

Message from the President

Dear Members of the AOCD,

I want to take this opportunity to thank you for attending the AOCD Annual Meeting in Seattle. I really enjoyed meeting everyone and talking to the many practicing dermatologists and residents.

Seattle is indeed a unique city. There were a lot of sightseeing opportunities, and I was fortunate to have had the chance to experience the city with many of my AOCD colleagues.

Our immediate past president, Dr. Suzanne Sirota Rozenberg, has made tremendous progress in fostering our relationships with the AOA and AAD. Under her leadership, we have passed some momentous changes to the AOCD bylaws to encourage participation of our members in the College. We also have updated our training policy and manual to modernize it and reflect the upcoming ACGME merger. As a College, we owe Dr. Rozenberg a debt of gratitude for her tireless effort in improving the AOCD's standing within the larger dermatologic community.

As for the future of our College, my vision focuses on introspection. During the past year, the AOCD has experienced a tremendous amount of turbulence from external forces. We worked to collaborate with the AOA to clarify the details of the Memorandum of Understanding for a unified accreditation system. I believe now is the time for us to redefine ourselves. There are still many uncertainties about the merger and what it means to our residencies and membership, with some ominous signs for the future if some of these uncertainties are not resolved.

In the next few months, I intend to work with the AOCD Board of Trustees to explore our role in the new era of the Osteopathic profession. I also want to use our College as a mechanism to build friendships amongst our membership. In recent months, I have had the chance to talk with many members who have shown an interest in participating on various AOCD committees. If you are interested in getting involved, please feel free to contact me at any time. Moving forward, we will need everyone to be engaged in College activities. The future of our direction and identity are at stake.

On a less dire note, I hope everyone had a wonderful Thanksgiving. The holiday season is a great time to stay in touch with your program directors and fellow residents. If you've graduated from your residency program, make it a point to call one of your close friends from your training days to catch up. Reminisce about those days as well as talk about your practice and family today. I sincerely believe that our common experience within the AOCD residency training program is the fabric that will hold the College together. Only through that cohesiveness will be we ready to meet the challenges the future holds.

Best holiday wishes to everyone.

Sincerely,

Rick Lin, D.O., MPH, FAOCD
 AOCD President, 2014-2015

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Message from the Past President

Dear Colleagues,

Just wanted to share a few thoughts with you on this past year. It has been my absolute honor and pleasure to have served as your president. What a year it was. AOCD has never been so interactive and involved. Your Board of Trustees and EEC members were hard at work all year long. But most importantly, our home office, led by our executive director, Marsha Wise, kept us all up to date with current AOCD, AOA and Unified system changes. My year would not have been survivable without Marsha. Her tireless effort on behalf of all our members is commendable. She even was elected to the executive committee of the Society of Osteopathic Specialty Executives. Kudos to her.

So, what happened this past year? I would say it was the year of the AOCD. We passed new bylaws for the college. Term Limits were voted upon, so that more members can become involved. Committee positions were opened up. Thank you to all who worked so hard on this committee. We impacted the AOA for accountability in the Unified System. Put into place were reportable statistics to the AOA of residencies, program directors and other such factors so that D.O. residencies are protected. We set up a new strategic plan.

The AAD ad hoc task force was completed with success. We are on the ballot for the AAD in March 2016 for full status fellows. The AAD has much respect and regard for us and have put a whole educational program going forward for the next year. Please be our own best advocates.

Basic Standards for our residencies were revised. I believe we are at a great crossroads between AOCD and ACGME standards. Thanks to all who worked so hard on this.

I congratulate Drs. Brad Glick and Rick Lin for becoming Fellows of Distinction. This wonderful group of AOCD Dermatologists have accomplished much and devoted time to the college. I encourage all to apply for this honor.

Just a few more things to mention about this past year. We collaborated for the first time in AAD history on several joint letters. These were in response to the NY Times article on Mohs surgery and to First Coast Service Options, Inc. in Florida. We partnered with the AOA in a letter writing campaign to 8 states regarding tanning bed legislation.

We received three year accreditation for AOA Category 1 CME provider. Much thanks goes to our CME committee. Outstanding work! And lastly, we ended the year in the black!!

I know that reading the above is arduous. But I wanted all of you to be aware of all that is done behind the scenes.

I again thank you all for allowing me to be your President. I pass the leadership on to Dr. Rick Lin and am confident he will do a wonderful job.

Lastly, I urge all of you to become active in our college. I have made wonderful friends in the past 7 years and look forward to many more years with them.

Happy and Healthy New Year to all.

Suzanne

Executive Director's Report

by Marsha Wise, Executive Director



Hello Everyone,

Here's to a Happy and Healthy 2015!

The new year will bring many changes in Graduate Medical Education for Osteopathic Physicians. Members from the AOA have been nominated to the ACGME Board of Directors, the Osteopathic Principles Committee has been appointed and has begun their work, and each specialty will soon have representatives on the ACGME's educational Review Committee. Educational forums for Program Directors, Directors of Medical Education and Specialty Colleges will begin in January to assist with the transition.

Programs may begin to apply for pre-accreditation status in July 2015.

The AOA and ACGME each have pages on their websites devoted to this transition which are continually updated. Please visit the links below for up to date information on the process.

<http://www.osteopathic.org/inside-aoa/single-gme-accreditation-system/Pages/default.aspx>

<http://acgme.org/acgmeweb/tabid/455/GraduateMedicalEducation/SingleAccreditationSystemforAOA-ApprovedPrograms/ApplicationProcess.aspx>

The AOCD will also see change. During the General Membership Meeting recently held in Seattle, the membership voted to accept the changes to the By-Laws which had been presented last summer. Committees will soon be accepting additional members due to the elimination of required maximum seats allowed. The focus of AOCD CME meetings will also change which will allow for greater flexibility in scheduling.

Change is never easy, especially after getting comfortable with the routine. Hopefully by July, we will all have a clearer picture of the future and what our roles will be. The AOCD will continue to work to keep the membership informed as new information is released.

We hope you will make plans to attend our Spring 2015 meeting in Charlotte North Carolina, April 23-26. Lectures will begin at noon on April 23 and will conclude at noon on April 26. The meeting will take place at the Ritz Carlton in Charlotte. More information on the meeting can be found on our web site at www.aocd.org and in our weekly Thursday Bulletin email blasts.

Please call or email the AOCD office at dermatology@aocd.org if you need assistance.

The American Osteopathic College of Dermatology is excited to announce a partnership with Heartland Payment Systems for our credit card processing needs. An AOCD board member, who had a processing relationship with Heartland in his offices for several years, recommended them highly, not only for the substantial savings they delivered compared to his previous processor, but transparent billing and better cash flow. Heartland is one of only a handful of direct credit card processors in the nation – not a middleman or bank.

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Give Tony a call and have him do an analysis. He can take care of any AOCD office in the United States. The only thing you have to lose is potentially thousands of dollars of overcharged fees from your current bank or processor.

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DermLine

Newsletter of the American Osteopathic College of Dermatology

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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 Marsha Wise by email at mwise@aocd.org or John Grogan at jgrogan@aocd.org.

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MEMORANDUM



American Academy of Dermatology
Excellence in Dermatology™

Date: December 5, 2014

To: **Ad Hoc Task Force on Doctors of Osteopathic Medicine**

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From: Brett M. Coldiron, MD, President

Subject: Thank You for Your Service

On behalf of the more than 18,000 Academy members worldwide, I want to thank you for your service on the **Ad Hoc Task Force on Doctors of Osteopathic Medicine (AHTF)**.

At the November meeting, the Board approved the AHTF's proposed education campaign to eliminate misperceptions regarding American Osteopathic Association (AOA) dermatology residency training and promote the benefits of a unified voice in dermatology in order to motivate Academy membership to vote to include American Osteopathic Board of Dermatology (AOBD)-certified DOs as Academy Fellows in the 2016 election.

This completes the mission of the AHTF on Doctors of Osteopathic Medicine.

Please continue to share your ideas and thoughts with Academy leaders. Again, I appreciate your commitment to advance the Academy and the specialty of dermatology.

BMC/jmc

cc: Elaine Weiss, Executive Director & CEO
Marsha Wise, BS, AOCD Executive Director
Cindy Kuhn, AAD Senior Director Membership Engagement, Staff Liaison
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Reference: 1. Simpson E, Trookman NS, Rizer RL, et al. Safety and tolerability of a body wash and moisturizer when applied to infants and toddlers with a history of atopic dermatitis: results from an open-label study. *Pediatr Dermatol*. 2012. doi:10.1111/j.1525-1470.2012.01809.x.

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2014 AOCD Fall Meeting Review

October 26-28 in Seattle, WA, the AOCD Fall Meeting speakers presented lectures on a broad spectrum of topics, from practice setup advice to pediatric dermatology to ethics. The following is a brief summary of each topic, the stated objectives of the lecture and some take-aways. Click [here](#) to open the Program Syllabus and view presentations provided by the speakers.

Surgical Practice Setup and Pearls

Thi Tran, DO, FAOCD

Dr. Tran's lecture touched on setting up a dermatological surgery practice, surgical work flow, and treatment options for skin cancers.

Objectives:

- Discuss office-based dermatological surgery practice set up
- Discuss office-based dermatological surgery work flow
- Discuss treatment options for common skin cancers according to evidence-based medicine

Dr. Tran's learning points for the lecture are:

- Isopropyl alcohol is the best all around topical antiseptic for office-based procedures.
- Electrocautery and bipolar forceps are the safest form of hemostasis in pacemaker patients.
- Refer to the seventh edition of AJCC guidelines to help determine treatment protocols for melanoma patients.

Pediatric Dermatology

Lisa Swanson, MD

Dr. Swanson's lecture detailed commonly misdiagnosed pediatric dermatology conditions and new treatment options for common pediatric dermatology conditions.

Objectives:

- Identify common causes of contact dermatitis in children
- Discuss new treatments for hemangiomas and pyogenic granulomas
- Provide some new tools to manage atopic dermatitis in children

Dr. Swanson's learning points for the lecture are:

- Understand steroid sparing alternatives to treating eczema

- Be able to identify common causes of contact dermatitis in children
- Feel comfortable with treatment options for infantile hemangiomas
- Learn how to identify and treat perioral dermatitis in children
- Gain exposure to common pediatric dermatology conditions and their management

Surgical Repair Panel

Michael Whitworth, DO, FAOCD

Dr. Whitworth's lecture presented closure considerations and techniques when repairing Mohs micrographic surgery and melanoma defects.

Objectives:

- Discuss difficult surgical wound repair options from the perspective of three experienced surgeons
- Discuss surgical wound repair techniques to reduce complications
- Discuss surgical wound repair techniques to enhance cosmetic outcomes

Therapeutic Update in Dermatology

Alpesh Desai, DO, FAOCD

Dr. Desai presented a review of therapeutic approaches for common skin disorders (such as acne, rosacea, psoriasis, actinic keratosis, and skin infections) including newer advances, modes of action, and integration of therapy into a management plan.

Objectives:

- Provide the audience with improved skills in diagnosis
- Provide the audience with improved application of topical and systematic therapies
- Provide the audience with improved differential diagnoses
- Provide a review of general dermatology practice to enhance both the diagnostic skills of the practicing dermatologists and their patient outcomes

Dr. Desai's learning points for the lecture are:

- Correlate modes of action therapies with clinical use
- Understand why and how to combine therapies to optimize therapeutic outcomes

- To be able to outline a well-timed and rational follow-up plan to monitor progress and safety

Clinical Pathologic Patterns in Cutaneous Lymphoma

Scott Wickless, DO, FAOCD

Dr. Wickless's lecture provided an overview of how to approach diagnosis and treatment of primary cutaneous lymphoma.

Objectives:

- Provide insight into clinical and pathologic patterns for diagnosis
- Provide an update on classifications of primary cutaneous lymphoma
- Discuss treatment modalities of primary cutaneous lymphoma

CMS Meaningful Use

Michael Hohnadel, DO, FAOCD

Dr. Hohnadel's lecture described the CMS meaningful use program with practical suggestions for compliance. He also discussed inclusion of CQM/eRX in meaningful use.

Objectives:

- Discuss the outline of the CMS meaningful use program
- Describe elements of compliance with the program
- Describe financial implications including CQM inclusion/eRX inclusion

Dr. Hohnadel's learning points for the lecture are:

- The CMS "Meaningful Use" program is designed to incentivize practitioners to adopt an electronic medical record (EMR) through a system of incentives initially and later through penalties in Medicare reimbursement rates
- The EMR chosen for Meaningful Use program must be CMS approved. In addition, CMS has outlined criteria that must be met when utilizing the EMR for the practitioner to be certified as Meaningful Use-compliant and thereby avoid penalties
- Both the CQM reporting and e-prescribing programs are now included as part of the meaningful use program



Farmer's Tan, Noodling & Udder Balm: Dermatology in Rural Missouri

David Cleaver, DO, FAOCD

Dr. Cleaver discussed common dermatologic conditions encountered in a rural (and not so rural) setting.

Objectives:

- Discuss common dermatologic conditions encountered in a rural (and not so rural) setting
- Identify dermatologic diseases
- Identify treatment

Ethical Considerations in Dermatology

Reagan Anderson, DO, FAOCD

Dr. Anderson's lecture focused on ethical dilemmas dermatologists encounter every day, encouraging thought over many situations for which there are no easy answers.

Objectives:

- Define ethics and morality
- Encourage dialogues on ethical considerations in the practice of dermatology
- Consider factors that could influence us to make unethical decisions

Dr. Anderson's learning points for the lecture are:

- Ethical dilemmas face us everyday, and by giving them thought and attention, they do not have to be feared
- By using evidence-based medicine we can take out many of the ethical dilemmas we face
- By addressing the areas that we do not like to address, we are more likely to not run into ethical problems in our delivery of healthcare

Dangerous Drugs in Dermatology

Boris Ioffe, DO, FAOCD

Dr. Ioffe's lecture identified medications with potential complications in dermatology and discussed minimization of risk to the patient and provider.

Objectives:

- Identify dangerous drugs in dermatology
- Review pharmacology, clinical uses, side effects, and contraindications
- Discuss ways to minimize complications for patients and physicians

Managing Skin Cancer in Australia vs. the USA

Anthony Dixon, MD

Dr. Dixon described how the aspects of managing skin cancer are sometimes very different in Australia, posing the questions: Are they justified, and can we learn more from each other?

Objectives:

- Improve the dermatologic surgical patient's comfort and satisfaction

- Discuss simple and inexpensive surgical techniques for increased efficiency
- Identify new and innovative surgical techniques
- Provide the audience with improved skills in diagnosis of tumors
- Provide the audience with improved application of topical and systematic therapies
- Provide the audience with improved differential diagnosis

Dr. Dixon's learning points for the lecture are:

- In Australia, paradigms for managing skin cancer are sometimes very different from the U.S.
- With demonstrated lack of survival benefit, sentinel lymph node biopsy is now uncommon in Australia. Should U.S. dermatologists be having greater influence?
- Mohs surgery training and usage is very limited in Australia. Can we be learning much more from the U.S. on training and implementation?
- In Australia, patients require a referral from a family doctor to see a specialist. How does this affect skin cancer management?
- Dermoscopy is universal in Australia. Most dermatologist never attempt to make a call on a lesion without it. Do we rely on it too much? Or is it still underused in the U.S.?

Dermatopathology and Other Controversial Topics

Sean Stephenson, DO, FAOCD

Dr. Stephenson's lecture discusses dermatopathology and other topics such as atypical Spitz nevi/tumor, SLNB for melanoma, excision of dysplastic nevi and SCC.

Objectives:

- Discuss the difference between AJCC and NCCN guidelines for sentinel lymph node biopsy for melanoma
- Discuss newer genetic alterations for atypical Spitz nevi/tumor.
- Discuss when to re-excite dysplastic nevi

Dr. Stephenson's learning points for the lecture are:

- CGH and/or FISH can be helpful to distinguish atypical spitz nevus/tumor from spitzoid melanoma
- Atypical spitz nevus/tumor with loss of BAP1 staining may be associated with a cancer susceptibility syndrome
- Nested melanoma (of the elderly) can be nevoid in appearance.
- AJCC and NCCN guidelines have differing criteria for SLN biopsy for thin (<1mm) malignant melanomas

Osteopathic Continuous Certification Update

Lloyd Cleaver, DO, FAOCD

Dr. Cleaver discussed the Osteopathic Continuous Certification program. For further information, log on to the AOBDC website at www.aobdc.org.

Objectives

- Describe the requirements for individuals with time-limited certificates
- Describe the requirements for maintenance of licenses
- Understand the need to be qualified to be successful for Osteopathic Continuous Certification



American Osteopathic

2015 Spring Meeting Charlotte, NC April 23-26

Thursday, April 23, 2015 (5 CME)

8:00 a.m. to 12:00 p.m.	Board of Trustees Meeting
10:00 a.m. to 12:00 p.m.	Registration with Exhibitors
12:00 p.m. to 12:10 p.m.	<i>Podoconiosis: An Under-Recognized Non-Filarial Cause of Lower Extremity Lymphedema</i> Angie Koriakos, D.O.
12:10 p.m. to 12:20 p.m.	<i>Cutaneous Manifestations of Internal Disease</i> Brandon Markus, D.O.
12:20 p.m. to 12:30 p.m.	<i>Surgical Repair: Thinking Outside the Linear</i> Cory Maughan, D.O.
12:30 p.m. to 12:40 p.m.	<i>The Leonine Face of Leprosy: An International Exploration</i> Leela Athalye, D.O.
12:40 p.m. to 12:50 p.m.	<i>Varicella Zoster in 15-Month-Old</i> Nathan Peterson, D.O.
12:50 p.m. to 1:00 p.m.	<i>Intraoperative Dermoscopy for Identification of Early Basal Cell Carcinomas in Basal Cell Nevus Syndrome During Focal Laser Surgery</i> Adam Sorensen, D.O.
1:00 p.m. to 2:00 p.m.	<i>Office Staff Training and Management</i> Reagan Anderson, D.O., FAOCD
2:00 p.m. to 3:00 p.m.	<i>TBA</i> Alpesh Desai, D.O., FAOCD
3:00 p.m. to 3:30 p.m.	Break with Exhibitors
3:30 p.m. to 3:40 p.m.	<i>Linear IgA Bullous Dermatitis: Not So "Straight" Forward</i> Jamie Hale, D.O.
3:40 p.m. to 4:50 p.m.	<i>Delineating the Perforating Dermatoses</i> Richard Limbert, D.O.
3:50 p.m. to 4:00 p.m.	<i>Topical Periorbital Rejuvenation: The Tricky Tear Trough</i> Stacey Seastrom, D.O.
4:00 p.m. to 4:10 p.m.	<i>UV Tattoo: A Reliable Option Providing Precise Identification of Initial Biopsy for Further Treatment</i> Bertha Baum, D.O.
4:10 p.m. to 4:20 p.m.	<i>Dermatomal Lichen Planus: An Unusual Clinical Variant</i> Ashvin Garlapati, D.O.
4:20 p.m. to 4:30 p.m.	<i>Perplexing Purple Papules of the Pannus: An Interesting Case and Review</i> Kasie Kudrewicz, D.O.
4:30 p.m. to 5:30 p.m.	<i>Billing and Coding Update</i> Rick Lin, D.O., FAOCD
5:30 p.m. to 6:00 p.m.	Exhibitor Break
6:00 p.m. to 7:30 p.m.	Welcome Reception

Friday, April 24, 2015 (7 CME)

7:30 a.m. to 8:30 a.m.	Breakfast with Exhibitors
8:30 a.m. to 9:30 a.m.	<i>Practice Management Update</i> Steven Grekin, D.O., FAOCD
9:30 a.m. to 10:30 a.m.	<i>Mohs: Interesting Closures</i> Rene Bermudez, D.O., FAOCD
10:30 a.m. to 11:30 a.m.	<i>Being an Exceptional Dermatologist</i> Jack Cohen, D.O., FAOCD
11:30 a.m. to 12:00 p.m.	Break with Exhibitors
12:00 p.m. to 1:00 p.m.	Lunch
1:00 p.m. to 1:10 p.m.	<i>Experiential Learning in Dermatologic Surgery: Evaluating an Interactive Surgical Manikin</i> Keoni Nguyen, D.O.
1:10 p.m. to 1:20 p.m.	<i>Acrosyringial Nevus in a Patient with ILVEN</i> James Yousif, D.O.

College of Dermatology

1:20 p.m. to 1:30 p.m. ***Acrodermatitis Enteropathica***
Michael Centilli, D.O.

1:30 p.m. to 1:40 p.m. ***How Full is a Full Body Skin Exam?***
Cynthia Chen, D.O.

1:40 p.m. to 1:50 p.m. ***Gorlin's Syndrome: An Unusual Case with Late Presentation of First Basal Cell Carcinoma***
Renata Brindise, D.O.

1:50 p.m. to 2:00 p.m. ***Utilization of the CROSS Technique for Post-Surgical Scarring: A Retrospective Study and Discussion***
Travis Hamblin, D.O.

2:00 p.m. to 3:00 p.m. ***Acne Update***
James Del Rosso, D.O., FAOCD

3:00 p.m. to 3:30 p.m. Break with Exhibitors

3:30 p.m. to 3:40 p.m. ***Cutaneous Manifestations of Lung Cancer Metastasis***
Sarah Ferrer, D.O.

3:40 p.m. to 3:50 p.m. ***Merkel Cell Carcinoma***
Jamie Groh, D.O.

3:50 p.m. to 4:00 p.m. ***Dermoscopy of Nails***
Kimberly Hull, D.O.

4:00 p.m. to 4:10 p.m. ***Brooke Spiegel Syndrome***
D. Ryan Skinner, D.O.

4:15 p.m. to 5:45 p.m. ***TBA***
Michael Morgan, M.D.

5:45 p.m. to 6:45 p.m. Dermopath Event

Saturday, April 25, 2015 (8 CME)

6:30 a.m. to 7:30 a.m. Breakfast with Exhibitors

7:30 a.m. to 8:30 a.m. ***Cosmetic: Leg Veins Therapy***
Jonathan Crane, D.O., FAOCD

8:30 a.m. to 10:30 a.m. ***Cosmetic Workshop: Fillers, Dysport***
Jonathan Crane, D.O., FAOCD

10:30 a.m. to 11:30 a.m. ***Oral Lesions in Dermatology***
Jonathan Crane, D.O., FAOCD

11:30 a.m. to 12:00 p.m. Break with Exhibitors

12:00 p.m. to 1:00 p.m. Lunch

1:00 p.m. to 2:00 p.m. ***Advances in the Radiotherapeutic Management of Superficial Skin Cancer***
David Herold, M.D.

2:00 p.m. to 3:00 p.m. ***Skin Disease in Skin of Color***
Amy McMichael, M.D.

3:00 p.m. to 3:30 p.m. Break with Exhibitors/Prize Drawing

3:30 p.m. to 4:30 p.m. ***TBA***
Mark Matthews, M.D.

4:30 p.m. to 5:30 p.m. ***Melanoma Update with Regards to Immunotherapies***
Laszlo Karai, M.D., Ph.D.

Sunday, April 26, 2015 (4 CME)

7:30 a.m. to 8:00 a.m. Breakfast

8:00 a.m. to 9:00 a.m. ***Recent Changes in HIPAA/HITECH that Affect Your Dermatology Practice***
Clifford Lober, M.D., J.D.

9:00 a.m. to 10:00 a.m. ***Complex Medical Dermatology: Part I***
Joseph Jorizzo, M.D.

10:00 a.m. to 10:30 a.m. Break with Exhibitors

10:30 a.m. to 11:30 a.m. ***Immunohistochemistry Update***
Laszlo Karai, M.D., Ph.D.

11:30 a.m. to 12:30 p.m. ***Complex Medical Dermatology: Part II***
Joseph Jorizzo, M.D.



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‡Study results for once-daily application of Neotensil in a 2-week pilot study; N=25.

References: 1. Data on file, Living Proof, Inc. 2. Draelos ZD, Investigator. Strateris 16-hour durability study, DCS-105-13. Data on file, Living Proof, Inc. 3. Kauvar A, Kilmer S, Ross EV, et al. A pilot study of a novel non-invasive topical under-eye contouring technology. Poster presented at: 71st Annual Meeting of the American Academy of Dermatology; March 1-5, 2013; Miami, FL.

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Dermatology in Botswana

The American Academy of Dermatology awards senior dermatology residents a grant to participate in an international election in Gaborone, Botswana. The program is part of the University of Pennsylvania's partnership with Botswana. One resident is selected to cover and run the service at Princess Marina Hospital for each month. The rotation is four to six weeks, and overlaps with another dermatology resident during the first and last week of the rotation. This continuum ensures an ongoing center for dermatologic care in Botswana, and is the only public dermatology clinic in the country. Healthcare is free in the country, but access to specialists are severely limited within the country. In addition to the clinic and consult service at the Princess Marina Hospital, four satellite clinics in surrounding

a dermatopathologist and associate professor at the University of Pennsylvania and director of the program.

This experience changed my perspective on medicine as well as my approach to my patients. Having limited resources really prioritizes your approach to a patient. There is so much taken for granted working within the medical system in the United States. For example, to perform a culture in Botswana, a specimen has to be hand delivered to the lab, at which point, a verbal number is issued that serves as receipt of the wound culture. It is the physician's responsibility to follow-up on this lab result,

requiring the physician to come back daily to follow up on these labs. Most of the time, the culture would be contaminated and not helpful. Having access to a reliable lab that can help guide your therapeutic decisions is a luxury that I will forever be thankful for practicing in the United States. It is also with this primitive practice of medicine, that one must rely on clinical skills. One of many pearls I learned early in my rotation was that Kaposi's typically follows

blaschkoid lines, and this can be helpful in differentiating other clinically similar entities.

This program is not volunteer tourism, rather, it is helping educate and change the nation's medical environment. It has created a continuity clinic, that is not only directed at treating the underserved public population, but is educating and training community physicians on dermatologic disease and appropriate treatment guidelines. At the end of the four weeks, the lasting effect was on my education. The ability to practice independently in a foreign country



Dr. Cleaver and Nurse Boitumelo

gave me the opportunity to put all of the knowledge gained in residency training into immediate practice. As one of my attendings used to say, if you don't start practicing complicated medical dermatology when you are finished with residency, you will never feel comfortable with it. This opportunity didn't give me that choice, it required it. The transition was necessary to adequately provide these patients with the care they required, otherwise, they wouldn't receive it.

As an Osteopathic dermatologist interested in providing dermatologic care to those in need, both foreign and abroad, I think we are in a unique setting that would allow a similar program to flourish. The AOCD now supports 28 residencies, with approximately 172 residency positions. Although numerous political, financial and institutional obstacles to establish a similar program would have to be addressed, it is something that could be potentially implemented. In the meantime, I recommend all osteopathic dermatology residents to consider applying for this opportunity. I greatly appreciate the support from my residency program director, Daniel Stewart D.O., and Ann LaFond M.D. in my participation of the program.



The dermatology clinic in the Princess Marina Hospital

communities are held on a rotating weekly basis. Botswana has one of the highest HIV/AIDS infection rates in the world, with approximately one quarter of the population infected. Many patients I encountered had cutaneous manifestations of HIV. These dermatoses included Kaposi's sarcoma, HIV related photosensitivity and pruritus, HIV related epidermodysplasia verruciformis, as well as concurrent opportunistic infections. However, common things being common – atopic dermatitis, lichen planus, psoriasis, acne vulgaris, and cutaneous lupus were a major part of the daily patient load. Some of my more interesting patients included a few patients with Stevens Johnson Syndrome, erythrodermic pemphigus, subcutaneous panniculitis-like T cell lymphoma mimicking dermatomyositis, and verrucous secondary syphilis. Any biopsies that were performed were processed at the local pathology laboratory, and read remotely via a telepathology system by Carrie Kovarik, M.D.



Princess Marina Hospital in Gaborone, Botswana

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Reference:

1. Data on file. Ranbaxy Laboratories, Inc. Princeton, NJ.

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- Merz North America (Gold Level)
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- DLCS and Ferndale Healthcare (Bronze Level)
- Actavis and Dermopath Diagnostics (Pearl Level)

AM14 Meeting Grants:

The AOCD would like to thank the following companies for grants supporting the 2014 Annual Meeting: Allergan Foundation for supporting the Resident In-Training Exam,

Bayer Healthcare for funding the Bayer Healthcare Writing Grant Competition, Galderma for supporting the Presidential Reception, and Ranbaxy Laboratories for supporting the Leadership Luncheon. We would also like to thank Leo Pharma and Valeant Pharmaceuticals for their unrestricted educational grants that helped support our meeting.

AM14 Meeting Sponsors:

The AOCD thanks Delasco for sponsoring the meeting bags and DLCS for providing the t-shirts and padfolios.

I am looking forward to the 2015 AOCD Spring Meeting that will be held at the Ritz Carlton in Charlotte, North Carolina on April 23 – 26, 2015. I have been busy working on obtaining exhibitors, corporate support, and updating the corporate membership brochure.

Actavis: Healthcare with a Global Focus

This issue's sponsor spotlight focuses on one of our new Corporate Members, Actavis. This past year, Actavis acquired Warner Chilcott, a long-standing corporate member and grant sponsor of the AOCD. After Actavis' acquisition of Warner Chilcott was final, they contacted our office via telephone conference to express their continued support of the AOCD and osteopathic medical education. Recently, Actavis acquired Allergan to make them one of the fastest growing pharmaceutical companies in global healthcare.

Actavis' mission is to develop and manufacture pharmaceuticals of the highest quality. They are driven to meet current and future customer needs, deliver best-in-class service and superior value. Actavis defines their winning way with these three words: Challenge, Connect, and Commit. They Challenge their employees to think smarter, act faster, develop creative solutions, and go the extra distance. They Connect by working together as one company to create and share best practices, uniting local knowledge with global resources. They Commit by being accountable and socially responsible, never compromising on quality, and delivering what is promised.

Actavis is committed to giving back to their communities. They are active contributors to the economic, environmental and philanthropic initiatives that improve health and the quality of life. They support local and regional chambers of commerce, community not-for-profit organizations, disaster relief organizations, sport/recreation organizations, and organizations that drive social causes.



Southeastern Skin Cancer & Dermatology is a thriving medical/surgical/Mohs dermatology practice with one physician and two physician assistants. We are an established, growing practice seeking a BE/BC dermatologist to join our office family. It is a very enjoyable, friendly office environment with a highly educated, professional patient base and extremely collegial medical community. The ideal candidate will have interest in leading the cosmetic growth of the practice as well as contributing to our excellent medical dermatology offerings; however, surgical and Mohs interests are certainly welcomed. Offerings include a competitive salary and generous benefits above the customary findings to help your time away from the office be as enjoyable as your time in it.

Madison (Huntsville), Alabama facts:

Located on the Tennessee River and at the tail of the Appalachian Mountains
90 miles to Birmingham, AL – 110 miles to Nashville, TN
National Blue Ribbon award winning schools
US News – top 5% of American high schools
US Census – top 30 fastest growing metros in Southeast
Livability – one of best places to live
Progressive Policy Institute - #4 America's high tech hot spots
NerdWallet – top 10 US cities on the rise
Google – digital capital of Alabama
CNN Money – #7 great place to live and find a job in country
NerdWallet – #3 best places for science, technology, engineering, math grads
Family Circle – 10 best towns for families
Policom – nation's top 20 economies
Metro Magnets – fastest growing US cities
Gallup - 4th most optimistic city in America
Home of Redstone Arsenal
Home of NASA Space Camp

Contact **Albert E. "Bo" Rivera, DO** with any questions or to express interest in joining our team

256 705-3000 office
Rivera@SoutheasternSkin.com

First Osteopathic Dermatology Program in North Carolina Opens its Doors at Sampson Regional Medical Center

Sampson Regional Medical Center (SRMC) in Clinton, NC became the latest medical center to obtain a Dermatology Residency Program. This was accomplished through an affiliation with the Campbell University Jerry M. Wallace School of Osteopathic Medicine in Buies Creek, NC. SRMC appointed Jonathan Crane, D.O., FAOCD, as the Program Director. The first resident, Laura Sandoval, D.O., began training on September 1, 2014.

SRMC, originally known as Sampson County Memorial Hospital, was dedicated on October 5, 1950. Originally built with 100 beds, the hospital was considered one of the most modern of its size in the country. From 41 personnel and a 20-member medical staff in the 1950s, the hospital is now one of the county's largest employers, employing about 600 people. Through the years, the hospital has undergone numerous major expansions. In 2002, the hospital changed its name from Sampson County Memorial Hospital to Sampson Regional Medical Center. During the same year, the hospital opened a 15,000 square foot Outpatient Rehabilitation



A five-story Woodside Professional Building, added to the complex in 1970, provides office facilities for physicians. A corridor links the Woodside Professional Building to the main hospital, giving providers immediate access to hospital facilities. Among a number of other practices, a brand new Dermatology suite is under construction in this facility. This new office complex will open in January 2015.

Led by Dr. Crane, Derm One of N.C. P.A. affiliated with SRMC's dermatology program, the following treatments and procedures are performed: skin cancer screenings and education, removal of benign and malignant lesions, condyloma treatment, wart removal, pediatric dermatology, treatment of skin cancer with excisions and superficial x-ray and repairs including flaps and grafts, hair loss treatment, acne treatment, fingernail and toenail treatment, psoriasis treatment, and hyperhidrosis treatment.

For more information about SRMC's dermatology residency, contact the Graduate Medical Education office at gme@sampsonrmc.org.



Laura Sandoval, D.O.



Jonathan Crane, D.O., FAOCD

Center and in January 2004, a 42,000 square foot, state-of-the-art Center for Health + Wellness became a reality. In 2013, the hospital implemented the use of swing beds, a program that allows the patient's status to swing from acute care to sub-acute care without always having to move the patient to a new room.

Accredited by The Joint Commission, SRMC continues serving as a progressive healthcare facility by providing a full range of medical services including acute and skilled level care, outpatient surgery, emergency and critical care, and women's and children's services. Specialties include general surgery, orthopaedics, obstetrics and gynecology, ophthalmology, and urology. The system also provides valuable outpatient services such as physical therapy and diagnostic imaging in state-of-the-art centers, advanced wound care with hyperbarics, home health, and the premier Health + Wellness Center. Hospital practices include primary care, women's services, a pain center, and an urgent care.

New Resident Liaison Named



Congratulations to Doug Richley, D.O., the new resident liaison for the 2014-2015 residency year. Dr. Richley is a second-year resident in the Northeast Regional Medical Center program under the directorship of Lloyd Cleaver, D.O., FAOCD.



Hello everyone.

It was great to see all the second- and third-year residents again and to meet our new residents.

I hope you enjoyed the lectures and had a great time catching up with friends and networking with new colleagues.

Many people put in a lot of time and work to make this meeting all that it was. Thanks to Dr. Rick Lin and Marsha Wise for the many hours they spent putting together a program which highlighted the talent and knowledge found within the AOCD.

Finally, thanks to Dr. Suzanne Sirota Rozenberg for a fantastic Presidential Reception and for the year of work and service she put in as our 2013-2014 AOCD President.

With a new membership year approaching, it's not too early to begin thinking about renewing your annual dues. These can be paid online through your member account at www.aocd.org.

Please remember to keep your contact information current. Your username is the email address you have given the AOCD and your default password is Aocd followed by your AOA number. Once logged in, you are able to change your username and password. If you have any problems logging in, please contact us and we will help you.

Grand Rounds Online

Each residency program, once again, is asked to provide a case for the Grand Rounds website. The 2015 schedule is as follows:

January 5, 2015

OPTI-West/College Medical Center

February 5, 2015

LECOM/Alta Dermatology

Northeast Regional Medical Center

March 5, 2015

Lehigh Valley Health Network

University Hospitals Regional Hospital

April 5, 2015

O'Bleness Memorial Hospital

Botsford Hospital/McLaren-Oakland

May 5, 2015

Oakwood Southshore Medical Center

West Palm Hospital

June 5, 2015

St. Barnabas Hospital

St. John's Episcopal Hospital

July 5, 2015

NSUCOM/Largo Medical Center

UNTHSC/TCOM

August 5, 2015

PCOM Mednet/North Fulton

OMNEE/Sampson Regional Medical Center

Palisades Medical Center

September 5, 2015

St. Joseph Mercy Health System

Advanced Desert Dermatology

Affiliated Dermatology

October 5, 2015

NSUCOM/Broward General Medical Center

South Texas Osteopathic Dermatology

NSUCOM/Larkin Community Hospital

November 5, 2015

LECOM/Tri-County Dermatology

OPTI-West/Aspen Dermatology

MSUCOM/Lakeland Regional

Medical Center

December 5, 2015

LewisGale Hospital – Montgomery/ VCOM

WUHS/Silver Falls Dermatology

Colorado Dermatology Institute

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 a case.

Be sure to check out the Dermatology Grand Rounds on our website at <http://www.aocd.org/?page=GrandRounds>.

Resident Lectures for Spring 2015

The 2015 Spring Meeting will be held Thursday, April. 23 through Sunday, April 26.

For third-year resident speakers, copies of your Powerpoint Presentation, Disclosure Statement, and Program Director's Statement are due six weeks prior to the meeting: March 12, 2015.

The deadline for final presentation modifications is two weeks prior to the meeting: April 9, 2015.

I hope everyone has a happy and safe holiday season with family and friends. I hope to see you in Charlotte for the Spring Meeting.

HELP WANTED

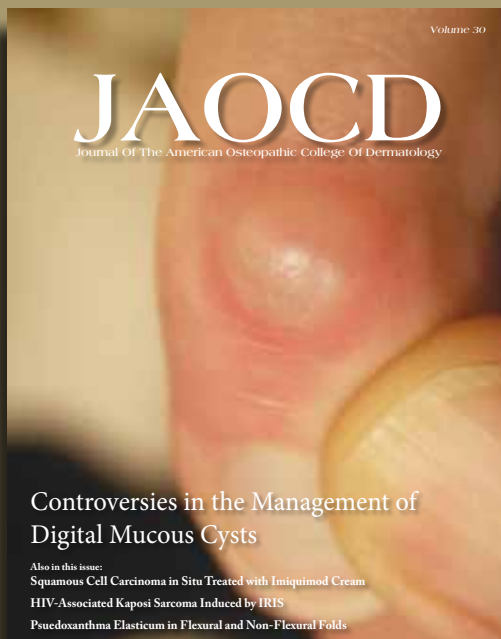
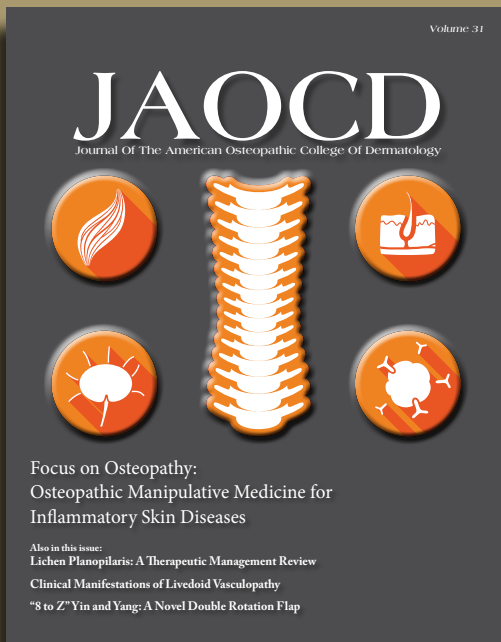
Dermatologist/Mohs Surgeon Wanted to Take Over Practice in Jackson, WY

Dermatologist/Mohs Surgeon transitioning into retirement. Western Wyoming Dermatology & Surgery is a continually growing multi-location practice founded in 1992 and reestablished in 2005 which combines adult, pediatric and geriatric dermatology; including Medical, Surgical, and Cosmetic Therapies. We also offer professional whole body integumentary photography. The appointment schedule fills months in advance with urgent referrals and cases worked into our daily routine. Our staff is friendly, reliable and long term. Western Wyoming Dermatology Surgery & Esthetics is located in up to date, clean and comfortable, state of the art facilities. Our experienced practitioners are board-certified and highly-trained to maintain the level of competence required to stay at the top of their field. Our strong relationships with multiple affiliate specialists, hospitals, and clinics offers the very best care available. The transition schedule is flexible, and the price has not been set but an appraisal will be our guide.

Please contact Dr. Chris Anderson at doubledoc66@yahoo.com. The staff is aware of the transition.

JAOC

Call For Papers



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

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