ready to ship the next day because people expect to get their order in a few days,” Dr. Greenfield says. When an order is placed at the web-based store, it goes to the office where the aesthetician fills the order for a flat shipping rate.

The site went live this past September. Although it was frustrating at times and took a fair amount of time and effort, she couldn’t be happier with the end result. “My theory in life is that things just don’t fall in your lap,” Dr. Greenfield says. “You have to trudge through the muck.”

**Advice**
Dr. Greenfield advises dermatologists seeking to build an online store to stick to their vision. “If you have an idea, you can’t give up on it or compromise,” she says. Dr. Greenfield is grateful that the web designer who revamped her website was honest and upfront about his inability to give her the online store she envisioned, so that she could pursue other options.

“Start small because you just don’t know,” was another piece of advice. Dr. Greenfield could have added 20 more skin care lines or rented out more space in the office building to serve as a warehouse, but decided to do neither. Although she purchased additional stock, it comprises products that Dr. Greenfield routinely recommends so she knows that they will eventually sell.

Dr. Greenfield cautions against investing a lot of money into such an endeavor. For example, there are certain steps that can be taken to increase the website’s search optimization. “But I was told that can cost several thousand dollars with no guarantee that you’ll be in the top searches,” she says.

That leads to her final piece of advice: Be patient. At first, the orders started as a slow trickle. It was so slow that Dr. Greenfield questioned whether the web-based store was live. The webmaster assured her that it was, saying it can take several months for a new website to be picked up by the various search engines, which will ultimately lead people to the site.

In the meantime, she has received positive feedback from patients who are appreciative that they can still purchase these products despite moving or without having to make the long trip to the office.

“We have no idea how busy this online store is going to be,” she concludes. “It could just be a convenience for our patients. I’m okay with that because that was the goal. Or we might get up in the search engine rankings and other people will find us and start purchasing from it. Only time will tell.”
FOD Founding Members Named

The Founding Members of the Ulbrich Circle were acknowledged at the AOCD Annual Meeting in Orlando.

Each of these members has committed $10,000 over 10 years to the Foundation for Osteopathic Dermatology (FOD), the College’s foundation for education and research. They are as follows:

- Ted Van Acker, D.O.
- Jim Bernard, D.O.
- Roger Byrd, D.O.
- Marc Epstein, D.O.
- Tracy Favreau, D.O.
- Bradley Glick, D.O.
- David Grice, D.O.
- Cindy Lavery Henry, D.O.
- Leslie Kramer, D.O.
- Matt Leavitt, D.O.
- Jere Mammino, D.O.
- Gregory Papadeas, D.O.
- Steve Purcell, D.O.
- Jim Towry, D.O.
- Bill Way, D.O.
- Craig Ziering, D.O.

Other levels of support for the FOD are Koprince Society: $1,000, Leaders of Osteopathic Dermatology: $500, Scholars Circle: $250, and Residents’ Forum: $100.

Look for highlights from the 2011 AOCD Annual Meeting in the next issue of *DermLine!*
2012 Midyear Meeting Features World Renowned Speakers

You won’t want to miss what we have planned for our 2012 AOCD Midyear Meeting in beautiful Branson, Mo., April 19-22!

A noon lunch with the exhibitors kicks off the meeting on Thursday, followed by nationally known speakers, Clay Cockerell, M.D., and Eric Billy Baum, M.D. A welcome reception will follow that evening.

Friday continues with more nationally renowned speakers, Whitney High, M.D., and Matthew Zirwas, M.D., as well as our own James Del Rosso, D.O., to name a few. A lunch discussion entitled D.O. Dermatology: So What? What Have We Done, Where are We Now, and What Can All of Us Do to Better Ourselves and Our Profession? is on the menu.

On Saturday, brush up on your dermatopathology skills by attending Dermpath 40, presented by Thomas Olsen, M.D., and Michael Conroy, M.D., of Central States Dermpath Labs. This two-hour presentation will be divided equally between taking a 40-question test and reviewing it afterwards. You will need to bring your own laptop for this session.

The morning will finish with lectures from Neil Bhatia, M.D., about non-surgical approaches to non-melanoma skin cancer and actinic keratoses, and Scott Dinehart, M.D., about the latest in coding and reimbursement issues. Your afternoon will be free to enjoy Branson’s many outdoor activities.

Sunday morning will finish with a session entitled The Dermatology Masters, during which Stuart Brown, M.D., will offer clinical pearls, Roger Ceilley, M.D., will impart surgical pearls, and Guy Webster, M.D., will provide the latest findings in the care of rosacea.

Please plan on joining us in Branson this coming April. Also, be sure to check out all of the shopping and fabulous entertainment shows in the evenings. For more information, visit www.DiscoverBranson.com.

David Grice, D.O.,
Program Chair

Are You ANSI 5010 Compliant?
by Rick Lin, D.O., MPH, FAOCD

ANSI 5010—the new version of the HIPAA transaction standards—will take effect on January 1, 2012.

It will replace the previous standards, ANSI 4010/4010A1, used for the electronic transmission of healthcare transactions. This industry upgrade mandated by the Centers for Medicare & Medicaid Services is designed to address many of the shortcomings in the current version. The new standards are expected to:

- Increase transaction uniformity
- Streamline reimbursement transactions
- Support ICD-10-CM codification
- Support pay-for-performance

Electronic transactions affected by this upgrade include claims, eligibility inquiries, and remittance advices. At the very least, updating from HIPAA Version 4010 to 5010 will require installing updated software. Be sure to contact your Practice Management Software vendor to learn about the planned updates. Upgrades are sometimes included as part of the vendor agreement. If you are in the process of making a practice management or related system purchase, make sure that the program is Version 5010 compliant.

Failure to upgrade your system will result in denied claims, slower payments, and increased customer service issues, not to mention unanticipated problems with cash flow.

Upgrading to Version 5010 will accommodate the additional codes included in the ICD-10-CM, which will become effective in 2013. This long lead time will allow for adequate testing prior to implementation of the new codes. The upgrade also will help distinguish between ICD-9-CM and ICD-10-CM code sets, which may help eliminate some of the problems associated with using dual code sets when billing.

One thing that doesn’t change with Version 5010 is the need to use one’s National Provider Identifier to perform transactions.
Branson—host city of the 2012 Midyear Meeting—is the crown jewel of Missouri with its bright lights, live entertainment, scenic views, and affordable family fun.

Each spring, Branson’s world-famous live music shows, family attractions, and unique theme parks introduce new acts, features, and exhibits; just in time for the meeting scheduled April 19-22. In addition, there are more than 40 special events and festivals from the National Association of Intercollegiate Athletics college basketball to collector car auctions, and culinary demonstrations to bass tournaments, just to name a few.

**Popular Attractions**
Two of the most popular attractions are the Silver Dollar City and the Titanic Museum Attraction.

**Silver Dollar City** has been Branson’s #1 attraction for more than 50 years. The 1880s-style theme park features 40 live shows daily, 60 unique shops, and 30-plus thrilling rides and attractions, as well as one dozen restaurants. Known as the home of American craftsmanship, more than 100 craftsmen demonstrate the art of woodcarving, glass blowing, pottery, and blacksmithing. The Silver Dollar City’s World-Fest, America’s largest international festival featuring entertainers from across the globe, will be going on while the AOCD is in town.

2012 marks the 100th anniversary of the Titanic, with special events, activities, and ceremonies taking place at the Titanic Museum Attraction in April. The world’s largest Titanic museum attraction features a 90-minute tour where you can see 400 rare historical artifacts, listen to actual survivors’ stories, learn what happened to the 712 survivors once they arrived in New York City, view life on-board, and walk a replica of the Titanic’s grand staircase.

Another popular attraction is the Showboat Branson Belle, which offers two-hour cruises, three times daily. This dinner/show combo on the water features two new productions in 2011 with Janice Martin, the world’s only violin-playing aerialist, and The Showmen, a six-piece all-male vocal group performing selections from the 1960s to today; and Funny Fiddles featuring comedian and musician Chris Pendleton. The chef-inspired three-course meal is prepared fresh daily onboard the ship.

**Popular Shows**
Many of the shows feature country musicians in what has been called the Live Country Music Capital of the Universe. The majority of these are all ages shows.
Known as Branson’s First Family of Entertainment, the Presley Family built the original music theater, now a city landmark. Forty-five years later, the Presleys are still performing country music, including southern gospel hits, and comedy in the Presleys’ Country Jubilee.

The Pierce Arrow Show, Branson’s hottest ticket in 2011, features a male vocal group performing songs from rockin’ gospel to patriotic medleys.

Join the Oak Ridge Boys at their own theatre, which opened in 2011. With one of the most distinctive and recognizable sounds in the music industry, the award-winning Oak Ridge Boys perform four-part harmonies and upbeat songs from their dozens of country hits.

In Clay Cooper’s Country Music Express, the entertainer shares the stage with 20 veteran cast members in a high energy, country music variety show.

If country music is not your thing, consider seeing Shake, Rattle & Roll - Best Hits of the 50’s! This show is a trip down memory lane with your favorite songs from the 1950s, complete with poodle skirts and bobby socks.

New in 2011, Hurray for Hollywood is a nostalgic journey through the most popular movie musicals of the last 50 years. It features film clips from movies with scenes recreated live on stage.

The Shoji Tabuchi Show features Shoji Tabuchi, who was named the best Branson Entertainer in 2010; his wife and daughter; plus a troupe of dancers and a band. The music they perform together ranges from big band, broadway, and country to 1950s, gospel, and patriotic.

The Twelve Irish Tenors perform a selection of Irish folk songs, opera numbers, modern rock classics, pop, and even a special tribute to the Beatles and Barry Manilow as part of their eclectic repertoire.

Beyond the Music Shows in Branson showcase entertainers from comedians to acrobats. Among the most popular are the following:

Russian comedian, Yakov Smirnoff, offers keen observation and timely wit about his personal experience of coming to America and his take on American culture. He even provides humorous insight on the differences between the genders.

The Legend of Kung Fu tells the story of a young boy who is apprenticed to learn the ancient art. Beijing meets Broadway in this production that combines the elements of kung fu, story-telling, acrobatics, modern dance, and original music to celebrate the philosophy and skill of martial arts. The Legend of Kung Fu was the designated show for the opening of the Beijing Olympics and features more than 50 artists on stage with spectacular sound, lights and costumes native to China. It has been performed world-wide with more than 4,000 performances before finding its new home in Branson.

More than 40 Chinese acrobats bring the Orient to Branson in a fast-paced production featuring the New Shanghai Circus. Considered to be China’s most celebrated acrobatic company, the performers of the New Shanghai Circus celebrate classic Chinese dance and physical performance art in a show featuring spectacular backdrops and beautiful costumes.

While attending the 2012 Midyear Meeting, take the opportunity to be entertained Ozark Mountain style.

In the next issue of DermLine, discover the outdoor activities that await you in Southwest Missouri.

**Presentations: Storytelling with Graphics**

Giving a presentation is akin to telling a story following a logical order, using simple language and supporting graphics.

To ensure that your presentation follows a logical order, use the four parts of a published paper—the introduction, method, results, and conclusion/summary—as a guide.

The introduction should be a powerful statement to gain the audience’s interest and attention. Start with general objectives and talk briefly about the context of the work. Explain why you have chosen the topic, and what you hope to accomplish by the end of the talk. Enthusiasm goes a long way in drawing the audience in.

The method includes your approach. Explaining it more like a story than a textbook chapter will add the human element to the research, which will make it interesting. Keep this part brief and use materials that relate directly to the methodology.

The results section is a brief summary of the main results. Again, be as clear and...
succinct as possible, including only the most salient details. This portion should be supported by graphics showing the most important data and statistics.

The conclusion/summary section should condense the results and discuss why they are significant. Be sure to tie the results back to the overview statements in the introduction. Explain how this research relates to the bigger picture or issues.

People absorb very little information at first exposure. Thus, it is acceptable to state some of your results in the introduction, and then to repeat your main points in the conclusion/summary. Summarize the key points and objectives, but keep those to three or four at the most. The summary must be memorable because it is the take home message that the audience will remember.

When it comes to giving presentations, the old adage bears repeating, “Tell’em what you are going to tell ‘em. Tell ‘em. Then tell ‘em what you told ‘em.” An optional fifth section could address future research.

Acknowledging people who have assisted you is always a good idea.

**Practice Makes Perfect**
Practice your presentation out loud. Run through it in front of a mirror first. Then, practice in front of a few individuals. If you plan to use a pointer, practice with that, as well.

If possible, arrive early to rehearse in the actual space you will be lecturing. Before the audience arrives, get up on stage or behind the podium to make sure the lighting and general environment is conducive to giving your speech. Use this opportunity to make sure all of your slides and handouts, if applicable, are in order.

Find out, in advance, which software is available on the equipment you will be using at the meeting site. Movies and pictures have been known to completely

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**Every Story Has a Picture**

Graphics are an important component of a presentation. The following are tips to make them effective.

1. **Use large letters.** The letters should be as large as the slide will accommodate; 32 points is a good standard font size. Use an easy-to-read font. Avoid using all capital letters, which are hard to follow. It’s better to use bold print than all caps. Be consistent with font size and type, line spacing, alignment of graphics and text, and size of graphics.
2. **Use few words.** Do not use more than six lines of type per slide with no more than seven words per line. Translate statements into bullet points. Use short, uncomplicated sentences; avoid jargon.
3. **Use color.** Choose bold and clear colors, sticking to four or fewer used consistently throughout the slides. Use contrasting colors, light type on a dark background or vice versa. Yellow font on a dark blue background is visually appealing. Avoid red because it is difficult to see from a distance. Avoid bright yellow as a background. Avoid red-green color combinations because many audience members may be red-green colorblind. Keep in mind that some color schemes look good on paper, but project poorly.
4. **Use photographs.** Photographs can be effective for making specific points and breaking up the monotony of text and graphics. Choose images that are clear, of good color and contrast, and easy to decipher.
5. **Keep the graphics simple.** The data needed from complicated tables must be extracted and made into simple slides. Limit the amount of information on a graphic to one specific point. Limit tables to four columns and three lines. Options include highlighting or circling the column or row being discussed and then honing in on the data point of interest with the next slide. Use bar graphs to compare two or three subjects or variables, line graphs to display change over time, pie charts to present proportions of the whole, and scatter charts to present data that does not follow an overall trend.
6. **Avoid artistic graphics.** Importing movies, animation, and vocals into a PowerPoint presentation can be entertaining, but the more complex the presentation, the greater chance of having technical problems.
7. **Alternate graphics.** Avoid using a number of text slides in a row.
Don’t run over. Never exceed your allotted time. Delete details instead of rushing through the end of your presentation in order to stay on track.

Taking Questions
After your talk is done, but before your presentation is finished, is the question and answer period. Always repeat the question that is asked because the audience may not have heard it. Plus, this gives you time to think of the answer and an opportunity to clarify the question if you heard it incorrectly. Try to answer in 10 words or less.

If you don’t have an answer, then simply say “I don’t know. I will have to find out.” Don’t make up an answer on the spot. But do try to find a way to follow up with the person to answer the question satisfactorily.

Never insult the person asking the question, even if the individual appears argumentative. Diffuse the situation by suggesting that you two can discuss the question after the session is over.

With the last question answered, your presentation is finished.

In Memoriam

Don Anderson, D.O., FAOCD, passed away at the age of 53 on September 23.

He was born May 16, 1958 in Castro Valley, Calif. He resided in Kingman, Ariz., for the past 18 years, serving the residents of Mohave County. “Don Anderson was always willing to help someone in need,” noted Tom Mackey, D.O., who trained under Dr. Anderson’s directorship. “He had a very loyal following because his patients knew he really cared about them,” said Dr. Mackey, adding that Dr. Anderson was a very accomplished Mohs surgeon. For the last several years, he was a full-time Mohs surgeon.

Dr. Anderson served as a Program Director for more than 10 years of the MWU/AZCOM residency program. During that time, he trained 10 residents. “I am grateful that he gave me the chance to achieve my goals,” Dr. Mackey said. “He was a friend. I felt a deep loss when I heard he passed.”

Dr. Anderson is survived by his wife, Brooke; three children, Amerest, Cydney and Mason; and two grandchildren.

A celebration in honor of Dr. Anderson’s life was held on October 7 at the LDS Stake Center in Kingman.
This month in Sponsor Spotlight, I would like to take the opportunity to feature our Annual Meeting corporate sponsors. As I write this, we are two weeks out and looking forward to going to Orlando. Of course, this will be my first conference with the AOCD, and I look forward to meeting our corporate and event sponsors, the Board of Trustees, and our membership.

I appreciate having the opportunity to thank our sponsors in person for their support of the College. The AOCD is very fortunate to have corporate sponsors who join us as partners with a commitment to medical excellence. In spite of an uncertain economy and other challenges, the corporate commitment to medical excellence remains. It goes without saying that our corporate sponsors are critical to helping us accomplish our mission.

We are pleased to welcome Biopelle as a returning sponsor of our Welcome Reception. As we learned in the Sponsor Spotlight in the last issue of DermLine, President Elliott Milstein has a long history with the AOCD through his father’s friendship with Drs. A.P. Ulbrich and Daniel Koprince, and particularly his sponsorship of the Welcome Reception. It is always a popular event at the Annual Meeting as it brings everyone together for an evening of networking and fellowship.

Sanofi-Aventis/Dermik Laboratories will once again be a returning sponsor. This year, the company will be sponsoring our President's Dessert Reception, a sweet treat immediately following the Presidential Banquet.

In addition to Medicis being a diamond-level sponsor, the company specifically supports our residents through its sponsorship of the Resident's Luncheon. This luncheon allows the residents an opportunity for important networking time and an opportunity to relax following exams. A long-time sponsor of the AOCD, Medicis also provides a grant for residents to attend the Scripps Surgical and Anatomy Course every year.

The AOCD also appreciates the return of Dermpath Labs of Central States as a bronze-level sponsor. The company will be providing goodie bags for our residents at this year’s Annual Meeting as well as the 2012 Midyear Meeting. Dermpath provides educational opportunities for residents, including the Dermpath Bowl at the AOCD Annual Meeting in the past. Additionally, Dr. Michael Morgan assists with the dermatopathology portion of the residents’ in-training exam.

Neutrogena is another long-time supporter of the AOCD. Thanks to its grant funding, our residents have the ability to attend the American Academy of Dermatology’s annual meeting.

PharmaDerm is rejoining us at the Annual Meeting with its sponsorship of the Monday Morning Beverage Break, a welcome break between stimulating lectures. We’re glad to welcome the company back as a supporter of medical education.

We hope that many of you had an opportunity to express your appreciation to our sponsors while you were in Orlando. The fact that they continue to support the College, many of them doing so for several years, speaks volumes about the value of their commitment to our organization.

As we move into the holiday season, we can reflect on a successful conference that provided quality education in an environment of fellowship, and plan for the future with the 2012 Midyear Meeting in Branson, Mo. I look forward to seeing you then. In the interim, I wish you all Happy Holidays!
A clay head may soon be replacing pig’s feet as a training tool for residents and fellows learning to perform dermatologic surgery.

But this is no ordinary clay head. It is an anatomically correct head complete with a neck and shoulders. The model has a cutaneous layer, which has simulated subcutaneous fat, nerves, blood vessels, muscles, fascia, cartilage, and bony structures underneath. As if that’s not enough, it has more than 30 strategically placed tumors for residents to practice removing and performing closures and/or flaps.

Keoni Nguyen, D.O., is the creator of IL Duomo, which means The Dome in Italian. He started working on IL Duomo in 2008 after completing his first year of residency at O’Bleness Memorial Hospital in Athens, under the directorship of John Hibler, D.O.

The Why
“Residents don’t get enough surgical training during residency,” he says. “Then we get out in the real world and we get bombarded with surgical cases that we’re not comfortable addressing.”

When surgical training is offered, what is taught varies significantly, Dr. Nguyen notes. For example, in some programs, first-year residents perform more than 200 surgeries, and in others, third-year residents perform fewer than 25 surgeries.1 How much surgical training a resident receives is largely based on whether or not the program is a surgically oriented one, he adds. Additionally, dermatology training programs lack a uniform curriculum. These deficiencies are especially apparent in allopathic dermatology training programs.1 Consequently, many residents are dissatisfied with their surgical and cosmetic training, says Dr. Nguyen, citing a recent anonymous survey of residency graduates.2

Several studies have shown that dermatology has become increasingly more surgically oriented in recent years,3,4,5 he notes. Consequently, Dr. Nguyen asserts that surgical training during residency must be improved.

Part of the problem, as he sees it, is that adequate cutaneous surgical models are lacking. The majority—84 percent—of dermatology training programs use pig’s feet models to instruct and evaluate residents’ surgical skills.6,7,8 “But pig’s feet don’t simulate the fidelity of normal skin,” Dr. Nguyen says. Consequently, they are suboptimal tools to teach advanced concepts such as flaps, dissect planes, danger zones, and tumor-free margins, he adds.

High-Fidelity Training Model
The variation in surgical training made Dr. Nguyen think that there must be a way to develop a three-dimensional, high-fidelity cutaneous surgical training model.

On a visit to the Metropolitan Museum of Art in New York, he came upon a perfectly shaped, bald marble stone head belonging to a Roman senator. “I first noticed all of these wrinkles on this perfect bald face where we could practice a lot of advanced surgical reconstruction. Then there is the whole back of the head and neck to practice basic surgical techniques,” recalls Dr. Nguyen who took several photographs of the head. Back home, he carved out a clay head using the pictures as a model and then fabricated a mold out of the clay.

While awaiting a provisional patent, Dr. Nguyen received formal funding from Dermatopathology Laboratory of Central States and sponsorship from the Dermatology Department at Wright State University in Dayton. Tom Olsen, M.D., Clinical Professor at the university arranged for a laboratory where Dr. Nguyen took the position of Clinical/Research Fellow to work on IL Duomo and continue his dermatology training at Wright State. “There’s no way that I could have afforded to take IL Duomo to where it is now without the financial support of Dr. Olsen and him believing that the project would make a difference in dermatologic surgery training,” notes Dr. Nguyen.

Ten skin-simulant samples composed of various mixtures of elastomers and fibers were tested. “I wanted to have skin layers as close to human as possible,” he says. Although Dr. Nguyen was unable to obtain the 60 percent to 70 percent elongation at breakpoint of real skin, he was able to make it 50 percent. “I wanted the skin-simulant to be strong enough to perform subcutaneous suturing and to do large flaps, but not overly strong or stretchy to give the resident a false sense of security.” Last July, Dr. Nguyen’s U.S. non-provisional and International patents were published and are pending approval.

Taking IL Duomo on the Road
With the prototype ready to go, it was time to take IL Duomo to the residents.

In June 2010, he conducted a five-hour didactic workshop sponsored by...
Dermatopathology Laboratory of Central States at Wright State University. The 40 participating residents from 20 dermatology training programs filled out a pre- and post-survey comparing IL Duomo to other teaching modalities. Six of the 20 were osteopathic programs from Genesys Regional Medical Center, Michigan State University St. Joseph Mercy Health System, MWU/ACOM, NYCOM/St. Barnabas Hospital, Ohio University O’Bleness Memorial Hospital, and TUCOM/Valley Hospital Medical Center. The remaining programs were allopathic ones from Creighton University, Dartmouth Hitchcock University, Indiana University, Loyola University, Northwestern University, Ohio State University, Rush University, Stanford University, University of Chicago, University of Michigan, University of Wisconsin, Uniform Services University of the Health Sciences, Wright State University, and West Virginia University. Following the workshop, the models were shipped to the residents’ respective programs for training purposes. “The workshop was a true test of IL Duomo, which was rated higher than pig’s feet and cadavers,” Dr. Nguyen notes.

As word spread in the dermatology community about IL Duomo, Dr. Nguyen began receiving requests from various dermatology programs and organizations to learn more about it. As an example, he presented an abstract at the American College of Mohs Surgery’s annual meeting in 2010. “IL Duomo was well received,” he says. “Many people asked when it would be available and how much it would cost.”

II. Duomo Spawns Company
To obtain answers to these questions, Dr. Nguyen launched Dermsurg Scientific in September 2010.Shortly thereafter, he took a hiatus from his residency training. Currently, Dr. Nguyen is putting together a management and production team to run the company. Once Dermsurg Scientific is stable and self-sufficient, he plans to reapply in the near future to complete his last two years of dermatology training.

To date, the company has an assembly team of eight to build the models by hand. “I tried to work with an engineering company to mass produce IL Duomo, but it couldn’t get the results that I wanted,” Dr. Nguyen says. The five different hand fabricated models are built per order. Approximately 100 models have been made for use in the dermatology departments at Mayo Clinic, University of Washington, University of Virginia, New York University, and Walter Reed Hospital. Custom models were developed for Ethicon and Johnson & Johnson to demonstrate properties of their respective products. The American Society for Dermatologic Surgery recently began using the IL Duomo cosmetic filler model for its three-day filler workshops. “Everyone is skeptical until they actually work on it,” he says proudly.

Since launching Dermsurg Scientific, Dr. Nguyen typically travels three to four times a month. As an example, this past November, Dr. Nguyen attended back-to-back conferences to meet and work with leaders from the American Society of Mohs Surgery in San Diego and the American Society for Dermatologic Surgery in Washington, D.C. Later that month, he went to Australia to demonstrate IL Duomo for the head and neck reconstruction workshop offered by Dr. Anthony Dixon, Assistant Professor (School of Medicine) at Bond University in Gold Coast, Australia, and Fellow of the Australasian College of Skin Cancer Medicine.

Between presentations, Dr. Nguyen is writing manuscripts for submission to medical journals citing the benefits of IL Duomo. “It’s important to provide data showing that IL Duomo is a valid training tool,” he says. As a Clinical/Research Fellow working with Ashish Bhatia, M.D., an Assistant Professor of clinical dermatology at Northwestern University in Chicago, Dr. Nguyen also is developing a standardized curriculum to use with IL Duomo. The criteria are based on three levels, as opposed to three years, so as not to restrict residents from advancing surgically, he explains. Dr. Nguyen is hoping that both of these efforts will add to IL Duomo’s credibility as a teaching tool.

“My goal is to make IL Duomo a standard surgical model that every dermatology training program will use to facilitate the instruction of flap dynamics and advanced reconstruction, akin to textbooks by Bolognia, Fitzpatrick and Lever,” Dr. Nguyen says. At the pace he’s keeping, he might just do it.

References
Applications for the A.P. Ulbrich Research Award in Dermatology must be received by March 30, 2012 to be eligible for consideration of the award during the following academic year (July 1, 2011 - June 30, 2012).

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 2012 AOCD Annual Meeting.

For more information about the requirements for the A.P. Ulbrich Research Award in Dermatology or to download an application, visit the AOCD website at http://www.aocd.org/qualify/ulbrich_award.html.

Author! Author!

Karthik Krishnamurthy, D.O., co-authored two chapters in the new online medical reference entitled Clinical Decision Support (CDS online). The chapters discuss scarlet fever and serum sickness. Dr. Krishnamurthy also published two articles in the October 2011 issue of the Journal of Drugs in Dermatology. One article is entitled Intralymphatic Histiocytosis Associated with Orthopedic Implants and the case report is entitled Eruptive Plexiform Schwannomas in a Child with Neurofibromatosis Type 1.


Join us for the 2012 Midyear Meeting
April 19-22
Branson, Missouri
Mitotic rate as an important prognostic parameter, nonsurgical treatments for lentigo maligna, and the use of sentinel lymph node biopsy (SLNB) are just some of the new issues addressed by the recently released evidence-based guidelines for the management of primary cutaneous melanoma published by the American Academy of Dermatology (AAD).

Based on an extensive review of scientific literature and the recommendations of 15 recognized melanoma experts, the updated guidelines focus on biopsy techniques, pathology, surgical treatment, and long-term follow-up care.

Mitotic rate replacing Clark level of invasion as the second factor predicting melanoma survival in addition to tumor (Breslow) thickness for tumors ≤1 mm in thickness is the most significant change that has occurred in the management of primary melanoma since the AAD last published its guidelines in 2001, the expert work group notes. This change also is reflected in the 7th edition of the American Joint Committee on Cancer’s melanoma staging system, which became effective January 1, 2010.

**Biopsy**

The first step for a definitive diagnosis of cancer is a biopsy in which either part of, or the entire, lesion is removed, the guidelines note.

For a clinically suspicious lesion, the preferred technique is a narrow excisional biopsy that encompasses the entire breadth of the lesion with clinically negative margins to a depth sufficient to ensure that the lesion is not transected. This may be accomplished by performing an elliptical or punch excision with sutures, or a shave removal to a depth below the anticipated plane of the lesion. It has been suggested that 1- to 3-mm margins are required to clear the subclinical component of most atypical melanocytic lesions. A partial sampling (incisional biopsy) is acceptable in select clinical circumstances such as facial or acral location, low clinical suspicion or uncertainty of diagnosis, or a very large lesion. The work group recommends a repeat biopsy if the initial specimen is inadequate for diagnosis or microstaging of a primary lesion.

**Critical Information**

The work group divides the clinical information that should be provided to the pathologist according to importance. Essential information is the patient’s age and gender, as well as the anatomic location of the lesion. They strongly recommend providing the biopsy technique used and lesion size. Optional information includes a clinical description and level of clinical suspicion, dermatoscopic features, photographs, and macroscopic satellitosis.

The work group similarly distinguishes between histologic features of the primary melanoma that should be included in the pathology report. Essential information includes tumor (Breslow) thickness, ulceration, mitotic rate, peripheral and deep margin status, anatomic level of invasion (Clark level), and microsatellitosis. Optional information includes angiolymphatic invasion, histologic subtype, neurotropism, regression, T-stage classification, tumor infiltrating lymphocytes, and vertical growth phase.

**Staging Workup, Follow-up**

For invasive disease, a detailed patient history should include a review of systems focusing on the constitutional, neurologic, respiratory, hepatic, gastrointestinal, musculoskeletal, skin, and lymphatic signs or symptoms. A physical exam should include a total body skin exam and palpation of lymph node basins.

The work group does not generally recommend baseline laboratory tests and imaging studies for asymptomatic patients with newly diagnosed primary melanoma of any thickness. Surveillance laboratory tests and imaging studies in such patients have been found to have a low yield for detection of metastatic disease and are associated with relatively high false-positive rates.

The guidelines recommend, at minimum, an annual history and physical exam with close attention paid to the skin and lymph nodes. The follow-up interval can range from every 3 to 12 months, depending on the patient’s history and risk factors. Findings from the history and physical exam should direct the need for further studies to detect local, regional, and distant metastasis. All melanoma patients should be taught how to perform monthly skin self-examinations.

**Surgical Management**

Treatment of choice for tumors of any thickness is surgical excision with histologically negative margins, the guidelines state. Surgical margins for invasive melanoma should be at least 1 cm and no more than 2 cm around the primary tumor. Clinically measured surgical margins do not need to correlate with histologically negative margins. For melanoma in situ, the work group recommends wide excision with 0.5- to 1.0-cm margins. However, the guidelines note that a lentigo maligna histologic subtype may require >0.5-cm margins to achieve histologically negative margins because of characteristically broad subclinical extension.

**Nonsurgical Treatments**

New to the guidelines are suggestions regarding the use of nonsurgical treatments of primary melanoma, in particular lentigo maligna, as their use has increased in recent years.

Despite the efficacy of nonsurgical therapies for lentigo maligna not being...
fully established, the work group says they may be considered when surgery is not a reasonable option because of patient comorbidities or preferences. Such alternatives include topical imiquimod, radiation therapy, cryosurgery, and observation.

SLNB
In light of the significant amount of data that has become available about SLNB in the past decade, it is another new topic addressed in the guidelines. Although the work group acknowledges SLNB is “not without controversy,” the guidelines go on to say it is also “the most important prognostic factor for disease-specific survival of patients with melanoma >1 mm in thickness.”

The work group recommends that SLNB be considered for patients with melanoma >1 mm in tumor thickness. Its use should be discussed for patients with T1b melanoma, 0.76-1.00 mm in tumor thickness. Generally, SLNB should not be considered for patients with T1b melanoma, with tumor thickness ≤0.75 mm, unless other adverse parameters (e.g., angiolymphatic invasion, positive deep margin, or young age) are present in addition to ulceration or increased mitotic rate. The work group does not recommend SLNB for patients with melanoma in situ or T1a melanoma.

Research Gaps
The work group acknowledges that significant gaps in research exist. Among those listed are the standardization of the interpretation of mitotic rate, placebo-controlled trials for the treatment of lentigo maligna, the use and value of dermatoscopy and other imaging modalities, the clinical and prognostic significance of the use of biomarkers and mutational analysis, and the use of SLNB.

The guidelines were published online in the *Journal of the American Academy of Dermatology* and can be found on the AAD website, as well.

**OME Leadership Conference Set for January**

The 22nd Annual Osteopathic Medical Education Leadership Conference, also known as OME XXII, will be held January 12-14, 2012, in Fort Lauderdale, Fla.

The theme of the 2012 conference is *Succeeding through Growth*. The conference serves as a forum for educators and leaders in osteopathic medical education to come together to exchange information and ideas.

Conference attendees include osteopathic educators such as deans of colleges, osteopathic postdoctoral training institutions or OPTI officers, hospital and college administrators, directors and administrative directors of medical education, residency program directors, and specialty college representatives. Other individuals who are interested in medical education are invited to participate, as well. The conference will be held at the Westin Beach Resort & Spa.

To register for OME XXII, visit the AOA website (www.osteopathic.org) and complete an online registration form.

**DO Day on Capitol Hill Set for March**

Have you always wanted to talk to members of Congress about osteopathic medicine? Now is your chance as a participant of DO Day on Capitol Hill scheduled for March 8, 2012.

DO Day on Capitol Hill is a prime opportunity to educate members of Congress and their staff face-to-face about osteopathic medicine and communicate positions of the osteopathic community regarding important health policy issues where such legislation is crafted.

It’s important for AOA members to participate in DO Day on Capitol Hill because it demonstrates the community is dedicated to protecting and preserving the cornerstones of osteopathic medicine, according to George Thomas, D.O., Chair of AOA’s Bureau on Federal Health Programs. “The more people we can get to participate in this event, the more Capitol Hill will understand osteopathic medicine and welcome our positions on important health policy issues,” he is quoted as saying.

Prior to the event, participants will receive briefing materials on the key issues to be discussed. Once in Washington, osteopathic advocates will begin the day by participating in a morning legislative briefing to discuss how best to communicate with members of Congress and review the issues that will be discussed as well as any presentations to be given by guest speakers. Next, participants will be directed toward Capitol Hill where they will meet with Congressional representatives throughout the afternoon. Staff at the AOA will make these appointments by matching participants’ addresses against the AOA’s Congressional database and then requesting appointments with the appropriate elected officials. Afterward, participants will report the results in a debriefing room.

To learn more about this event, please contact Leann Fox, the AOA’s Director of Washington Advocacy and Communications at (800) 962-9008 or via email at govt-issues@osteopathic.org. Additionally, the eBriefing Center on the AOA website will provide information for before, during, and after the visit, as well as update participants on what to expect and how the day will work.
Hello everyone,

First off, it was a pleasure meeting many of you at the Annual Meeting. Many thanks to Dr. Glick and everyone else that helped make it a success. With all the preparations we were making in the office for the Annual Meeting, it seems as though autumn lasted no time at all. Now winter is upon us, and the New Year is imminent.

The New Year means that it is time to renew your annual dues, which can be paid online at www.aocd.org/membership. Please remember to keep your contact information current. Your username is the email address you have given the AOCD and your password is “Aocd” followed by your AOA number. The next screen will allow you to change your username and password if you wish. If you have any problems logging in, please contact us and we will help you. The 2012 AOCD membership directory will be available online later in the year.

In-Training Exam
The scores from the 2011 In-Training Examination should arrive in late December. The results will be sent to your program director.

Grand Rounds Online
Each program is once again asked to provide a case for the Grand Rounds website. The 2012 schedule is as follows:

- January 5: Dr. Kessler
- February 5: Drs. Horowitz and Del Rosso
- March 5: Drs. Cleaver and Way
- April 5: Drs. Ermolovich and Tamburro
- May 5: Drs. Silverton and Hibler
- June 5: Drs. Grekin and LaCasse
- July 5: Drs. Hoffmann and Watsky
- August 5: Drs. Miller and Harla
- September 5: Drs. Stewart and Mackey
- October 5: Drs. Combs and Desai
- November 5: Drs. Nisenbaum and Glick
- December 5: Drs. Wikas and Hurd

The chief resident from each program is responsible for making sure that a case is submitted. He or she must notify the AOCD when it is submitted. Please contact me for the sign-on information to submit your case. In 2013, the schedule will start over from the beginning for each program.

Be sure to check out the Dermatology Grand Rounds on our website at http://www.aocd-grandrounds.org.

Lecture Documentation Deadlines
The documentation and presentations for the 2012 Midyear Meeting are due February 19, 2012 as the meeting start date is April 19, 2012.

As always, if you have any questions or need any assistance, I am more than happy to help.

I hope everyone has a happy and safe holiday season with family and friends.

New Resident Liaison Named

Congratulations to Ralph Fiore, II, D.O., the new resident liaison. Dr. Fiore is a second-year resident in the NSUCOM/Largo Medical Center program under the directorship of Richard Miller, D.O.
New Texas Residency Program Opens its Doors

The Texas College of Osteopathic Medicine (TCOM)/UNTHSC-South Texas Osteopathic Dermatology Residency Program welcomed its first resident, Tang Le, D.O., this past July.

Under the directorship of Alpesh Desai, D.O., the newest residency program will add one resident a year until a total of four residents will train there.

In 2005, when Dr. Desai began his dermatology practice in Houston, he was shocked to learn that he was the first osteopathic dermatologist in the fourth largest city in the nation. When his brother, Tejas Desai, D.O., joined the practice a few years later, he was the first osteopathic Mohs surgeon in the city.

Laying the Groundwork
Establishing an osteopathic dermatology residency program seemed like the best way to build a DO dermatology community. With encouragement from Rick Lin, D.O., who practices in McAllen, Texas, Dr. Desai began speaking with Lloyd Cleaver, D.O., Chair of the Program Directors Committee and Stephen Purcell, D.O., about the possibility of starting a training program. He also began cultivating relationships with individuals at organizations, such as TCOM and M.D. Anderson Cancer Center.

Dr. Desai welcomed the opportunity to be a program director. “I trained with Dr. David Horowitz who taught me the amazing field of dermatology, and something even more important, the enthusiasm and zest for teaching,” he says. “It takes a lot of long hours and dedication, but the positives of teaching and having that connection with future DO dermatologists is priceless. To this day, I still call upon and remember Dr. Horowitz on a regular basis. To me, he will always be my program director and that is a special bond for both of us.”

The Curriculum
When developing the curriculum, Dr. Desai wanted to make sure that the residents acquired a well-rounded education, including working with other specialties. “First, we designed our training around a rigorous didactic schedule. Secondly, we are affiliated with a busy hospital where the residents will gain a considerable amount of inpatient experience,” he says. Additionally, residents will be able to go to M.D. Anderson for grand rounds, subspecialty rotations, and research, which is a great addition to the program, Dr. Desai adds. Lastly, the residents will have the opportunity to gain valuable hands-on surgical experience from the in-house Mohs surgeon.

Dr. Desai hopes to instill the joy of practicing dermatology to the residents. “I want to teach them compassion, empathy, and good bedside manner first and foremost,” he says. “The book stuff also will be taught, but the other things are more important and, in some cases, harder to learn.”

Nearly six months into the program, Dr. Desai is enjoying teaching. “At this point, everything is new to the resident, so although it’s basic, it is still interesting to see how Dr. Le develops as we move forward.” What is his least favorite part of being a program director? The paper work, of course.

Humbled by Experience
Dr. Desai is grateful to everybody who helped launch the residency program. Among them are Drs. Lin, Cleaver, Purcell, and Tejas Desai, as well as all of the faculty members who are dedicating their time to this program. He likens the experience of developing the program to a quote by John F. Kennedy, “Things do not happen. Things are made to happen.”

“In the process, we all have become better friends and understand what it takes to build something far greater than anything we could have done individually,” he says. “That’s the true gift of this residency program—the friendships and camaraderie that will never be forgotten.”

Dr. Desai offers a special thanks to Dr. Horowitz for taking him on as a resident and teaching him the art of dermatology. “His teachings, generosity, and kindness will never be forgotten. I am trying to pay it forward through this program.”
**Student Spotlight**

**Student Members Raise $5K in 5K Run**

This past May, AOCD student members Jamie Hale-Hollenbeck and Brooke Walls, D.O., orchestrated the first annual Suncoast Miles for Melanoma 5K Race in Largo, Fla., raising more than $5,000 for the Melanoma Research Foundation (MRF).

The two avid runners had talked about organizing a race for years, but given the enormity of planning such an event they were unsure where to start, says Hale-Hollenbeck, who was a fourth-year medical student at Nova Southeastern University in Fort Lauderdale at the time. She is now a first-year resident at the NSUCOM/ Largo Medical Center under the directorship of Richard Miller, D.O.

**The Race is On**

After researching how to organize a 5K run, they decided to team up with the MRF; an organization that supports medical research, educates patients and physicians about melanoma, and acts as an advocate for the melanoma community. They named the race *Suncoast* in honor of the event location and in reference to the former osteopathic hospital in town. They scheduled the race for May 7th in recognition of Melanoma Awareness Month. “With the help of the MRF we were able to successfully plan and execute a very special event in our community,” says Dr. Walls.

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**HELP WANTED**

**Position Available in Centerville, Ohio**

Busy dermatology practice located in Centerville, Ohio, (a suburb of Dayton) seeks an additional BC/BE dermatologist to practice general dermatology with an opportunity for dermatopathology, Mohs micrographic surgery, cosmetics, and lasers. We are seeking a long-term relationship with the right individual. This position offers an excellent compensation package, including extensive benefits.

Drawing from a population of more than one million, Dayton offers excellent educational facilities, an abundance of recreational amenities, and world class performing arts. Dayton also is home to several Fortune 500 companies and the birthplace of aviation.

Contact Eugene T. Conte, D.O., or Joy Moore, Office Manager, Advanced Dermatology of Ohio at 937-436-1433 option #4. You also may fax your CV to 937-439-7443.

**Dermatologist Wanted to Join Phoenix Practice**

Outstanding opportunity to join a thriving 15-person dermatology practice with 3 locations in Phoenix, Ariz. Beatrice Keller Clinic is offering a position for a dermatologist in the West Valley of the Phoenix metropolitan area for the summer of 2012. The current staff consists of 4 board-certified D.O.s and 11 board-certified M.D.s.

Beatrice Keller Clinic is a well-managed, friendly and relaxed medical, surgical, and cosmetic dermatology practice established in 1989.

It offers an excellent benefit package that includes health, life, disability, and long-term care insurance; 2 pension plans and a 401-k plan; and vacation and CME time off. The salary range is very attractive and productivity based.

To learn more about this position, please email Nicole Uptegrove, Administrative Assistant, at nicole@bkellerclinic.com, call 623-972-3992, ext. 318, or fax 623-974-9351. To visit the clinic’s website, go to www.bkellerclinic.com.
They promoted the race on all the local running websites and on the MRF’s webpage as well as through the local Indian Rocks Rotary Club. Online registration was made easy through www.firstgiving.com set up by a non-profit organization. “We hung up flyers at local restaurants, coffee shops, sporting goods stores, and gyms,” adds Hale-Hollenbeck. They also attended other local 5Ks, taking the opportunity to pass out flyers.

Both organizers were gratified as the excitement built for the impending race during the six-month planning process. When participants registered, they could set up an optional website about themselves, explains Hale-Hollenbeck. “We had several people running for loved ones they had lost to melanoma as well as melanoma survivors running to celebrate their fight and win over the disease,” she says. “They posted their stories online where other participants could read them and join their team before they even met. Team members were identified by signs they made with pictures of their loved ones.” All tolled, 150 runners participated.

**Skin Cancer Screenings**
The event included free skin cancer screenings for the participants sponsored by Bay Dermatology, Dr. Miller’s practice. Julian Ngo, D.O., an AOCÐ student member at the time and now a first-year resident at Largo Medical Center, conducted the skin cancer screenings with the aid of medical assistants volunteering from Bay Dermatology. Fifteen volunteers in all, including medical students from Nova Southeastern and Lake Erie College of Osteopathic Medicine as well as family members and friends, helped set up tables and water stations. Thirty-five runners were screened.

Each participant also received a *race packet* complete with sun safety information and a pamphlet about melanoma provided by both Bay Dermatology and the MRF. Blue Lizard offered large gallon sunscreen pumps for the racers and LaRoche-Posay provided free individual-size sunscreen bottles. A raffle for sun protective clothing, courtesy of Coolibar, was held at the end of the race.

On the day of the event, Carolyn Edrington, MRF’s national director for Miles for Melanoma, flew to Florida from Washington D.C. “Brooke and I couldn’t believe how many people came and how much money was raised,” says Hale-Hollenbeck, who is already contemplating next year’s race. “It was humbling to see how our small idea grew and how everyone came together for such a good cause. It was hard work and very time consuming, but completely worth it.

For more information about the MRF and the Miles for Melanoma events, visit the MRF website at www.melanoma.org.
JAOCĐ
A CALL FOR PAPERS
Journal of the American Osteopathic College of Dermatology-JAOCĐ.

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

- Jay Gottlieb, D.O., FAOCĐ