Message from the President

When I was flying to Miami for the annual meeting of the American Academy of Dermatology (AAD) and writing this column, I wondered why Miami’s weather had been in the 70’s and 80’s earlier in the week and now rain and highs in the 60’s was in the forecast. So much for a warm and sunny break, but the AAD meetings of the past always seem to bring foul weather.

I thought I would give you a few AOCD tidbits. First of all, thanks to all involved in making our Midyear Meeting in Winter Park, Colo., a success. To Program Chair and First Vice-President, Rick Lin, D.O., FAOCD, who with the help of Second Vice-President Alpesh Desai, D.O., FAOCD, put together a terrific program. Not only did we have several great guest speakers such as Whitney High, M.D., lecturing about bugs and Lisa Swanson, M.D., discussing pediatric dermatology (just to name a few), our residents did a fantastic job with their presentations. And speaking of outstanding residents, congratulations to the Koprince Award winners for the Midyear Meeting: Aleksandra Brown, D.O.; Leilani Townsend, D.O.; Geeta Patel, D.O.; and Stacy Rosenblum, D.O.

I would be remiss if I left out our wonderful national office staff for their contributions in making our meeting run smoothly. Thank you to our Executive Director, Marsha Wise, and her staff, Shelley Wood, John Grogan, and production/IT guru John Wise.

Another congrats goes out to our AOBD Chair Stephen Purcell, D.O., who has recently been nominated to serve on the AAD Nominating Committee. This is a major position on an important AAD committee and Dr. Purcell will serve us well. Also, I want to congratulate the 30 AOCD members who passed the AOBD board examination taken in San Diego last year. You now qualify to be a Fellow of the College, so please contact the AOCD office to verify your status.

I recently attended the Board of Osteopathic Specialty Societies (BOSS) meeting in Chicago with our Executive Director and BOSS representative Bob Schwarze, D.O., FAOCD. Much of the discussion was about the possible merge with the AOA and Accreditation Council for Graduate Medical Education. AOA Executive Director John Crosby, D.O., was present and reminded us all that discussions are still in the early stages and there are still many questions to be answered about this possible merger. A big thanks to Dr. Schwarze for his dedication to being our BOSS representative for the past several years. Bob will finish his term this year, and Bradley Glick, D.O., FAOCD, will take over that position in 2014.

Looking ahead to our Annual Meeting in Las Vegas this coming October, Program Chair and President-Elect Suzanne Sirota Rozenberg, D.O., FAOCD, has put together an excellent meeting. The meeting will start on Tuesday, Oct. 1, with lectures beginning that morning, the AOCD Business Meeting is scheduled for 3:00 p.m., followed by the President’s Celebration later that evening. More lectures will continue on Wednesday and Thursday. This year’s OMED will be at the Mandalay Bay Resort and Casino Convention Center.

On the political scene, I have recently teamed up with AOA President Ray Stowers, D.O., sending letters to state representatives in Nebraska, Hawaii, Maryland, and Washington State with the hopes of passing legislation against the use of tanning beds for minors.

So as I make it to Miami, even though the temperature outside is winter for this area, a glimpse of sun through the clouds reminds me that spring will soon be here. I wish all of you well and hope that spring 2013 will be a great beginning.

David L. Grice, D.O., FAOCD

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Greetings everyone!

We recently welcomed a new member to the AOCD staff in Kirksville. Look for Jami’s article of introduction in this issue of DermLine.

Our recent 2013 Midyear Meeting has been completed and outcome evaluation surveys have been sent to our attendees. By filling out this additional survey, our attendees became eligible to earn up to two additional continuing medical education (CME) credits. This is a new benefit available to members and is another reason we encourage everyone to attend the AOCD Midyear Meetings. Our next Midyear Meeting in 2014 will be held at the Ritz Carlton in Dallas. Program Chair Karthik Krishnamurthy, D.O., FAOCD, has planned an exciting lineup of speakers and topics.

This past February, I attended the AOA’s pre-OMED meeting in Las Vegas. The AOCD will have various events in the Mandalay Bay Hotel with the primary lectures and exhibits taking place in the Mandalay Bay Convention Center. Program Chair Suzanne Sirota Rozenberg, D.O., FAOCD, has planned an exciting lineup of speakers and topics.

Since we are meeting in Las Vegas, everything starts one day later. On Sunday, Sept. 29, the Program Directors Committee will meet. On Monday, Sept. 30, the residents will take their in-training examination. On Tuesday, Oct. 1, we will begin our didactic session. Everyone is encouraged to attend the AOA’s opening keynote address. The CLIA Proficiency Test, given by Gregory Papadeas, D.O., FAOCD, will start at 9:30 a.m. James Del Rosso, D.O., FAOCD will provide Acne Pearls. Whitney High, M.D., also will be speaking. A Cosmetics Workshop is being planned. Christopher Miller, M.D., from the University of Pennsylvania will offer Surgical Pearls. The first day will end with our customary AOCD Business Meeting and our President’s Celebration later in the evening.

On Wednesday, Oct. 2, we continue with Great Cases from Osteopathic Teaching Programs. Jere Mammino, D.O., FAOCD, will discuss Medical Missions in Dermatology. Sourab Choudry, D.O., FAOCD, will relay Pediatric Pearls, Gary Marder, D.O., FAOCD, will offer Surgical Pearls, and Paul Chu, M.D., will give Pearls of Nevi—How They Look Different on Different Parts of the Body.

On Thursday, Oct. 3, we start the day with faculty members from the University of Pennsylvania, William James, M.D., and Misha Rosenbach, M.D., followed by Anthony Dixon, M.B., B.S., Ph.D. We end the day with a Dermpath Review by Mike Morgan, M.D., and Dr. Chu.

Each day will have a lunch presentation. These will be open to AOCD members only and will be ticketed events. We will send detailed information on signing up for these events early this summer.

AOA Board of Trustee Meeting
At the recent AOA Board of Trustee Midyear Meeting held March 3-6 in Maui, it was announced that the much anticipated Memorandum of Understanding between the Accreditation Council for Graduate Medical Education (ACGME) and the AOA would hopefully be available during the House of Delegates meeting set for July in Chicago. The memorandum will elaborate on the agreement between the AOA, ACGME, and the American Association of Colleges of Osteopathic Medicine (AACOM) to pursue a single, unified accreditation system for graduate medical education programs in the United States beginning in July 2015. The AOA met with ACGME in July 2014 to discuss the proposed unified accreditation system. As developments and details unfold, information can be found at www.osteopathic.org/acgme.
you can find answers to frequently asked questions, the AOA’s joint press release, a timeline of the issue, and other resources.

The AOA also approved several resolutions that can be viewed on the AOA’s website at http://www.osteopathic.org/inside-aoa/events/midyear-meeting/Pages/AOA%20Midyear%20Meeting.aspx.

In May, the AOA’s Finance Committee will continue discussion on a proposed resolution that would allow for the implementation of a three-year National Awareness Campaign on Osteopathic Medicine. A survey conducted by the AOA showed that consumers lack familiarity with osteopathy as 6 in 10 respondents were unfamiliar with the profession. There also is confusion regarding what the public is being told about the profession.

Evidence of this lack of familiarity is an incident on a Delta flight in which an osteopathic physician was denied the opportunity to assist a fellow passenger in distress because the airline manual “only recognized M.D.’s as doctors approved to assist in medical emergencies.” The osteopathic physician contacted the AOA which in turn contacted the various airlines resulting in a successful update of airline manuals to recognize osteopathic physicians alongside allopathic physicians capable of rendering medical assistance to passengers.


As our own Florida AOCD members struggle with this issue, a National Awareness Campaign would be a great benefit for the AOCD as well as a great learning experience for everyone. As more information becomes available on this campaign, we will share it with you.

CME
Jan. 1, 2013 marked the beginning of the new CME Cycle. For more information about it, review the New CME Guide for Physicians available online at http://www.osteopathic.org/inside-aoa/development/continuing-medical-education/Pages/cme-guide.aspx. If you have questions, please contact the CME Service Center at cme@osteopathic.org.

AOCD Office Update
The AOCD completed its move to the new office. Our post office box, 7525, is the preferred mailing address and all correspondence should continue to be sent there. All shipments should be sent to our street address at 2902 N. Baltimore, Kirksville, MO 63501. Please be sure to update your records with the new information.

Over the next several months, the AOCD we will be implementing a new database and website. This is an exciting project that will enable our staff to provide more information to our members via the website. Updates will be provided in future DermLine issues as well as the Thursday Bulletin.

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

2013 AOCD Dues Renewal
AOCD dues are now due. Please log on to the website and renew your membership.

Good Governance Addresses Social Media, Privacy, Code of Ethics

The AOCD’s Good Governance Policies are published in the College’s Policy and Procedural Manual, which is updated annually and is available to the membership for review. Per AOA requirements and Internal Revenue Service regulations, the AOCD is required to disclose its policies for the purposes of transparency. Three of the College’s current policies are included below for your information.

Social Media Policy
AOCD members who participate in social networking sites are encouraged to act responsibly in their communication and regularly track their online presence. Members should protect confidential information, the privacy of patients, colleagues, and copyright and fair use laws.

AOCD Members are encouraged to review and follow the American Medical Association’s Policy on Professionalism in the Use of Social Media, which was adopted for use in November 2010.

Privacy Policy
The AOCD respects members’ privacy. The College will never sell members’ personal information, including addresses, telephone numbers, and email addresses. The AOCD email blast is primarily to be used for official business. Organizations seeking to obtain a membership list to inform members of an upcoming event/ meeting/educational opportunity should be given the option to reach the membership by placing an ad in DermLine and should be referred to the Editor, who will provide the individual with the latest issue of DermLine as well as ad specification and rate information. Any exceptions to this policy may be authorized by the Executive Director, President, or Secretary/Treasurer.

Code of Ethics
The AOCD subscribes to, abides by, and adopts by reference the Code of Ethics of the AOA as revised from time to time and requires adherence thereto by its members.
New Staff Member Joins AOCD Office

The next time you call the national office, the new friendly voice you hear on the other end belongs to Jami Johnson, the new Administrative Assistant. She joined the College this past January.

Her responsibilities include assisting in all office duties with a primary focus on updating membership data.

Mrs. Johnson holds an administrative assistant certificate from the Kirksville Area Vocational Technical School. Previously, she was a receptionist at Northeast Missouri Health Council’s Family Health Clinic. Prior to that, Mrs. Johnson worked as a pharmacy technician.

“I look forward to all the new experiences I will have at the AOCD and working with a great team,” she says.

Mrs. Johnson is married and has two children; Nora, 5, and Trae, 3. She resides in Kirksville.

Osteopaths Shine on National Stage as PCOM Residents Win DermPath Bowl

Residents from the Lehigh Valley Health Network/PCOM program, under the directorship of Stephen Purcell, D.O., FAOCD, won this year’s DermPath Bowl at the annual meeting of the American Academy of Dermatology (AAD) held last month in Florida.

The winning team members are as follows:
• Tatyana Groysman, D.O., third-year resident
• Marie Lewars, D.O., third-year resident
• Christian Oram, D.O., second-year resident
• Luis Soro, D.O., second-year resident

“This is quite a proud moment for our residency program as well as osteopathic dermatology,” Dr. Purcell noted. “Our residents were outstanding! They developed a system to help each other and were able to handle the pressure as they progressed through the competition. It was simply an amazing performance!”

“The allopathic dermatology community can no longer claim superiority in terms of dermpath when you have an osteopathic program that takes down the likes of Yale, the University of Pennsylvania, and other ivy league programs,” noted Michael Morgan, M.D., Managing Director, Dermpath Diagnostics Tampa, Atlanta and Pensacola, who has run the DermPath Bowl at the AAD’s annual meeting since it debuted in 2007. “It really opened the eyes of the allopathic leaders in dermatology that the osteopathic dermatology residency programs have arrived.”

Forty-eight residency program teams from across the United States and Canada competed head-to-head in this single elimination dermatopathology competition. Equipped with microscopes and clinical history only, each competing team diagnosed two cases. The declared winners advanced to the next round. The champions took home a $5,000.00 unrestricted educational grant.

For those who want to know what all of the buzz is about, you will have an opportunity to find out as the DermPath Bowl will return this year to the AOCD’s Annual Meeting to be held in Las Vegas. It’s only fitting that the DermPath Bowl makes its return to the College at this meeting as it debuted at the 2008 Las Vegas Annual Meeting.
DO Residents, Program Directors to Attend Invitation-Only Conference

Osteopathic dermatologists will be well represented at the third annual *Real World Dermatology for Residents Conference* to be held in Las Vegas on April 18-21, 2013. Sponsored by the National Society of Cutaneous Medicine, this conference was designed to provide dermatology residents the information they really need to know before they enter practice, according to Stanley Skopit, D.O., FAOCD, Program Director at NSU-COM/Larkin Community Hospital in South Miami, Fla., who is on faculty. Dermatology residents and their program directors, primarily from allopathic programs, from all over the country have been invited to attend, he said. “My residents are very much looking forward to the experience of comradery and shared educational forums with the residents of the allopathic programs,” Dr. Skopit added.

Joining Dr. Skopit on faculty for the conference are the following Program Directors:

- Bradley Glick, D.O., FAOCD, Wellington Regional Medical Center in West Palm Beach, Fla.
- Cindy Hoffman, D.O., FAOCD, St. Barnabas Hospital in Bronx, New York.
- Lloyd Cleaver, D.O., FAOCD, Northeast Regional Medical Center in Kirksville, Mo.
- Richard Miller, D.O., FAOCD, Nova Southeastern University-COM in Largo, Fla.

They will present lectures and hold a panel discussion about how to manage difficult cases.

James Q. Del Rosso, D.O., FAOCD, Program Director at TUCOM/Valley Hospital Medical Center in Las Vegas, is one of the conference organizers and Chairpersons. The others are Roger Cilley, M.D.; Clay Cockerel, M.D.; Mark Lebwohl, M.D.; and Darrell Rigel, M.D.

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Melanoma Skin Cancer Month: How Will You Observe?

May 6, 2013 is Melanoma Monday, kicking off a month of special activities as part of Melanoma Skin Cancer Month. If you are participating in a special event to bring public awareness to the day or month, let us know at Dermline. Contact the editor, Ruth Carol, at 847-251-5620 or RuthCarol1@aol.com.

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Author! Author!

Scott Lim, D.O., FAOCD, co-authored an article with Gretchen Frieling, M.D., from Harvard Medical School; Noelle Williams, BS, from the University of Florida Medical School, and Seth Rosenthal, M.D., from Miraca Life Sciences, Newtown Mass., entitled *Novel Use of Topical Dapsone 5% for Elevatum Diutinum: Safer and Effective* that was accepted for publication. It is slated to print in the April 2013 issue of *Journal of Drugs in Dermatology*.

Honorable Mention

Patrick Keehan, D.O., FAOCD, was quoted in a recent article that appeared in the *Dallas Morning News*. The article discusses how to protect your skin from the sun’s ultraviolet rays. He advised using sunscreen for the best overall skin protection. Dr. Keehan also suggested looking for the sunscreens labeled sunblocks, since they contain either titanium or zinc oxide, both of which provide more effective coverage. To read the article in its entirety, visit: [http://www.dallasnews.com/health/columnists/nancy-churnin/20130211-put-on-your-best-face-with-some-surprising-expert-tips.ece](http://www.dallasnews.com/health/columnists/nancy-churnin/20130211-put-on-your-best-face-with-some-surprising-expert-tips.ece).


Gary L. Marder, D.O., FAOCD, will be featured in the May 2013 edition of *Redbook Magazine* as a spokesperson for the Skin Cancer Foundation.

Dr. Purcell Elected to AAD Nominating Committee

Stephen Purcell, D.O., FAOCD, was elected to the American Academy of Dermatology (AAD) Nominating Committee at this year’s AAD meeting held in Florida this past March.

As a committee member, he is responsible for reviewing the qualifications of interested parties for office and then presenting a slate of nominees for election at the national meeting. It is a two-year term.
Engaging Patients in EHRs

Physicians are expected to engage patients in their healthcare data as part of Stage 2 of Medicare’s Meaningful Use incentive program for electronic health records (EHRs).

Patients who are actively engaged in their health care have better outcomes and lower costs, according to several studies published in the February 2013 issue of *Health Affairs*, the entire issue of which is devoted to this topic. Moreover, the majority of patients who had access to their doctors’ notes felt more in control of their care and reported increased medication adherence, per a study published in the Oct. 2, 2012 issue of the *Annals of Internal Medicine*. Only a small percentage (1%-8%) of patients was confused, worried, or offended by the notes in their EHRs and 26% to 36% had privacy concerns.

As evidence supporting patient engagement continues to mount, the National eHealth Collaborative, a Washington, D.C.-based public-private partnership promoting health information exchange nationwide, recently released a five-step model to help physicians engage patients. The Patient Engagement Framework, which is culled from the experience of organizations that have successfully launched such efforts, is as follows:

1. **Inform Me** This phase demonstrates basic levels of patient engagement emphasizing the use of simple tools that make health care more convenient and accessible. This includes providing patients with standard (printable and electronic) forms as well as information about advance directives, privacy, and specific conditions.

2. **Engage Me** This phase involves more mature patient engagement strategies and shows increased use of e-Health tools and resources. In this stage, patients have access to their EHR, are encouraged to use fitness trackers and other e-Health tools, and are able to complete administrative tasks online.

3. **Empower Me** This phase shows advanced patient engagement activities through substantive use of health information technology (HIT). Examples include using secure messaging between patients and providers; integrating basic patient-generated data into EHR systems, and online quality, safety, and patient experience ratings; and participating in a health information exchange or similar efforts to enhance care coordination between providers.

4. **Partner with Me** This phase involves providers who use HIT, such as condition-specific management tools and access to care summaries, to make patients true partners in their care. In this phase, providers also integrate significant amounts of ongoing patient generated data, such as preferences, self-care, wellness, and home health device data, into their EHR system. Patient records are connected to public health reporting systems and coordination of care happens seamlessly across primary, specialty, and acute care providers.

5. **Support my e-Community** This phase demonstrates that the provider is fully leveraging and implementing e-Health tools to connect patients with their entire care team and supports their care management in and out of the healthcare setting. Tools and activities include fully interoperable EHRs and record sharing among providers and non-provider members of the patient’s care team, while granting patient access to privacy controls. In this phase, patients and caregivers are provided with online community support from providers, opportunities for e-visits, and information such as cost comparisons and outcomes reporting to help them make more informed decisions about care and treatment options. Providers at this phase will likely be found participating in an accountable care organization or patient-centered medical home model.

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**Stage 2 Criteria**

To demonstrate meaningful use under Stage 2 criteria, eligible professionals (EPs) must use secure electronic messaging to communicate with patients about relevant health information. They must provide patients the ability to view online, download, and transmit their health information within four business days of the information being available to the EP. Stage 2 criteria also emphasize health information exchange between providers to improve care coordination for patients. Additionally, new requirements call for the electronic exchange of summary of care documents. Also, EPs must record electronic notes in patient records, make accessible imaging results through certified EHR technology, and record patient family health history. In addition, they must identify and report cancer cases to a state cancer registry, and specific cases to a specialized registry.

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**Women’s Dermatologic Society Reinstates DOs as Full Members**

The Women’s Dermatologic Society (WDS) amended its bylaws to reinstate DO dermatologists as full members at its annual meeting held this past March.

Previously, osteopathic dermatologists had been accepted as full members. At the end of last year, however, the WDS changed its bylaws to be the same as the American Academy of Dermatology’s bylaws, making dermatologists certified by the AOBD *affiliate members* of the WDS. “I believe the initial change in membership status of osteopathic dermatologists in the WDS was an oversight, which was quickly brought to the attention of the organization by AOCD leaders,” said AOCD President David Grice, D.O., FAOCD. “I am glad that discussions with the WDS leadership led to a quick correction of this issue.”

Janet G. Hickman, M.D., Immediate Past President of the WDS, noted, “This change had the unanimous approval of the WDS Board of Directors; we were pleased that the full membership affirmed our philosophy of inclusiveness. We recognize the wisdom of nurturing a strong alliance of all dermatologists, both osteopathic and allopathic.”
Small Practices Plan for ICD-10 Transition

Even though the deadline to comply with the diagnosis and procedure codes in the International Classification of Diseases, 10th Edition (ICD-10) has been delayed until Oct. 1, 2014, providers shouldn’t delay their plans to switch to the new coding system.

Consider the following checklist to help keep these efforts on track:

- **Educate staff about ICD-10.** Appoint an ICD-10 coordination manager and delegate a steering committee to manage the transition. Train staff on changes in documentation requirements from health plans and how this will affect work flow.

- **Perform an impact assessment.** Examine existing uses of ICD-9 codes in order to determine aspects of work flow and business practices that ICD-10 will potentially change. Be sure to evaluate both planned and ongoing projects. Create a list of staff members who need ICD-10 resources and training. These include billing and coding staff, clinicians, management, and information technology staff.

- **Plan a realistic and comprehensive budget.** Estimate a budget that includes all associated costs such as software, hardware, staff training, and even an initial change in patient volume.

- **Coordinate with external partners.** Contact system vendors, clearinghouses, and billing services to assess their readiness to transition to ICD-10 and evaluate current contracts. Ask vendors how they plan to offer support during the transition. Request a timeline and cost estimate for such support. Analyze existing health plan trading partner agreements, as well.

- **Get ready for testing.** Request a testing plan schedule from the vendor. Conduct internal testing within the practice as well external testing with payers and other external business partners once the planning stages have been completed.

OCC Recertification Exam Set for Annual Meeting

The AOBD recertification examination, which is part of the Osteopathic Continuous Certification (OCC), will be given on Sept. 30 at this year’s AOCD Annual Meeting in Las Vegas.

In order to maintain certification, all diplomates with time-dated certificates are required to participate in OCC, which officially began Jan. 1, 2013. All physicians who were board certified in 2004 and after are required to recertify beginning in 2014. Recertifying physicians may take their recertification exam one year prior to the expiration of their certification, according to AOBD Chair Stephen Purcell, D.O., FAOCD. “This may be advantageous and give the candidate two opportunities to pass the examination before expiration of their certification,” he added.

The recertification exam fulfills Component 3 of OCC, which requires the provision of one (or more) psychometrically valid and proctored exams that assess a physician’s specialty medical knowledge as well as core competencies in the provision of health care. The AOBD recertification exam will examine the medical knowledge necessary to practice typical general dermatology on a daily basis, Dr. Purcell said. “The core references used to construct the exam include standard texts on dermatology as well as peer reviewed journals on dermatology,” he noted. “The syllabus will assist you in focusing your study efforts, but does not guarantee that all exam questions will be taken from these references.”

For more information, visit the AOBD website (www.aobd.org).
The Midyear Meeting held in Winter Park, Colo., this past January featured a three-hour dermoscopy symposium and an interactive repair forum nestled among the lectures. The following are snippets from the presentations.

Preservation of Private Practice in Dermatology

was the title of the presentation given by Dan Ladd, D.O., FAOCD. He noted that due to the Affordable Care Act (ACA), the number of newly insured Americans will be:

- 2013 – 2 million
- 2014 – 15 million
- 2016 – 22 million
- 2017 – 33 million
- 2019 – 35 million

From the Centers for Medicare & Medicaid Services’ point of view, increased efficiency to accommodate cost of insuring is in focus. There will be clear winners and losers in the post-reform era. Large organizations that meet patient demand with peak efficiencies will dominate. Increasing economic and regulatory pressures will hit smaller providers hardest.

Just in from Orkin™… 2012 Top Locations for Bedbugs

1. Chicago
2. Detroit
3. Los Angeles
4. Denver
5. Cincinnati
6. Columbus, Ohio
7. Washington D.C.
8. Cleveland
9. Dallas/Fort Worth
10. New York City

Bedbugs can carry infections, noted Whitney High, M.D., in her presentation entitled Bedbugs, Ticks, Spiders and Creepy Crawlers. To that point:

- Methicillin-resistant Staphylococcus aureus and vancomycin resistant enterococcus have been recovered from bedbugs.
- S. aureus can colonize salivary glands for up to 15 days.
- No evidence yet of HIV, Hepatitis B/C, or T. cruzii.

In addition, Rocky Mountain spotted fever, which is transmitted by ticks, is seen in nearly every state, and parts of Central/South America. Certain tick bites can cause formation of Immunoglobulin E antibodies causing a subsequent “meat allergy.”

During G. Kent Mangelson’s lecture entitled Improved Patient Care through Lawsuit Protection and Prevention for Osteopathic Dermatologists, he discussed how to shift the focus on defensive medicine through restructuring the way they currently tackle care-giving policies. He recommended to:

- focus on improved patient care, rather than lawsuit defense;
- structure their practice for lawsuit protection and prevention;
- implement legal structures that will reduce liability insurance costs;
- become aware of the areas of risk for malpractice issues; and
- effectively manage an adverse event.

In reviewing A Case in Pediatric Cutaneous Pathology, Mark Matthews, M.D., said the following:

- Rhabdoid tumor is in the differential for an expanding infantile hemangiomata.
- Rhabdoid tumors may arise contiguous with benign appearing cutaneous plaques and may resemble nevus sebaceous, epidermal nevus, and collagenoma.
- If a vascular appearing lesion arises next to a benign appearing congenital plaque, consider rare diagnoses.

Alpesh Desai D.O., FAOCD, provided the following pointers on the Management of Common Dermatologic Surgical Complications:

- The most common post-op complication is bleeding. Most of the time this can be prevented by taking a good history including possible clotting disorders and medications and supplements the patient is taking.
- Wound infections can be prevented with aseptic technique. S. aureus is the most common cause of infection.
- Faulty flap design and increased tension on the wound is the most common cause of flap necrosis.
- Many factors can lead to graft necrosis. The most common include poor recipient bed vascularity, infection, tobacco use, poor general health status, poor graft-bed contact, and poor surgical technique.
- Mastering anatomical knowledge to prevent surgical damage to important neurovascular structures is critical. Prior to the procedure, discuss with the patient risks of damage and document any pre-existing defects.

Isotretinoin with Lidose technology is absorbed better with a high calorie diet. Isotretinoin is absorbed better with a high calorie diet. Isotretinoin with Lidose technology is absorbed better with a high calorie diet. Isotretinoin use with patients prior to initiating medication use.

Dermoscopy is gaining in popularity and yet many dermatologists are not comfortable with it, noted Harold Rabinovitz, M.D., who led the Dermoscopy Course he presented with Margaret Oliviero, ARNP. The use of dermoscopy has uncovered a new and fascinating morphological dimension of pigmented skin lesions, enabling dermatologists to increase their diagnostic accuracy in differentiating melanoma from other pigmented skin lesions. Dr. Rabinovitz reviewed how to:

- analyze the basic criteria and patterns of dermoscopy,
- apply a dermatoscopic approach for the classification of benign and malignant lesions on the skin,
- benefit from the application of dermoscopy in daily practice, and
- learn what role it plays in better diagnosing skin lesions prior to biopsy.

During the Interactive Repair Forum, the panel composed of Terry Cronin, M.D.; Ed Yoh, D.O. FAOCD; and Alex Miller, M.D., described new and novel approaches to reconstruction as well as reviewed options for varied approaches used in the repair of surgical defects while engaging attendees regarding...
their approaches to defect repair. For large elliptical forehead excisions, consider closing the lateral portions primarily, and then use a transposition flap to close the central, higher tension defect, noted Dr. Yob. You don’t always have to close the entire defect with a graft. Consider closing what you can, and then use a smaller graft to repair the remaining defect.

In his presentation entitled **Robotic Hair Restoration and State of the Art Therapies for Hair Loss**, James A. Harris, M.D., noted the following:
- There are some exciting developments in hair restoration.
- Strip donor harvest of occipital scalp can leave substantial scars.
- Follicular unit extraction (FUE) provides a minimally invasive way to harvest hair grafts with less post-op pain, more rapid recovery, and minimal scarring.
- ARTAS is a robotic system that removes FUE at 750-1,000 grafts per hour dissection rate.
- This technique has provided excellent clinical results with less scarring.

Alpesh Desai, D.O., FAOCD, stepped in to present **The Future of Dermatology**, originally scheduled to be presented by Andrew Racette, D.O., FAOCD, who was unable to attend the meeting at the last minute. Dr. Desai made the following points:
- The ACA is transitioning from the current volume-based fee-for-service to value-based purchaser.
- State health exchanges will begin in 2014 for individuals who do not have employer provided insurance. Through these exchanges, insurance will compete for business.
- Half of the coverage expansion under the ACA is based on Medicaid expansion. According to the law, every person under 133% of the federal poverty level is eligible for Medicaid. However, states must decide if they will participate in Medicaid expansion.
- The Independent Payment Advisory Board consists of 15 members appointed by the President. These health professionals are tasked with slowing the growth of national healthcare spending while maintaining or improving quality of care.
- Physicians will be measured by efficiency centered around diagnosis, quality of care, patient experience, and cost effectiveness.

As a board-certified dermatologist, you are already participating in four of the five components of the Osteopathic Continuing Certification (OCC), noted Lloyd Cleaver, D.O., FAOCD, during his OCC Update. Component 4—Practice Performance Assessment and Improvement (PPA)—is the only new requirement for maintaining certification through OCC.

The Maintenance of Certification Program Incentive, which began in January 2011, allows eligible physicians who participate in the program and report quality measures to the Physician Quality Reporting System (PQRS) to receive an additional 0.5% incentive payment.

For Component 4:
- Each physician in OCC must engage in continuous quality improvement through the evaluation of their personal practice performance and development of quality improvement plans. (Stock surveys are available through the AAD or you can create your own.)
- The AOBP will have several different, chart-based, online modules available through the AOA O-CAT program, which should be available in early 2013. The completion of one PPA module will be required every five years in the cycle (i.e. one PPA module completed during years 1-5 and one PPA module completed during years 6-10).
- Participants also will be required to complete one communication module (available through the AOA O-CAT) every five years in the cycle (i.e. one communication module completed during years 1-5 and one communication module completed during years 6-10).

For Component 5:
- Continuous AOA and AOCD membership is a required component for OCC compliance.

The estimated anticipated cost to physicians for participating in OCC is:
- $1,800 fee for examination and preparation per 10-year cycle
- Continuing medical education cost varies
- PPA cost $295/3 years 2 times/10 years
- Yearly PQRS will require more
- Maintenance of certification fee is $300 per 3 years

Lisa Swanson, M.D., offered a Review of Vascular Birthmarks in Children and Pediatric Clinical Pearls as follows:
- Hemangiomas are common pediatric dermatologic conditions. Consider underlying involvement of airway or neural involvement. Propranolol is an emerging therapy.
- Nevus sebaeous can be benign or have a potential for malignant transformation. Excision or regular examination can be performed.
- Midline lumbosacral lesions with hypertrichosis, large dimples, skin tags, tails, lipomas, hemangiomas, aplasia cutis, and dermoid cyst should lead to a higher suspicion of spinal dysraphism.
- Perioral dermatitis in pediatric population is misdiagnosed as seborrheic dermatitis or eczema.
- Molluscum dermatitis associated with molluscum contagiosum is important to treat as it can cause spreading.
Not sure how strong the sun is today? Check the Ecosport UV index app.

This app, created by Brian Matthys, D.O., FAOCD, uses smartphone technology to educate the public about sun protection and skin cancer. People really don’t think about how strong the sun is except when it’s really hot outside, but there is no correlation with the temperature outside and the strength of the sun, Dr. Matthys said. In addition, they think that wearing a long-sleeved t-shirt provides sufficient protection from the sun. “I wanted to use technology to give people a resource that makes it easy for them to learn how to protect their skin.”

The ultraviolet (UV) index estimates the strength of the sun’s solar radiation at solar noon when the sun is at its highest peak. This, of course, varies depending upon where it is in the world, he noted. The app indicates the UV index using a scale from 1 to 11+, how much sunscreen (in fingertip units) should be used, and how long to stay out before skin damage can occur. The app indicates not only the amount of sunscreen needed on different parts of the body, but also what SPF strength is necessary to protect the skin given the UV index, Dr. Matthys stated. A UV index of “4” is moderate, for example, and requires sun protection, including hats, sunscreen, sunglasses, and SPF protective clothing.

It took one year to develop the app, which is available at www.avoidtheburn.com and by searching EcoSport on the App Store (for the iPhone) and Google Play (for the Android). Dr. Matthys worked with one company to develop the programming and another to create the logo. He also designed the website that provides more information about the sun and the associated dangers it can present. In addition, it features Eco-Sport Sun Protection, a brand of sun protection products that Dr. Matthys developed.

“People use their smartphones for all kinds of things,” he said. “Now they can use it to keep their skin healthy.”

The Dermatologist in Your Pocket—the AOCD’s Doctor Derm app—is rated the No.1 dermatology app, according to iTunes.

This complete guide to dermatology, which is among more than 116 other apps in this category, is written for the general lay audience. However, it is thorough enough to be used by medical professionals of all types.

The app features:
- 240 dermatologic diseases
- 40 medications and/or treatments
- More than 400 high quality photographs (tap once on the photo to enlarge)
- An extensive glossary of dermatologic terminology

In addition, the app can help Find an Osteopathic Dermatologist as it uses GPS to locate one in the vicinity. It provides an address and phone number, as well. There is no need for a web connection as most of the app is self-contained.

The AOCD provides Doctor Derm as a free educational service.

The AOCD’s online Dermatologic Disease Database has doubled in size thanks to a six-month project spearheaded by the Internet Committee.

The most visited part of the website, the database has more than three million views a year. The database now lists approximately 240 dermatologic diseases, 40 medications and treatments, and more than 400 clinical photographs.

The College would like to thank all of those who helped write articles for the database. They are as follows:
- Adam Allan
- Dylan Alston
- Benjamin Barrick
- Carl Barrick
- LeMarra Brown, DPM
- Isaac Bryan, D.O.
- Daquesha Chever, D.O.
- Joseph Dyer
- Carolyn Ellis, D.O.
- Dawnille Endly
- Paul Graham, D.O.
- Jill Henley
- Nathan Jackson, D.O.
- Richard Johnson, D.O., FAOCD
- Heather Kelly
- Yuri Kim
- Will Kirby, D.O., FAOCD
- Matt Koehler, D.O.
- Rick Lin, D.O., FAOCD
- Jere Mammino, D.O., FAOCD
- Lisa Martorano, D.O.
- Cory Maughan
- Jennifer Moscoso
- Lanny Nguyen
- Mayha Patel
- Kelly Reed, D.O.
- Jill Salyards, D.O.
- Angela Seabright, D.O.
- Brandon Shutty, D.O.
- Amy Thorne
- Khasha Touloei, D.O.
- Jim Towry, D.O., FAOCD
- Mounir Wassef, D.O.
- Kristen Whitney, D.O.
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The National Eczema Association (NEA) Seal of Acceptance is awarded to products that have been created or intended for use by persons with eczema or severe sensitive skin conditions and have satisfied the NEA Seal of Acceptance Criteria. NEA has awarded the Seal of Acceptance to these products with a 4 out of 5 rating. Read the label to determine if these products contain ingredients that may be unsuitable for your skin. Visit nationaleczema.org for more information.
Deadline for Fellow of Distinction Application Approaching

The deadline for submitting an application for the honorary title of Fellow of Distinction is July 1.

The criteria to apply for the honorary title are as follows:
• 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.

Submitting the application by July 1 allows the Fellow Committee members enough time to thoroughly review the applicant’s qualifications and contributions in time for his or her induction at the 2013 AOCD Annual Meeting to be held Sept. 30-Oct. 4 in Las Vegas.

To obtain an application, either download one from the AOCD website (www.aocd.org) or contact the national office.

May Deadline for Bayer Paper Competition

The deadline for submitting a paper for the Bayer Healthcare Writing Grant Competition (formerly the Intendis Resident Paper Competition) is May 24, 2013.

Papers will be judged for originality, degree of scientific contribution, and thoughtfulness of presentation. Winners will receive a cash award provided by Bayer.

Residents must be in an approved AOA/AOCD dermatology training program to enter the competition. They must submit six copies of the paper, which must be typed and suitable for publication. The title page and all other pages should exclude the resident’s name and/or other authors. The title page should include only the title of the paper. All other information can be placed on the face sheet submitted with copies of the paper. The six copies of the paper should be sent to the office of Eugene Conte, D.O., FAOCD, 8940 Kingsridge Drive, Suite 104, Centerville, Ohio 45458.

Residents may submit only one paper per year. This paper must have been written and submitted while the resident was still in training. Submission of this paper for review does not become part of the resident’s annual training reports. If, however, the resident intends to use it as his/her annual paper, it must be submitted to the national office with the resident’s Annual Report.

Winners will be announced at the 2013 Annual Meeting.

July Deadline for Dr. Bernard Residency Leadership Award

With a July 1 deadline, it’s not too soon to start thinking about nominations for the James Bernard, D.O., FAOCD, AOCD Residency Leadership Award.

The award, which is sponsored by the College, offers third-year residents a future position on an AOCD committee. Among those committees with availability are the following: Editorial, Internet, In-Training Examination, Historical, and Continuing Medical Education.

Third-year residents must be nominated by their program directors. Nomination criteria are as follows:
• Integrity—Maintains the highest personal standards of honesty, fairness, consistency, and trust.
• Respect—Displays a professional persona and is open-minded and courteous to others.
• Empowerment—Provides knowledge, skills, authority, and encouragement to fellow physicians and staff.
• Initiative—Takes prompt action to avoid or resolve problems and conflicts.

In addition, the resident must be a member in good standing of both the AOCD and AOA.

Applications will be reviewed by the Awards Committee, which will forward its recommendations to the national office. Applicants will be notified by certified letter. The grant will begin during the Annual Meeting of any given year and end during the Annual Meeting of the
subsequent year. All correspondence concerning the program and/or awarded grants should be directed to the Awards Committee.

The award was established in 2011 to honor Dr. Bernard, who has profoundly influenced and mentored many dermatology residents and young members, according to Michael J. Scott, D.O., FAOCD, Awards Committee Chair. The selected criteria for award nomination is a reflection on the dynamic characteristics that Dr. Bernard has exemplified in numerous leadership roles throughout his years of service to the College, Dr. Scott says.

Winners of the award will be announced at the 2013 Annual Meeting.

Dr. Greenfield Named Athleta Sponsor

Melinda F. Greenfield, D.O., FAOCD, runs circles around the average dermatologist. That’s because in addition to being in private practice, owning her own business, developing a Web store, and being a mother, Dr. Greenfield is a competitive athlete and triathlete.

Her healthy lifestyle choices that go beyond her athletic pursuits have earned her a one-year athletic sponsorship through the company Athleta. The sponsorship acknowledges inspiring, active women who mirror the intention behind the company’s mantra Power to the She.

Dr. Greenfield learned about the sponsorship at a local triathlon she competed in last summer. She applied and was informed that she won it this past January. “I couldn’t swim from one end of the pool to the other without stopping,” Dr. Greenfield recalled. In addition to swim training, she also purchased a bike and began running. “When I turned 40, I decided to push the envelope and train for a half-marathon,” she said. Half-marathons are 13.1 miles long versus 26.2 miles for a full marathon.

Dr. Greenfield has since run approximately 30 races, including eight half-marathons, and participated in six triathlons the latter of which include biking, running, and swimming. Dr. Greenfield often places first or second in her age group.

Dr. Greenfield’s healthy lifestyle, however, doesn’t just encompass running. She adheres strictly to a vegetarian-paleo diet, spending hours every weekend preparing special paleo meals for the week. Dr. Greenfield doesn’t eat meat or chicken or any type of grain, legume, or sugar. Packaged or processed foods are out, as well. She substitutes coconut sugar or honey for processed sugar, and uses almond and coconut flour to make baked goods. “You do have to reset your taste buds,” said Dr. Greenfield, who rarely eats out. She encourages her children—Nathan, 11, and Josie, 8—both of whom are competitive swimmers to eat healthy meals, although they have not bought into the paleo concept in its entirety. “With kids, it’s always an uphill battle,” she conceded.

Dr. Greenfield also inspires her patients to adapt a more healthy and active lifestyle. For example, she has counseled those, who are receptive to the idea, about dietary changes. “A lot of modern-day disease can be traced back to the industrialization of foods,” Dr. Greenfield noted. After changing their diets, many have seen a huge improvement in their eczema and psoriatic arthritis. “We live in a small town, so the patients see me being very active,” she added. “As a doctor, it’s important to set a good example.” Outside the office, Dr. Greenfield gives lectures to various community groups about sun protection and skin cancer. Living in a huge farming community, it’s important to educate people, beginning with the children, about the dangers of the sun, she said.

This summer, Dr. Greenfield’s neighbors will see her riding around town. Her goal is to bike a 100-mile, or century, ride. Outside of her family and practice, both of which keep her busy and focused, Dr. Greenfield’s athletic pursuits allow her to think about other things. “It keeps your mind fresh and interesting as a well-rounded person,” she said.
Corporate Sponsors Support Midyear Meeting

We are pleased to welcome Merz Pharmaceutical, LLC, as a Bronze Level Member.

Returning corporate sponsors are as follows:
- Galderma, Medicis (Diamond Level)
- AbbVie, Ranbaxy Laboratories, Inc. (Silver Level) Ferndale Healthcare, Fallene, Ltd. (Bronze Level)
- Tru-Skin Dermatology/The Shade Project, Warner Chilcott, DUSA Pharmaceuticals (Pearl Level)

In addition to Medicis being a diamond-level sponsor, the company specifically supports our College through various unrestricted grants. Its most recent sponsorship was for the 2013 Midyear Meeting Welcome Reception and support for the residents to attend the American Academy of Dermatology annual meeting in March. Medicis has been a long-time supporter of the AOCD. We appreciate all that Medicis does for our College and CME.

Ranbaxy Laboratories, Inc. has had a long relationship with the College and continues to support us through generous sponsorships. Ranbaxy's most recent sponsorship was for the Opening Day Luncheon with the exhibitors. This luncheon gave exhibitors and physicians the opportunity to meet in an informal setting. We appreciate everything Steve Hecklein and Ranbaxy Laboratories, Inc., is doing for the College and CME.

The AOCD also appreciates the following companies for providing meeting unrestricted grants and support: 3Gen, Cole Diagnostics, DUSA Pharmaceuticals, ePocrates, Pathology Reference Laboratory, Tru-Skin Dermatology/The Shade Project, Amgen, and Bayer Healthcare.

The College thanks Cole Diagnostics for its support for the 2013 Midyear Meeting by sponsoring the meeting tote bags, Tru-Skin Dermatology/The Shade Project for sponsoring the meeting lanyards, and Dermatopathology Labs - Central States (DLCS) for sponsoring the meeting t-shirts.

Exhibitors for the 2013 Midyear Meeting were as follows: Abbvie, Amgen, Allergan, Aqua Pharmaceuticals, Cole Diagnostics, DermDX a division of Aurora Diagnostics, Dermpath Diagnostics, DLCS, DUSA Pharma, Ferndale Healthcare, Formula 3/Fungi Foam, Galderma, Janssen Biotech, Inc., Medicis, Onset Dermatology, and Tru-Skin Dermatology/The Shade Project. We thank these exhibitors and look forward to seeing them and several more exhibitors at the 2014 Midyear Meeting to be held Feb. 20-23 at the Ritz-Carlton Hotel in Dallas.

We hope that many of you had an opportunity to express your appreciation to our sponsors while you were in Winter Park, Colo. 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.

Cole Diagnostics Offers Dermpath Rotation

Cole Diagnostics would like the AOCD residents to Come Study With Us.

For the past few years, Cole Diagnostics has offered second- and third-year residents an opportunity to study dermatopathology for a two-week rotation in Boise, Idaho.

As part of the rotation with Ryan Cole, M.D., residents will experience the speed, complexity, and intensity of a real-world dermatopathology practice. Being exposed to a high volume of cases will enable residents to recognize and understand information that will be valuable in practice and in studying for the board examination. Residents will be given personal study time to review lessons learned. Cole Diagnostics also will provide a formal curriculum supplemented by the use of teaching sets and board preparation materials.

The cost of travel and living expenses is covered as part of the rotation. Accommodations include a hotel in downtown Boise within walking distance of restaurants, entertainment, and shopping. For the outdoors type, the area offers rivers, foothills, and open fields.

For more information about this opportunity or to request an application, contact Resident Coordinator John Grogan. For consideration, a completed application must be submitted via mail or email. The application should be mailed, sent to the attention of Cole Diagnostics Dermatopathology Grant to the AOCD at PO Box 7525, Kirksville, MO 63501 or emailed to jgrogan@aocd.org.

Residents selected for the grant will be notified by mail or email. They will receive additional instructions from Cole Diagnostics about scheduling the rotation.

Residents may be considered only once for this rotation. Upon its completion, they must provide a five-minute summary to be presented at the next scheduled AOCD Annual Meeting.

The College would like to thank Cole Diagnostics and Dr. Cole for this opportunity designed to teach real-world techniques and enhance the AOCD residents’ skills that they will be able to use in their own practices.
Residency Spotlight

Silver Falls Dermatology Fosters DO, MD Ties

Location isn’t the only thing that sets the Silver Falls Dermatology Residency program in Salem, Ore., apart. The only osteopathic dermatology program in the Pacific Northwest is run by allopathic physicians R. John Young, M.D., and William Lear, M.D.

Prior to starting the residency program last July, non-dermatology residents and physician assistant students, the majority of whom were trained at osteopathic medical schools, routinely rotated through Silver Falls Dermatology. “When we were approached by the Graduate Medical Education Committee at Good Samaritan Regional Medical Center in Corvallis about starting an osteopathic dermatology residency, it seemed like a good fit for us. I was trained in a mixed DO and MD program in the military so I am open to training good people, no matter the degree,” said Dr. Young adding, “With the common pathway to residency accreditation now approaching, we feel fortunate to have a perspective of both sides and hope to be a model for the two professions working together.”

The Training
Residents Brandon Markus, D.O., and Cory Maughan, D.O., are trained by all in-house staff. Clinics and surgery days start at 8 a.m. They see 15 patients a day, on average, and have the opportunity to see other providers’ patients when interesting cases present. “A lot of teaching is done in the clinic in real time,” he added. They provide indigent care at all locations, as well.

With more than 1,000 cases per year being treated in the Mohs micrographic surgery department, residents have ample opportunity to learn the technique. Surgical training includes a weekly rotation with exposure and experience in flaps, grafts, and intermediate and complex closures. Dr. Lear, the in-house Mohs surgeon who trains the residents, would like to start an osteopathic Mohs Surgery Fellowship within the next few years.

The in-house Fellowship-trained dermatopathologist provides both weekly instruction and regular didactic examinations.

The Technology
Residents also are exposed to myriad technologies covering the spectrum of dermatological care from photodynamic therapy and MelaFind to lasers and coolsculpting.

“Embracing changes in technology will help our residents stay on the cutting edge, whether or not they choose to incorporate these into their practice,” Dr. Young stated.

The Activities
Presenting lectures and posters, teaching, attending dermatological meetings, conducting research, and hosting a monthly radio program are just some of the activities in which the residents engage. For example, they present lectures at both the annual and midyear conferences hosted by the Osteopathic Physicians and Surgeons of Oregon. The residents give poster presentations at the International Society of Dermatopathologists. They routinely present lectures on dermatological topics to various groups including family practice groups, dental hygienists and pre-med students. Some audiences are affiliated with, for example, Good Samaritan or COMP Northwest Medical School in Lebanon, while others may be local providers who want to learn more about the specialty.

Educating other healthcare professionals about what dermatologists do is being a good neighbor and providing good care, Dr. Young said. “The more other providers understand what we do, the more apt they are to recognize skin conditions in their own patients that could be a sign of more complex disease. He is reminded of a pregnant patient in her 30s who was referred because of fleshy papules that turned out to be an undiagnosed case of neurofibromatosis. Another patient in her 20s with an excessive number of moles on her face and pits on her palms turned out to have Gorlin’s syndrome. Moles can be benign or they can be skin cancers. “The more that primary care physicians learn about the nuances of skin conditions, the more they can make appropriate referrals,” Dr. Young said. “I also think that the experience of lecturing to different audiences builds skills that will help the residents in their future careers,” he said.
The residents also serve in leadership roles on state and national medical boards, which enables them to have a better understanding of the challenges that face the medical community-at-large, and not just the dermatology community, he said.

The residents also are conducting research and publishing the results. Six clinical case reports and/or case series were published during the first six months of the program. Four other papers have been submitted for publication. They are contributing to a surgical textbook chapter, as well.

The residents co-host a monthly hour-long radio program entitled Skin Talk. The program is played on a local and national podcast and available in video format on YouTube.

This year, the residents attended the American Academy of Dermatology Annual Meeting this past March in Miami. They are slated to attend the AOCD Annual Meeting this fall.

The Future
The residency program has been well received and supported by the community and local providers, Dr. Young noted. This July, the program will welcome resident Scott Thomas, D.O.; the program has been approved for six in total. While he is looking forward to the program growing, Dr. Young is cautiously optimistic about the future of graduate medical training. “I think there is some uncertainty for all of us in education as to how the Affordable Care Act will impact our practices and training programs,” he said. “To move forward and survive the future healthcare hurdles, we need to work together and be supportive of each other, no matter the degree title.”

His concern, however, is not stopping Dr. Young from looking to the future. As the program nears its one-year anniversary, he is already looking to make enhancements. As an example, Dr. Young plans to add optional rotations in other fields, such as podiatry, radiation oncology, and wound care, that he believes would be beneficial for the residents to learn more about. “One of our program’s strengths is that we are able to change quickly and accommodate the residents’ special interests and needs. If anyone in the group recommends a better way to structure it, we are able to make changes to improve the program quickly,” Dr. Young said.

“As program directors, it is our job to give our residents exposure to as many different experiences as possible,” he concluded. “This will help them adapt to future changes in health care as they move forward in their careers.”

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As winter draws to a close, I hope this spring finds you well. Our Midyear Meeting in Winter Park, Colo., was a success, and I will try to update you on the current state of affairs.

As most of you have probably heard by now, the AOA is currently pursuing a unified accreditation system with the Accreditation Council for Graduate Medical Education (ACGME). This will obviously take several years to be fully implemented, and will likely impact major milestones in the training of osteopathic medical students and residents. Among those are the medical licensing examination, the match process, specialty board certification, and accreditation. More detailed information can be found on the AOA’s website: [http://www.osteopathic.org/inside-aoa/Pages/acgme-frequently-asked-questions.aspx](http://www.osteopathic.org/inside-aoa/Pages/acgme-frequently-asked-questions.aspx).

Please keep in mind that negotiations are still taking place, so the proposed measures and timeframe outlined are subject to change.

It seems that we are in for a lot of change ahead. Time will tell how these changes will affect issues concerning our residency training and certification, but unfortunately no specific information is available at this time. We may continue to have our own separate board exam even after the merger takes place, but this remains to be determined. The timing of our board exam for graduating seniors will remain as it is currently, during the Annual Meeting following completion of residency. Some have expressed a desire to have this pushed up sometime prior to graduation, but due to financial constraints and the small size of our College this is not a feasible option at this time. Also, while the Electronic Residency Application Service (ERAS) is currently being used for application material storage and retrieval, a fully-computerized match process is being pursued. An estimated date of implementation is not available at this time. The AOCD match will likely continue to occur the same way for 2013 and possibly 2014 as it has been, via the phone call honor system.

Currently it is unclear as to how the merger will affect whether AOA-trained dermatology residents will be able to enter into ACGME-approved procedural dermatology/Mohs fellowships. However, there are currently three AOA procedural/Mohs fellowships, and the option to apply for fellowship to the American Society for Mohs Surgery (ASMS) remains unchanged ([http://www.mohssurgery.org/](http://www.mohssurgery.org/)).

The AOCD also is working on a certification process in pediatric dermatology, which is expected to be available later this year. There will be a five-year window during which time practice experience will be accepted. Completion of an approved fellowship will be required after that time.

Senior residents, be sure to start compiling your application package for submission to the AOBD. You can download the package requirements and materials here: [http://www.aobd-derm.org/wp-content/uploads/2013/01/AOBD-primary-certification-application-PACKAGE.doc](http://www.aobd-derm.org/wp-content/uploads/2013/01/AOBD-primary-certification-application-PACKAGE.doc). This must be completed by August 1. Also, don’t forget to submit your annual publication prior to leaving your program, as well as your AOCD Annual Report within 30 days of leaving your program.

First- and second-year residents, the same applies regarding your yearly publication and Annual Report. Be sure to keep up with your patient logs in order to make submitting your Annual Report as efficient as possible. Remember that at least once in your residency you must submit an abstract to the Gross and Microscopic Symposium held by the American Academy of Dermatology (AAD). This cannot be anything that was previously published or submitted for publication. The AAD will email a call for abstracts this spring, so be sure to look out for that. I would recommend doing this during your first year. First-year residents also will need to submit an electronic (PDF) poster for the AOCD Annual Meeting to be held Sept. 30-Oct. 4, 2013. This can be from a previously published or submitted work, including the AAD symposium. I will send more details with deadlines later this summer.

Newly-matched residents, please be sure to respond promptly to all requests from the AOCD, and we look forward to seeing you in July.

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

Through the winter months, we have been busy in the AOCD office completing follow-up work from the 2012 Annual Meeting and the 2013 Midyear Meeting.

**Membership Dues**

Remember to renew your AOCD dues. The membership year runs January 1 to December 31. To renew online and update your membership information, log on to www.aocd.org. Please remember to keep your address and email address current. If you experience problems logging on, please let me know.

**Annual Reports**

Annual reports will be due in the not-too-distant future. You can download the report forms from www.aocd.org/qualify. Please note that the process for completing and submitting one of the report forms has changed. The diagnosis and procedure log needs to be filled out and submitted electronically. A Microsoft Excel form has been created for this purpose. Once you have completed the form, please email it to jgrogan@aocd.org. You can download the form here: [http://www.aocd.org/qualify/segtotals.xls](http://www.aocd.org/qualify/segtotals.xls). The remainder of the packet is to be submitted the same as it has in previous years, with a hard copy being mailed to the AOCD national office.

**Incoming Residents**

It is time to focus on the addition of new residents starting July 1.

Many of our program directors have notified us of their new residents. At the time of this writing, we have 37 incoming residents joining our programs. The new residents (listed with their programs) are as follows:

**Colorado Dermatology**
Daniel Milam, D.O.

**O’Bleness**
Chase Scarbrough, D.O.

**Oakwood Southshore**
Alexandra Grob, D.O.
Kristy Hawley, D.O.

**St. Joseph Mercy Health System**
Carolyn Ellis, D.O.
Travis James, D.O.
Michael Mortazie, D.O.
Kristen Whitney, D.O.

**NSUCOM/Larkin Community Hospital**
Julie Frederickson, D.O.
Ann Mazor Reed, D.O.
Andrew Epstein, D.O.
Eugene Sanik, D.O.

**Silver Falls Dermatology**
Scott Thomas, D.O.

**St. John’s Episcopal**
Asma Ahmed, D.O.
Brett Dolgin, D.O.

**Botsford/McLaren-Oakland**
Ali Daneshvar, D.O.
Ivy DeRosa, D.O.

**Western U/Pacific Hospital**
Matthew Koehler, D.O.

**Summa Western Reserve Hospital**
Keoni Nguyen, D.O.
Nathan Jackson, D.O.

**St. Barnabas**
Marisa Wolff, D.O.

**Richmond Heights**
Ashley Feneran, D.O.
Aziza Wahby, D.O.

**Northeast Regional Medical Center**
Doug Richley, D.O.

**Lewis Gale-Montgomery**
Chris Hixon, D.O.
Megan Joint, D.O.

**PCOM/LeHigh Valley**
Kelly Reed, D.O.
Stephen Hemperly, D.O.

**Alta Dermatology**
Christine Moussa, D.O.

**NSUCOM/Largo**
Sarah Coffman, D.O.
Jill Salyards, D.O.
Brandon Shutter, D.O.

**NSUCOM/Broward**
Leeor Porges, D.O.
Alexis Stephens, D.O.
Khasha Touleoi, D.O.

**Columbia Hospital**
Shana Rissmiller, D.O.

**MSUCOM/Lakeland**
Riddhi Patel, D.O.

**Aspen Dermatology**
Aaron Peterson, D.O.

**South Texas Osteopathic Dermatology**
Robert Lin, D.O.

**Wellington Regional Medical Center**
Hyuhnee Park, D.O.
Greg Polar, D.O.

All residents are asked to provide the following documents:

- A completed copy of the Resident Membership Application form
- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your state medical license
- 2 passport-sized photos
- A current CV
Seeking Associate in Lancaster, Penn.

A group of three MDs and one DO is offering an outstanding opportunity to join a very busy and well-established dermatology practice in Lancaster, Penn. The practice serves a large volume of general dermatology and dermatological surgery patients. We also practice cosmetic dermatology using aesthetic lasers, Botox®, and fillers. There is a possibility of expanding cosmetic techniques.

Located in beautiful, south central Pennsylvania, Lancaster affords numerous cultural and recreational opportunities. There are four colleges nearby, and easy access to New York; Washington, DC; Philadelphia; and the Jersey shore. The family friendly heritage and historical influences create a strong bond for all who live here.

Once partnership is reached, salary would be determined by the enthusiasm of the physician. For further information, call John Legere, D.O., FAOCD, at 717-201-6416 or email him at JLWP1969@comcast.net.

Take Over or Join Virginia Practice

A unique opportunity for a business oriented, motivated BC/BE dermatologist to either take over or become a partner in a well-established, highly respected integrated dermatology practice located in Tyson Corner in Northern Virginia, a suburb of Washington DC. The practice offers the entire spectrum of dermatology care—general, pediatric, and esthetic. There is a Palomar IPL/Fractional laser on the premises. Please send a CV and a short biography to thdf402@gmail.com.

Seeking BC/BE Dermatologist in Mississippi

BC/BE dermatologist needed for medical/surgical position that offers an opportunity to practice Mohs surgery and cosmetic dermatology. Generous compensation, signing bonus, relocation, and benefits package offered. Office is located in the college town of Laurel, Miss. Contract is negotiable. For more information, please contact Joy at (513) 267-3658 or send a CV to cfmrecruiting@aol.com.