Message from the President

I would like to take this opportunity to thank you all for having the confidence in me to become your President for 2013-14. I have great aspirations for our College and many plans for this year.

Our recent meeting with the American Academy of Dermatology (AAD) President Dr. Dirk Elston to bridge the gap between the AOCD and AAD membership was very successful. With Dr. Elston creating an adhoc committee, we will be hard at work to show, and develop where necessary, equanimity and parity between the two memberships. This also relies on our members doing “the right thing,” that is, behaving as a physician with high ethics, good judgment, and good medical practice, from residency training to practice.

As I look at our membership, I see many AOCD members who have been continually involved with the development and growth of our College. And we are most appreciative for their efforts. But I also see many young and new faces. We need you and your involvement in our College, as well. The AOCD is what we make of it. How our colleagues look at us is because of how we behave and portray ourselves.

Professionalism, academics, and good osteopathic medicine makes us who we are. I truly believe that we can be excellent. If you ask my residents, they will tell you that I often say “I demand no less of you than what I demand of myself; EXCELLENCE.”

Facebook Chief Executive Officer Sheryl Sandberg recently published a book called Lean In: Women, Work, and the Will to Lead. The “Lean In” philosophy maintains that if women want to see a change in their workplace, they must look to themselves. This philosophy can easily be applied to our College. If we want the AOCD to grow and exceed ours’ and others’ expectations, we must look to ourselves.

I am asking all of you to “lean in” and give back to our profession and the AOCD. To the residents, I know that immediately after residency you need time off. You need time to get your lives together and settle down. But once that happens, come back. I remind you that most of your program directors, attendings, and staff volunteers are paid minimally for their time and dedication to you. They mentor you so that you can go out and be the best you can be. Lumps and bumps are normal, but all wish the best for you. They give back. I am asking now, again, for you to give back to the AOCD community either by serving on a committee or as a Board of Trustee member.

As Ms. Sandberg notes one can lead while achieving personal fulfillment. I can promise that it will be a rewarding experience. I look forward to working with, and hearing from, you all.

Suzanne Sirota Rozenberg, D.O., FAOCD

In this issue...

AOA Installs New President, Names New Executive Director...page 5

CME Requirements Clarified...pages 8-9

VCOM Residents Treat Patients in the Dominican Republic...pages 14-15
As this being my final DermLine column, I would rather discuss the future of the AOCD as Immediate Past-President instead of recalling the past. As Program Chair, our new President, Suzanne Sirota Rosenberg, D.O., FAOCD, put together a very successful Annual Meeting in Las Vegas. We heard a variety of dermatologic topics discussed as well as great clinical and surgical pearls shared.

During our Board of Trustees meeting, one of the main issues discussed was how to continue to control spending, especially for our two yearly meetings. Although our College is in very good financial shape presently, there are fewer supporting corporate funds available from pharmaceutical companies, dermatopathology groups, and laser and cosmeceutical companies. The annual OMED meetings are chosen by the AOA so we as a College have very little bargaining power when it comes to expenditures, which can be very costly in places such as Las Vegas and San Francisco.

However, we can control and negotiate costs directly with sites for our Midyear Meetings. Therefore it makes sense to shift more of our meeting costs to the Midyear Meetings. That may mean in the future, resident in-training examinations, Presidential Banquets, AOCD Business Meetings, and even possibly the AOBD Board examinations may be moved to our Midyear Meeting, which may actually become our main Annual Meeting. We would still have a meeting at OMED, but it would be considered a smaller “Fall CME Meeting.” There is still much discussion needed to make this transformation, but it would allow better control of spending and lessen the need for an increase in dues.

I would encourage all of you who attend our meetings to fill out the site surveys as well as meeting/topic surveys. Much of our future meeting plans are based on where you would like to have our Midyear Meetings. Similarly, future lectures and speakers are based on subjects you want to hear. The AOCD is committed to meeting the needs of the membership so your input is important.

Dallas is the site of the 2014 AOCD Midyear Meeting, and Second Vice-President Karthik Krishnamurthy, D.O., FAOCD, has a fantastic group of speakers and an array of topics already lined up for this meeting. As a resident of the Dallas/Fort Worth area, I am excited to have this meeting in my home state! I look forward to seeing you all on Feb. 20-23, 2014 at the Dallas Ritz-Carlton Hotel.

David L. Grice, D.O., FAOCD
Hello Everyone!

It was a busy summer and fall here in the AOCD office with residents’ annual reports and OMED 2013 prep going on. As we get ready to head into 2014, there are many concerns the Board of Trustees and I have. During the Board of Trustees meeting at the AOCD Annual Meeting in Las Vegas, spirited discussions took place concerning cost savings measures for the College. Look for changes to our future meetings as well as our resident In-Training Examination process to occur soon.

Our membership is up to 750-plus members, including students and residents. In 2003, the AOCD had a total of 61 residents in 14 programs. In 2013, we have 130 residents in 28 programs. In 10 years, we have doubled our residency programs! Keeping up with the continued growth of our College will be our biggest challenge.

Annual Meeting Update
The recent meeting in Las Vegas was well attended and overall program evaluations have been very positive. A complete report of meeting statistics and comments will be available on our website in the near future.

At that meeting, the 2013-2014 AOCD officers were inducted. They are as follows:

- President—Suzanne Rozenberg, D.O., FAOCD
- President-Elect—Rick Lin, D.O., FAOCD
- First Vice-President—Alpesh Desai, D.O., FAOCD
- Second Vice-President—Karthik Krishnamurthy, D.O., FAOCD
- Third Vice-President—Daniel Ladd, D.O., FAOCD
- Secretary-Treasurer, Jere Mammino, D.O., FAOCD

New trustees voted in for a three-year term are Michael Whitworth, D.O., FAOCD, and Tracy Favreau, D.O., FAOCD. They join trustees already serving: Danica Alexander, D.O., FAOCD; Reagan Anderson, D.O., FAOCD; Mark Kuriata, D.O.; John Minni, D.O., FAOCD; and Bryan Sands, D.O., FAOCD.

The AOCD membership also voted to approve a change in the bylaws making the Finance Committee Chair a voting member of the Board of Trustees. Specifically, the change was made to the bylaws for ARTICLE II BOARD OF TRUSTEES AND STANDING COMMITTEES, Section 1. Voting Members, as follows:

The voting members of the Board shall consist of the President, President-elect, First Vice President, Second Vice President, Third Vice President, Secretary-Treasurer, Education Evaluation Committee Chair, FINANCE COMMITTEE CHAIR, Immediate Past President, six (6) Trustees and an appointed representative of the American Osteopathic Board of Dermatology. In addition, the Executive Director and the Resident Liaison shall attend all meetings of the Board of Trustees as non-voting members.

Pick Your Committee
Are you interested in serving on one of our many committees? Contact me at mwise@aocd.org and I will pass your information along to AOCD President Dr. Sirota-Rozenberg. All committee members are appointed by the President. All committee members are asked to sign a conflict of interest statement as well as confidentiality agreements.

Questions About OCC
The AOCD national office still receives many calls and emails concerning osteopathic continuing certification, or OCC, and recertification. We encourage everyone to log on to
the AOBD website at www.aobd.org to learn more. If you still have questions, please contact the AOBD using the contact information listed on that website.

Save the Dates!
Dallas in February 2014 will be the place to be! Dr. Krishnamurthy has a well-rounded list of speakers and topics. At this time, the Dallas meeting is pending approval for 26 continuing medical education (CME) credits. The first year of the 2013 to 2015 CME is almost over. Everyone should be aware of the required CME needed. Look for additional information about CME requirements in this issue of DermLine. The complete CME Guide for Physicians can be found on our website as well as the AOA’s site.

April 23-26, 2015, the AOCD Annual Meeting will take place at the Ritz Carlton-Charlotte. The Program Chair for the 2015 meeting is Dr. Ladd. Keep checking future issues of DermLine as well as the Thursday Bulletin for updates. An expanded meetings coverage page will be available on our website.

Good Governance: Governing Documents Outline
Code of Conduct

Members of the Board of Trustees and staff carry on certain duties and responsibilities for the well being of the organization. The Code of Conduct outlines some of those duties and responsibilities in accordance with governing documents. The following sections outline confidentiality, conflicts of interest, due diligence, and duty of loyalty.

Confidentiality
Board members and staff will have access to information, that if revealed to outsiders, could be damaging or sensitive to other members or staff, harmful to the best interests of the organization, or even create legal liability. Information provided to the board and staff may concern personnel, financial, contractual, membership or legal matters. It will often be confidential and is intended for use in decision making and governance. Information shall be held in the strictest of confidence and shall not be divulged to any outside party, including other members, without authorization of the board chair or organization executive director.

Conflicts of Interest
Board members and staff members owe a high fiduciary duty to the organization. Thus, no board or staff member shall maintain any business enterprise or other activity that directly conflicts with the interests of the organization. Staff members shall not solicit members for any reason that is not directly related to official business. Directors and staff should be required to disclose annually in writing any known financial interest that the individual, or a member of the individual’s family, has in any business entity that transacts with the AOCD.

Due Diligence
The directors of the AOCD must exercise due diligence consistent with a duty of care that requires a director to act:
• In good faith;
• With the care an ordinary prudent person in a like position would exercise under similar circumstances;
• In a manner the director reasonably believes to be in the AOCD’s best interests.

Directors should see to it that policies and procedures are in place to help them meet their duty of care. Such policies and procedures should ensure that each director:
• Is familiar with the activities of the AOCD and knows whether those activities promote the AOCD’s mission and achieve its goals;
• Is fully informed about the AOCD’s financial status; and
• Has full and accurate information to make informed decisions.

Duty of Loyalty
The directors of the AOCD owe it a duty of loyalty. The duty of loyalty requires a director to act in the interest of the charity rather than in the personal interest of the director or some other person or organization. In particular, the duty of loyalty requires a director to avoid conflicts of interest that are detrimental to the AOCD. To that end, the Board of Directors should adopt and regularly evaluate an effective conflict of interest policy that:
• Requires directors and staff to act solely in the interests of the AOCD without regard to personal interests;
• Include written procedures for determining whether a relationship, financial interest, or business affiliation results in a conflict of interest; and
• Prescribes a certain course of action in the event a conflict of interest is identified.

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.
AOA Installs New President

Norman E. Vinn, D.O., an osteopathic family physician from San Clemente, Calif., was sworn in as the 117th President of the AOA during the 2013 Osteopathic Medical Conference & Exhibition (OMED) held Sept. 30-Oct. 4 in Las Vegas.

Dr. Vinn's father was an osteopathic physician as is one of his daughters. Because DOs remain committed to delivering a distinct form of medicine that emphasizes prevention and the health of the whole person, Dr. Vinn expects osteopathic medicine to play an ever-prominent role in the delivery and evolution of health care.

A longtime member of the AOA Board of Trustees, Dr. Vinn has served the Board in many capacities, including as chair of the Department of Research, Quality and Public Health; Department of Educational Affairs; and Strategic Planning Committee. In addition to his involvement with the AOA, Dr. Vinn is a past president of the Osteopathic Physicians and Surgeons of California and a founding member of the American Osteopathic Association of Medical Informatics.

Dr. Vinn also is considered a leader in residentialist care, which focuses on the care of homebound or access-challenged patients. He is founder of Housecall Doctors Medical Group, Inc., a home care network that provides on-site clinical services to more than 1,000 homebound elderly in several Southern California Counties. Dr. Vinn is also president of The Residentialist Group, Inc., of Laguna Hills, Calif., a management group specializing in the development and operation of housecall programs. He has been recognized for his advocacy for seniors and homebound patients.

After receiving his undergraduate degree from Tulane University in New Orleans, Dr. Vinn earned his osteopathic medical degree from the Philadelphia College of Osteopathic Medicine. He completed his postdoctoral medical training at what is now Botsford General Hospital in Farmington Hills, Mich. He later attended the University of Southern California Marshall School of Business, where he obtained a master of business administration degree.

AOA Names New Executive Director

Adrienne White-Faines, MPA, was recently named Executive Director of the AOA.

In this position, White-Faines is in charge of carrying out the AOA’s strategic agenda supporting the organization’s physician and student members and its commitment to promoting public health; advancing scientific research; and serving as the accrediting agency for osteopathic medical schools, hospitals, and healthcare facilities.

For 10 years prior to joining the AOA, White-Faines served as Vice President of Health Initiatives and Advocacy at the American Cancer Society (ACS), Illinois Division, where she was accountable for cancer research, education, advocacy, and patient service programs. Prior to employment at ACS, she served as Chief Operating Officer at Chicago-based Renewal Emergency Medical Services, a healthcare management consulting firm for hospitals and physicians, and at Chicago’s Northwestern Memorial Hospital, where she oversaw a $600 million hospital redevelopment project. She also worked as a health strategist with the New York City Health and Hospitals Corporation, and as a practice administrator for a large physician group practice in Whittier, Calif.

White-Faines remains active with numerous Chicago and national non-profit organizations, including the Erikson Institute, American Field Service-USA, and as a fellow with Leadership Greater Chicago. She holds a master's of public administration from the University of Southern California in Los Angeles and a bachelor's of arts from Amherst College in Massachusetts.

She resides in Chicago with her husband Larry Faines, M.D., and her children, Mari and Kamau.

We are now accepting manuscripts for publication in the upcoming issue of the JAOCD. ‘Information for Authors’ is available on our website at www.aocd.org/jaocd. Any questions may be addressed to the editor at journalaocd@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

The AOCD Board of Trustees (BOT) recently voted to publish DermLine exclusively in a digital format next year. 2014 will serve as a trial period for the digital-only format. The BOT will monitor member feedback throughout the year and determine whether to continue with the digital format or return to a printed version. Please send any questions or comments to dermatology@aocd.org.

DermLine Going Digital in 2014
Deadline Approaches for CAP Participation in PQRS

Register now to participate in the 2013 AOA Clinical Assessment Program (CAP) for the Physician Quality Reporting System (PQRS) to earn a potential bonus incentive and avoid a penalty in 2015. All data during the reporting period for 2013 must be submitted by 5 p.m. EST, Jan. 31, 2014, to be eligible for the PQRS bonus payment.

The AOA developed the CAP for PQRS to provide osteopathic physicians with an opportunity to receive enhanced payment from the Centers for Medicare & Medicaid Services (CMS) and understand how patients are doing using evidence-based process and outcome measures. Eligible professionals (EPs) can only choose to participate in one measure group per reporting year, and there is potential to receive only one bonus incentive per reporting year. The CMS has expanded the number of measure groups to 22, which greatly expands an EP’s opportunity to participate in the program. The AOA CAP for PQRS offers all 22 measure groups. However, the CMS has made changes and updates to some of the measure groups this year. In addition to the measure group option, the CAP for PQRS offers the individual measure reporting option. There are 21 measure sets from which to choose. Each EP must select at least three measures from one measure set and report 80% of their Medicare Part B patients that meet each of the three measures. The CMS has updated the PQRS program this year, making reporting the group measure option through a registry easier than in years past.

Changes to the PQRS in 2013 are as follows:
- EPs need to report on only 20 patients from visit dates ranging between Jan. 1, 2013 and Dec. 31, 2013.
- Only 11 out of the 20 patients must be Medicare Part B patients. The other nine patients may be any other payer.
- EPs must use their individual National Provider Identifier (NPI) for the AOA CAP for PQRS program. Failure to use the correct NPI or Tax Identification Number will prohibit an EP from receiving a bonus incentive and he or she also will face a 1.5% percent penalty in 2015.

In addition to participation in the CAP for the PQRS, all specialty certifying boards operating under the jurisdiction of the AOA have been qualified by the CMS for the 2013 PQRS Maintenance of Certification (MOC) Program Incentive. Consequently, diplomates who qualify may apply for an additional 0.5 percent incentive payment for 2013 submitted Medicare/Medicaid claims. In order to qualify for this incentive, EPs must be registered for the PQRS, meet the PQRS reporting requirements, be AOA board certified, and be participating in Osteopathic Continuous Certification (OCC) in order to qualify for this incentive.

The MOC incentive program requires physicians “to perform activities more frequent than is required” for OCC. For additional information and requirements, visit the AOBD website at (www.aobd.org).

CMS payments for PQRS 2013 will be made in fall 2014.

Deadline to Register for OCC Approaches

If you haven’t already registered for participation in the AOBD Osteopathic Continuous Certification (OCC), consider doing so now as the deadline for 2014 is February 15.

All certified osteopathic dermatologists with time-dated certificates (issued in 2004 and beyond) are required to participate in all five components of OCC to maintain certification. The AOBD uses a 10-year OCC complete cycle with three-year continuing medical education (CME) cycles. Non-compliance with OCC may lead to a loss of board certification.

As a board certified dermatologist, you are already participating in four of the five components. Component 4 is the only new requirement for maintaining certification through OCC.

The following is an overview of each component.

**Component 1: Unrestricted Licensure**
AOA board certified dermatologists must hold a valid, unrestricted license to practice medicine in one of the 50 states or territories. In addition, they must adhere to the AOA’s Code of Ethics. Candidates will attest to meeting this requirement once in each three-year CME cycle.

**Component 2: Lifelong Learning/CME**
Each osteopathic board certified dermatologist must fulfill a minimum of 120 hours of CME credit during each three-year CME cycle. Of these, 50 hours must be in dermatology. Of the 50 specialty CMEs required, 25 hours must come from AOCD programs. These CME credits can be
The steps involved in participating in Component 4 are as follows:

1. The dermatologist subscribes to O-CAT system
2. The dermatologist chooses a PPA module for Component 4 compliance
3. The dermatologist completes the module with consecutive charts from his/her practice
4. The AOBD is notified that the dermatologist has completed the module
5. A reviewer approves the PPA as complete or sends notification for remediation (PPAs are reviewed blind; submissions are de-identified when reviewed)
6. If remediation is required, the dermatologist must return to Step 3 and repeat it to show improvement over the first module completion
7. The AOA OCC software platform is notified of the successful module completion
8. The AOA assigns CME credit for successful module completion

Completion of one PPA module will be required every five years in the cycle (i.e., one module completed during years 1-5 and one completed during years 6-10). Participants will also be required to complete one communication module, which is available through the AOA’s O-CAT program, 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).

Component 5: Continuous AOA Membership
Continuous AOA membership is a required component for OCC compliance. Membership provides dermatologists with connections to the professional osteopathic community, online technology, practice management assistance, national advocacy for DOs and the profession, professional publications, and CME opportunities.

Candidates will attest to meeting this requirement once in each three-year CME cycle.

For more information on the AOBDB OCC, visit www.aobd.org.
GAO Calls for Action to Address Higher Use of Anatomic Pathology Services

Dermatology was one of three specialties identified as being responsible for a significant increase in the use of self-referred anatomic pathology services in a recent Government Accountability Office (GAO) study.

Three specialties—dermatology, gastroenterology, and urology—accounted for 90 percent of referrals for self-referred anatomic pathology services in 2010, according to the study conducted to address questions raised about the role of self-referral in the rapid growth of Medicare Part B expenditures. In addition, these specialists referred more services, on average, than non-self-referring providers. Anatomic pathology services rose 23.8 percent among dermatologists alone from 2008 to 2010.

The study also found that the number of self-referred anatomic pathology services more than doubled, increasing from 1.06 million services to 2.26 million services, between 2004 and 2010. In comparison, non-self-referred services rose 38 percent, from 3.64 million services to 7.77 million services. Similarly, the growth rate of expenditures for self-referred anatomic pathology services was higher than for non-self-referred services.

Referrals for anatomic pathology services by dermatologists, gastroenterologists, and urologists substantially increased the year after they began to self-refer, the GAO report states. These providers who began self-referring in 2009—referred to as switchers—had increases in anatomic pathology services ranging, on average, from 14.0 percent to 58.5 percent in 2010 compared to 2008, which is the year before they began self-referring. Increases in anatomic pathology referrals for providers who continued to self-refer or never self-referred services during this period, however, were much lower. Consequently, the GAO does not attribute the increase in anatomic pathology referrals for switchers to a general increase in use of these services among all providers. The agency reports that the analyses suggest financial incentives for self-referring providers were likely a major factor driving the increase in referrals.

The additional referrals for such services cost Medicare approximately $69 million. To the extent that they were unnecessary, avoiding them could result in savings to Medicare and beneficiaries, the GAO asserts.

The GAO recommended that the Centers for Medicare & Medicaid Services (CMS) address higher use of self-referral through a payment approach. The Department of Health and Human Services, which oversees CMS, agreed with this recommendation. However, Health and Human Services did not agree with the GAO’s recommendation to identify self-referred anatomic pathology services and address their higher use.

CME Requirements Clarified

In response to several questions about the current 2013-2015 continuing medical education (CME) cycle recently being fielded by national office staff, this article was written to clarify some of the requirements.

All members of the AOA, other than those who are exempt, are required to participate in CME programs and meet specific CME hour requirements. For membership in the AOA there is a required 120 hours of CME within a three-year cycle. Of the 120 hours, 30 hours must be Category 1A credits; the other 90 hours can be Category 1A, 1B, 2A, or 2B. Members who obtain 150 or more AOA-approved CME credits in a three-year cycle will be given a certificate of excellence in CME. These 150 hours must be earned by Dec. 31, but reported by May 31 of the current CME cycle.

Category 1A credits—consist of formal face-to-face programs that meet the Category 1 quality guidelines and faculty requirements, and are sponsored by AOA-accredited Category 1 CME sponsors.

1. Publications, Inspections, Examinations, and Committee Meetings.
2. Osteopathic Preceptoring—a maximum of 60 hours may be applied to the 120-hour requirement.
3. Certification Examination Credit—15 credits will be awarded to AOA members who pass an AOA recertification exam or obtain a certificate of added qualifications.
4. Activities in Non-AOA Accredited Institutions—include hospital staff activities, educational lectures, and lecturing when the institution/hospital is an AOA-recognized associate institution/hospital that trains osteopathic students, intern, and/or residents. The institution/hospital must be directly associated with an osteopathic postdoctoral training institution (OPTI) for purposes of training osteopathic students, interns, and/or residents.
5. Non-Osteopathic CME Programs—the Council on Continuing Medical Education (CCME) may recognize allopathic specialty or subspecialty programs for Category 1B credit when there is no equivalent course content available within the osteopathic profession. These include CME programs offered by an American Medical Association (AMA)-accredited provider, those that are approved by the American Academy of Family Physicians (AAFP), or provided by an internationally known sponsor acceptable to the CCME.
6. Journal Reading—2 credit hours for reading the JAOA and other osteopathic journals approved by the CCME and passing the respective CME quiz with a minimum grade of 70%.
7. **Test Construction, Committee Work – Formal credits:** test construction committee work credit will be awarded for meeting of a seminar, an AOA official certifying board or an AOA practice affiliate’s postgraduate in-service examination committee, or at a National Board of Osteopathic Medical Examiners (NBOME) meeting. 10 credits will be awarded for administering the oral and practical exams. These credits also may be awarded for specialty CME up to 10 hours per cycle. **Informal credits:** 2 credits, with a maximum of 20 credits per cycle, will be awarded for clinical cases developed and submitted to NBOME and osteopathic board examinations.

**Category 2A credits** – include formal educational programs that are AMA accredited or AAFP approved, an internationally known sponsor acceptable to the CCME, or sponsored by AOA-accredited Category 1 CME sponsors that do not meet the 1A faculty/hours requirements for Category 1A credit.

**Category 2B credits** – are awarded for the preparation and presentation of scientific exhibits at a county, regional, state, or national professional meeting (10 credits per scientific exhibit); home study (form available at www.osteopathic.org); reading medical journals; viewing non-osteopathic medical video and audio tapes and cassettes; journal type CME on the Internet; faculty development; physician administrative training; quality assessment programs, observation at medical centers; courses in medical economics; CME programs on the Internet (see requirements below); risk management programs that are administrative in nature; programs dealing with experimental and investigative areas of medical practice, and the American Board of Medical Specialties’ recertification examination or a certificate of added certification (15 credits). Five credits may be granted for reading medical textbooks.

**CME on the Internet** – up to 30% of Category 1A credits from interactive Internet CME. The AOA CCME reserves the right to evaluate each interactive CME Internet program and activity and to deny CME credit at its discretion.

1. **Interactive CME:** Category 1A credit will be awarded for real-time, interactive conferencing CME on the Internet or case presentations, which includes both an online pre/posttest and allowing the participant to ask question of the presenter in real-time during or immediately after the presentation. The CME event must meet AOA quality guidelines and the 1A faculty/hours requirement, and must be sponsored by an AOA-accredited Category 1 CME sponsor. These courses would be considered live on the Internet. Participants must complete a CME quiz with a passing grade of 70% and the sponsor of the program must provide the information to the AOA, along with the category and number of CME credits.

2. **Non-Interactive CME:**
   a. Category 1B will be awarded for audio and video programs on the Internet sponsored by an AOA-accredited Category 1 CME sponsor. These programs are not in real-time or interactive simultaneous conferences. Participants must complete a CME quiz with a passing grade of 70% and the sponsor of the program must provide the information to the AOA, along with the category and number of CME credits.
   b. Category 2A will be awarded for real-time, interactive CME programs on the Internet that are produced by CME providers accredited by AMA or approved by AAFP. These courses must be real-time, interactive simultaneous conferencing.
   c. Category 2B will be awarded for journal-type CME on the Internet that is produced by an AOA-accredited sponsor or approved by AAFP. These courses are essentially static, textbook type programs.


For questions about Osteopathic Continuous Certification and re-certification, visit the AOBD website at www.aobd.org and contact the AOBD representatives.

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**Dr. Rivera, Staff Join Skin Cancer Foundation to Offer Free Screenings**

When the Skin Cancer Foundation made its way to Alabama as part of its Road to Healthy Skin Tour across the United States, Albert E. “Bo” Rivera, D.O., FAOCD, and Lindsay Hayler, PA-C, of Southeastern Skin Cancer & Dermatology were front and center. The mobile tour, which kicked off in New York in May for Skin Cancer Awareness Month, made its way to Huntsville/Madison Ala. in July. More than 40 people were seen during the event, Dr. Rivera said. Multiple atypical moles, skin cancers, and even potential melanomas were discovered, he noted. The tour, presented by Rite Aid, made its way from the east coast to the south and ended on August 30 in Redwood City, Calif., after making approximately 50 stops in 11 states where local dermatologists, such as Dr. Rivera, volunteered to provide free skin cancer screenings. The tour seeks to raise skin cancer awareness and educate the public about the importance of prevention and early detection. More than 16,000 people have received free screenings since the tour began in 2008, according to the Skin Cancer Foundation. Nearly 7,000 suspected cancers and precancers (such as actinic keratosis) have been detected, including 295 suspected melanomas.

**Author! Author!**

Scott Lim, D.O., FAOCD, co-authored two articles that recently published. The first he co-authored with Gretchen Frieling, M.D., from Harvard Medical School; Noelle Williams, B.S., from the University of Florida Medical School; and Seth Rosenthal, M.D., from Miraca Life Sciences, Newtown Mass. The article entitled *Novel Use of Topical Dapsone 5% for Elevatum Diutinum: Safer and Effective* was published in the April 2013 issue of *Journal of Drugs in Dermatology*. Dr. Lim co-authored the other article with lead author (and son), Geoffrey F. S. Lim, B.S.; Mandana Mahmoodi, M.D.; and Arash Radfar, M.D., Ph.D.; two dermpathologists at Miraca Life Sciences. The article entitled *Enlarging Hyperpigmented Nodule on the Right Calf* was published in the August issue of the *International Journal of Dermatology*. 
Indication:
Kenalog® Spray (triamcinolone acetonide topical aerosol, USP) is indicated for relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses.

Important Safety Information:
Systemic absorption of topical corticosteroids has produced reversible hypothalamic-pituitary-adrenal (HPA) axis suppression, manifestations of Cushing’s syndrome, hyperglycemia, and glucosuria in some patients.

Conditions which augment systemic absorption include the application of the more potent steroids, use over large surface areas, prolonged use, and the addition of occlusive dressings.

Children may absorb proportionally larger amounts of topical corticosteroids and thus be more susceptible to systemic toxicity (see PRECAUTIONS, Pediatric Use).

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Reference:

* After spraying, the nonvolatile vehicle remaining on the skin contains approximately 0.2% triamcinolone acetonide. Each gram of spray provides 0.147 mg triamcinolone acetonide in a vehicle of isopropyl palmitate, dehydrated alcohol (10.3%), and isobutane propellant.

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KS 1212
The AOA and the American Academy of Physician Assistants (AAPA) recently released a joint paper supporting the need for physician-led, team-based care, while defining the critical roles that physicians and physician assistants (PAs) play in improving access to high-quality patient care.

The paper entitled Osteopathic Physicians and Physician Assistants: Excellence in Team-based Medicine asserts that physician-PA teams are ideally suited to provide comprehensive, patient-centered, coordinated, accessible, and ongoing care. It acknowledges that DOs and PAs share a history of practicing medicine grounded in primary care, noting that the association between the two dates back to the 1970s when the PA profession was just getting underway. Some of the first accredited PA programs were associated with schools of osteopathic medicine. Today, 14 universities co-locate osteopathic medicine and PA programs. Additionally, the earliest PA practice laws recognized osteopathic physicians as supervising physicians. Today, the AOA is represented on the governing board of the National Commission on Certification of Physician Assistants and osteopathic licensing boards regulate PAs in seven states.

In brief, the paper asserts that the AOA and AAPA:

- Believe that physicians and PAs working together in physician-directed teams is a proven model for delivering high-quality, cost-effective patient care. Furthermore, physician-PA teams, working together with other team members, are ideally suited to the comprehensive, patient-centered, coordinated, accessible, and ongoing delivery of patient care found in team-based models, such as the patient-centered medical home.
- Support interprofessional education of physicians-in-training and PA students,
- Encourage ongoing innovations in interdisciplinary education, and support opportunities for DOs to precept PA students and participate as faculty at PA programs.
- Encourage flexibility in federal and state regulation so that each medical practice determines appropriate clinical roles within the medical team, physician-to-PA ratios, and oversight processes, enabling each clinician to work to the fullest extent of his or her license and expertise.
- Believe that every patient should have full information about the title, credentials, and role of every professional providing their care.
- Are committed to building on the common ground DOs and PAs share to ensure an adequate, well-educated workforce to meet the healthcare needs of the U.S. population.


Career Choice, Compensation: Bright Spots for Dermatologists

If you were starting out in medicine today, would you become a dermatologist?

If you are like your peers who responded to Medscape’s 2013 Physician Compensation Report, your answer would be a resounding “yes.” Dermatologists were not only the most likely to choose the specialty again as a career choice, but they ranked highest in overall satisfaction with one’s medical practice for the second year in a row.

That’s not to say that they don’t share other specialists’ frustration with regard to reporting requirements, malpractice risk, and electronic health records as well as concerns about healthcare reform and its impact on their practices.

One reason for dermatologists’ satisfaction may be that their compensation continues to grow, albeit not significantly. According to Medscape's report released this spring, dermatologists earned $306,000 annually in line with one-third of the 25 specialties responding to the survey. Dermatologists represented two percent of the respondents, which totaled 21,878 physicians; eight percent of whom were DOs.

However, two more recent surveys cited dermatologists’ salaries slightly higher. Dermatologists’ median compensation was $471,555 in 2012, according to the 2013 Physician Compensation and Production Survey released by the Medical Group Management Association (MGMA) this summer. That represents a 5.55 percent increase in compensation from $446,774 in 2011. MGMA’s report was based on surveys with 3,800 physician practices nationwide, of which 298 were dermatologists. The American Medical Group Association’s 2013 Medical Group Compensation and Financial Survey showed a slightly smaller increase of 3.56 percent in median compensation for dermatologists, from $397,370 in 2011 to $411,499 in 2012. This survey was based on responses from 280 medical groups representing approximately 67,900 physicians, of which 603 were dermatologists.
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.

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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.
Thanks to all who attended the 2013 AOCD Annual Meeting at OMED.

We hope to see you in Dallas for the 2014 Midyear Meeting!
For one week this past April, the Edward Via College of Osteopathic Medicine–Virginia Campus (VCOM) dermatology residency program went to the Dominican Republic. They weren't on a belated spring break, but they were on a trip…a medical mission trip, that is.

The trip was arranged through VCOM, which along with the Punta Cana Foundation has helped establish a small community clinic in Verón located 30 minutes inland from the resort town of Punta Cana. The clinic serves the primary care needs of a population of approximately 30,000 individuals, mostly from the Dominican Republic and Haiti. The community is largely impoverished, with substandard water and sanitation services. Patients have little to no access to medical care.

Although VCOM medical students rotate through the clinic as an elective abroad, this trip marked the first time that a dermatology program has seen patients at the Verón Clinic. Program Director Daniel Hurd, D.O., FAOCD, served as the attending physician accompanying his residents including third-year residents Ry Bohrnstedt, D.O., and Geeta Patel, D.O.; second-year residents Trey Haunson, D.O., and Sam Wilson, D.O.; and first-year resident Ryan Skinner, D.O. During the trip, the group interacted with the clinic’s Medical Director Jorge Amador, M.D. a biopsy,” Dr. Haunson noted. Otherwise, they set up shop outside under a canopy tent with a few osteopathic manipulative medicine tables set up for patients to sit on. There were no appointment times; patients just showed up and waited as long as it took to be seen. The clinic entrance had to be constantly monitored and the door closed or patients would enter in droves and stand in the halls, making passage difficult. “It was actually nice to have our station set up outside where we could benefit from both the natural sunlight aiding in our skin exams and in escaping the crowds,” Dr. Haunson said. Between 50 and 75 patients were seen on a daily basis.

Once all patients were seen for the day, the group took the shuttle van back to the Punta Cana Resort where they were put up as guests. The sleeping accommodations were quite pleasant, with substandard water and sanitation services. Patients have little to no access to medical care. The trip marked the first time that a dermatology program has seen patients at the Verón Clinic. Program Director Daniel Hurd, D.O., FAOCD, served as the attending physician accompanying his residents including third-year residents Ry Bohrnstedt, D.O., and Geeta Patel, D.O.; second-year residents Trey Haunson, D.O., and Sam Wilson, D.O.; and first-year resident Ryan Skinner, D.O. During the trip, the group interacted with the clinic’s Medical Director Jorge Amador, M.D. Despite facing numerous challenges, the group was able to provide medical care to approximately 30,000 patients in a week.

Additional treat options were somewhat limited. There was a relatively new and reasonably stocked pharmacy onsite at the clinic. Plus, the residents brought suitcases full of medications that were dispensed as needed. Some of the medications they brought were barely used while others ran out the first day, Dr. Haunson noted. The group also brought most of the instruments and supplies they needed to perform cutaneous biopsies, several simple procedures, and surgical excisions. However, due to inadequate laboratory facilities and their short timeframe, they were unable to perform bacterial, fungal, or viral cultures. With only one week to see patients, the lack of follow-up, which is sometimes needed to make adjustments to treatment regimens, was problematic. “Based on our experience,” he said, “we will be much better equipped to...
handle the conditions we now know are more likely to be encountered on our next visit.”

Touring the sites
The one day they had free, the group toured the nearest hospital located in Higüey. Hospital Provincial Nuestra Señora de la Altagracia draws patients from a large surrounding region. “The sanitary conditions for patients stood in stark contrast with hospitals we are used to here in the U.S.A.,” Dr. Haunson said. The “taxi system” was basically several motorcycles lined up in front of the hospital waiting to pick up patients and drive them home.

That same day they also visited the nearest dermatology clinic, Instituto Dermatológico y Cirugía de Piel, located in Santo Domingo. They met with practicing dermatologists and observed several patient encounters.

One evening they took a taxi to visit the local beach resort scene in Bávaro beach. There, they were convinced to try some mamajuana, which is a local drink concocted by allowing rum, red wine, and honey to soak in a bottle with tree bark and herbs. The taste and color is similar to port wine. “Those of us that partook did not immediately retch, but neither did we beg for seconds,” he said.

All in all, the trip was a success judging by how many people they were able to help in just a few days. “We also enjoyed the time spent together as a program outside of our usual setting,” Dr. Haunson said. “Good memories were made, and we look forward to future trips to the Dominican Republic.”


Corporate Spotlight

By Shelley Wood, MAE, Grants Coordinator

AOCD Thanks Corporate Members, Meeting Supporters

The AOCD would like to thank its corporate members and meeting supporters of the 2013 AOCD Annual Meeting. Without their monetary support, the College would be unable to bring its members quality educational venues. Please make sure to thank your representatives from the following companies:

- Galderma, Medicis, Ranbaxy Laboratories, Inc (Diamond Level)
- AbbVie, Valeant Dermatology (Silver Level)
- DLCS, Fallene, Ltd., Ferndale Healthcare, Merz Pharmaceuticals, LLC (Bronze Level)
- DUSA Pharmaceuticals, Tru-Skin Dermatology/The Shade Project, Warner Chilcott (Pearl Level)

The AOCD thanks the following companies for supporting the 2013 Annual Meeting grants:

- Bayer Healthcare Writing Grant
- Ethicon Inc.
- Medicis, a division of Valeant Pharmaceuticals
- Quinnova Pharmaceuticals, LLC

The College thanks the following companies for being meeting sponsors for the 2013 Annual Meeting:

- Allergan Foundation
- Delesco
- Dermpath Lab of Central States

I am looking forward to the 2014 AOCD Midyear Meeting that will be held Feb. 20-23, 2014 at the Ritz Carlton in Dallas. I have been busy working on obtaining exhibitors, corporate support, and grants; updating the Corporate Membership Brochure; and putting feelers out for our next Annual Meeting.

Quinnova Pharmaceuticals, LLC, Offers Innovative Technologies

A wholly owned subsidiary of AmDerma, LLC, Quinnova Pharmaceuticals, LLC, is a specialty pharmaceutical company founded on innovative, patent-protected dermal delivery technologies.

Currently, Quinnova uses three independent proprietary technology platforms to transport safe and effective pharmaceutical ingredients through the epidermis in unique, convenient, and cosmetically elegant formulations.

One drug delivery platform facilitates the topical delivery of pharmaceutical agents and is marketed in cream, lotion, and foam formulations.

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The patient is waiting.
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Fellow residents,

By now we are well into our academic year, and I hope all the new residents are getting acclimated. You should have received a welcome email from the resident liaison account. If you did not, or if you did but would like future emails sent to a different account, please send an email to aocdresident.connection@gmail.com and let me know. I hope everyone enjoyed the AOCD Annual Meeting, and that your first In-Training Examination wasn’t as traumatic as you anticipated.

New residents also may have noticed a few new dermatology publications magically appearing in their mailbox. As an AOCD resident, you are automatically given a complimentary membership to the American Academy of Dermatology (AAD) and the American Society for Dermatologic Surgery (ASDS). Along with these memberships comes a free subscription to their monthly publications, the Journal of the American Academy of Dermatology and Dermatologic Surgery, respectively. If you have not started to receive these publications within the next couple of months, try contacting the organizations directly (www.aad.org, www.asds.net) to inquire about your membership status.

The following is a list of other popular dermatology publications that you may be interested in receiving:

- **Cosmetic Dermatology** (Supplement to Cutii) - http://www.cosderm.com/
- **Cutii** - http://www.cutis.com/
- **The Dermatologist** (formerly Skin & Aging) - http://www.thedermatologist.com/
- **Dermatology Times** - http://dermatologytimes.modernmedicine.com/
- **Dermatology World** - http://www.aad.org/dw
- **Practical Dermatology** - http://bmctoday.net/practicaldermatology/
- **Skin & Allergy News** - http://www.skinandallergynews.com/
- **JAMA Dermatology** (formerly Archives of Dermatology) - http://archderm.jamanetwork.com/journal.aspx

Per the American Medical Association (AMA), only residents that are currently enrolled in an Accreditation Council for Graduate Medical Education (ACGME) accredited residency program are eligible to receive a complimentary subscription to *JAMA Dermatology*. Osteopathic residents are eligible to be a member of the AMA and receive as part of the membership benefits free online access to all AMA journals, including *JAMA Dermatology*. Benefits also include a discount on paid subscriptions to *JAMA Dermatology*. Please visit www.jamanetwork.com for subscription pricing and information.

The AOA and the American Association of College of Osteopathic Medicine (AACOM) have been in negotiations with the ACGME regarding a unified accreditation system. The AOA and AACOM announced during the AOA’s Annual Business Meeting, held July 16-21, 2013, that they have been unsuccessful in reaching an agreement with ACGME on a Memorandum of Understanding for a unified graduate medical education accreditation system. However, the AOA and AACOM remain open to continued discussions with the ACGME. All efforts are being made to unify our graduate medical training while maintaining the distinct identity of the osteopathic profession. These negotiations are thus far limited to GME training, and do not extend backward to undergraduate medical training or forward to licensing or certification. Current licensing examination via COMLEX and osteopathic board certification will continue. Visit http://www.osteopathic.org/inside-aoa/Pages/ACGME-single-accreditation-system.aspx for more information.

Please note that all dermatology programs will be required to participate in the National Matching Service in order to fill new positions starting in 2014. Please visit https://www.natmatch.com/aoairp/ for more information, including a schedule of important dates concerning the match. Interns will continue to apply to dermatology programs via ERAS as they have in the past.

If you haven’t been to the AOCD’s new website (www.aocd.org), be sure to check it out.

Lastly, I want to thank each of you for allowing me to serve as resident liaison this past year. It has truly been an honor and a pleasure. I also want to thank Ralph Fiore II, D.O., my predecessor in the position, for your inspiration and guidance. As announced at the Annual Meeting, I’ll be passing the torch to Christopher Cook, D.O., in whom I have full confidence in serving as next year’s resident liaison.

Thanks again, and best wishes.

**Meet the New Resident Liaison**

Chris Cook, D.O., a second-year dermatology resident at Northeast Regional Medical Center in Kirksville, Mo., under the directorship of Lloyd Cleaver, D.O., FAOCD, was elected the Resident Liaison for the academic year 2013-2014. “As the new resident liaison, I would like to act as an effective communication intermediary between the residents and the College. In addition, I would like to provide the residents with up-to-date information that translates to the clinic, their residency, and their future,” Dr. Cook said.
Hello everyone.

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

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

Many people put in a lot of time and hard work to make this meeting great. Thanks to Dr. Suzanne Sirota-Rozenberg and Marsha Wise for the many hours they spent preparing for the meeting and keeping it running smoothly to the end. A special thanks to Dr. Ryan Carlson of the In-Training Examination Committee for administering the test and for all of his hard work throughout the year as Committee Chair. Thanks to Dr. Lloyd Cleaver for all of his help with the Second Annual Program Director Meet and Greet. Finally, thanks to Dr. David Grice for a wonderful Presidential Celebration and for the year of work and service he put in as our 2012-2013 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. Once you have signed in, click the Membership icon in the Invoicing, Payments & History section of your profile. The prompts that follow will guide you through the renewal process.

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.

**In-Training Exam**

If the scores from the 2013 In-Training Exam haven’t arrived by now, they should arrive soon. The results are sent to your Program Director.

**Koprince Winners Announced for 2013 Annual Meeting**

Congratulations to the following residents who were selected as Koprince Award recipients for their lectures presented at the 2013 Annual Meeting:

- Katherine Johnson, D.O., Botsford Hospital/McLaren-Oakland
- Christian Oram, D.O., Lehigh Valley Health Network
- Brooke Walls, D.O., NSUCOM/Largo Medical Center
- Dustin Wilkes, D.O., St. Joseph Mercy Health System

**Grand Rounds Online**

Each residency program, once again, is asked to provide a case for the Grand Rounds website. The 2014 schedule is as follows:

- **January 5, 2014**
  - Western University/Pacific Hospital

- **February 5, 2014**
  - LECOM/Alta Dermatology
  - Northeast Regional Medical Center

- **March 5, 2014**
  - Lehigh Valley Health Network
  - University Hospitals Regional Hospital

- **April 5, 2014**
  - Genesys Regional Medical Center
  - O’Bleness Memorial Hospital

- **May 5, 2014**
  - Oakwood Southshore Medical Center
  - Botsford Hospital/McLaren-Oakland

- **June 5, 2014**
  - West Palm Hospital
  - Wellington Regional Medical Center

- **July 5, 2014**
  - St. Barnabas Hospital
  - St. John’s Episcopal Hospital

- **August 5, 2014**
  - NSUCOM/Largo Medical Center
  - UNTHSC/TCOM
  - Palisades Medical Center

- **September 5, 2014**
  - St. Joseph Mercy Health System
  - Advanced Desert Dermatology
  - Affiliated Dermatology

**October 5, 2014**

- NSUCOM/Broward General Medical Center
- South Texas Osteopathic Dermatology
- NSUCOM/Larkin Community Hospital

**November 5, 2014**

- LECOM/Tri-County Dermatology
- OPTI-West/Aspen Dermatology
- MSUCOM/Lakeland Regional Medical Center

**December 5, 2014**

- 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. In 2015, the schedule will start over from the beginning for each program.

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

**Resident Lectures for Midyear 2014**

The 2014 Midyear Meeting will be held Thursday, Feb. 20 through Sunday, Feb. 23.

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: **Jan. 9, 2014**.

The deadline for final presentation modifications is two weeks prior to the meeting: **Feb. 6, 2014**.

I hope everyone has a happy and safe holiday season with family and friends. Hope to see you in Dallas for the Midyear Meeting.
Laura Jordan, a third-year medical student at Lake Erie College of Osteopathic Medicine (LECOM) in Bradenton, Fla., presented a poster at the 2013 Osteopathic Medical Conference & Exhibition (OMED) held Sept. 30-Oct. 4 in Las Vegas.

The poster was entitled *Dermatological Diagnoses in Treasure Beach, Jamaica: an Osteopathic Medical Mission Trip*. Jordan was the lead author along with AOCD Affiliate Member Robert Norman, D.O., and William Eng, M.D.

It focused on the recent medical mission taken by the Hillsborough County Osteopathic Medical Society (HCOMS), which has conducted annual trips to Treasure Beach, Jamaica since 2007. The HCOMS set up a local health and wellness clinic where both osteopathic physicians and students treat local citizens. They conduct physical examinations, treat dermatological issues, and provide osteopathic manipulative medicine. As this area of Jamaica lacks nearby healthcare facilities, the clinic not only provides health care for many individuals, but it also offers basic preventive health education. For individuals who have ongoing concerns or problems beyond what can be treated at the clinic, HCOMS physicians work with local doctors for follow-up. Since its first trip, HCOMS has brought 117 medical personnel to the clinic, donated $27,500 in medical supplies, and treated approximately 1,400 patients. In addition to physicians and students, nurses and aides participate in these trips.

From July 20-27, 2013, Dr. Norman, along with internist David Weiland, M.D., and obstetrician/gynecologist James Vogler, D.O., participated in the HCOMS mission trip. Working with Dr. Norman, Jordan participated in the trip through LECOM’s International Medical Society.

For the study, Ms. Jordon focused on the dermatological conditions treated. Dr. Norman kept records of all of the clinic patients he treated, their diagnoses, and biopsies (if taken). After returning to Florida, Dr. Norman sent the biopsies for pathological analysis to Dr. Eng, Director of Laboratory Research at Dr. Norman’s private practice in Tampa. Once the diagnoses were made, she collated the results to obtain the statistics on the most common dermatological conditions in this area of Jamaica.

The results are as follows: Of the 264 patients treated at the clinic this year, 108 met with Dr. Norman. Only 39 of these patients had biopsies taken. The most common medical diseases noted in the general population of patients include diabetes, hypertension, obesity, asthma, and musculoskeletal abnormalities. Many of the patients had these co-morbidities along with their dermatologic problems. In the biopsied specimens, the most common conditions found were skin tags (11), basal cell carcinoma (10), seborrheic keratosis (6), and verruca vulgaris (6). In the remaining patients, the most common conditions were acne (27), tinea (21), eczema (10), and folliculitis (4). In addition, patients presented with rare dermatologic conditions such as mycoses fungoides (1) and a questionable biopsied lymph node (1).

With more than 40 percent of the Treasure Beach Clinic patients seeking dermatological treatment, the authors concluded this service is vital to this area.

**Student Member Presents Poster at OMED**

**UPCOMING MEETINGS**

**AOCD ANNUAL MEETINGS**
Oct. 25-29, 2014  Seattle, WA  
Oct. 17-21, 2015  Orlando, FL

**AOCD MIDYEAR MEETINGS**
Feb. 20-23, 2014  Dallas, TX  
April 23-26, 2015  Charlotte, NC

**OME LEADERSHIP CONFERENCE SET FOR JANUARY**

The 24th Annual Osteopathic Medical Education Leadership Conference, also known as OME XXIV, will be held Jan. 9-11, 2014 at the Hilton Austin Hotel in Texas.

The theme of the 2014 conference is *Virtually There: Advancing Education Through Technology Innovation and Collaboration*. The conference is designed to be a forum for educators and leaders in osteopathic medical education to come together to exchange information and ideas.

Typical conference attendees include osteopathic educators such as deans of colleges, osteopathic postdoctoral training institutions or OPTI officers, hospital and college administrators, directors and administrative directors of medical education, residency program directors, and specialty college representatives. Other individuals who are interested in medical education are invited to participate, as well.

To view the conference agenda or register for OME XXIV, visit the AOA website (www.osteopathic.org).
Join us in Dallas, Texas for the Midyear Meeting
February 20 - 23, 2014
Ritz-Carlton