Message from the President

As I write this column, we are weeks away from our Spring Meeting in Charlotte, North Carolina. I look forward to seeing many of you at the upcoming meeting, which is expected to have the largest turnout in recent history. At last count, there were 192 registrants. Kudos to Marsha and the staff at the national headquarters, members of our CME Committee, and Program Chair Dr. Daniel Ladd for their efforts. An array of esteemed speakers will present the latest dermatological concepts and practice management pearls. Among them are Clifford Lober, M.D., JD, who is a long-time friend of osteopathic dermatology and also a candidate for AAD President-Elect; and Dr. Nicole Owens, who is chair of the ACGME Residency Review Committee for Dermatology. We hope to have a lively discussion about the impact of the ACGME changes on osteopathic dermatologists. In addition, many residents will be presenting lectures. I, too, will be speaking about various billing update and asset protection strategies for physicians.

Speaking of meetings, this past February AAD President Dr. Brett Coldiron hosted a meeting in this hometown of Cincinnati. I was invited to represent the AOCD. The focus of the meeting was the proposition to create a Board certification subspecialty for Micrographic Surgery and Dermatologic Oncology. The discussions focused on the potential outcomes of mending the division between “fellowship trained” and “society trained” Mohs surgeons with a new category of “board certified” Mohs surgeon.

As many of you know, the creation of this new subspecialty was further discussed at the AAD Annual Meeting this past March. At this time, the AAD is still polling its membership, so no additional information as to the outcome of this discussion is available. We will keep a close eye on this issue and keep our members informed when more information becomes available.

Regarding AOCD business, the most recent bylaws changes have been approved by the AOA and are now in effect. I want to thank the members of the Board of Trustees and Bylaws Committees for all their hard work in updating the bylaws. One approved change was to transition our annual meeting to spring, which we are in the process of doing. Other bylaws changes have opened up additional opportunities for our members to participate in various committees that were previously limited to a specific number of members. These changes make it an ideal time to become more involved in our College as our survival is dependent on our active members. Please reach out to your Board of Trustees to give us your thoughts and your time. We encourage new members, in particular, to assume a more significant role in the leadership of the AOCD.

In addition, if you are also an AAD member, please don't forget to cast your vote in the 2015 AAD elections. It is very important for osteopathic dermatologists to remain active and vocal within organized dermatology. In spring of 2016, there will be another effort to change the AAD bylaws in the future to allow D.O.s to become full fellows of the AAD. This will be an important vote given the ACGME merger that is underway. Please carefully consider your position and vote for appropriate candidates for the AAD leadership.

The future of our College will have an impact on how we will be recertified in the future. I encourage our members to remain actively involved and informed about these issues and help us face these challenges in the future.

Rick Lin, D.O., MPH, FAOCD
President, American Osteopathic College of Dermatology
Hello Everyone,

It seems as though winter has lasted forever, but spring is right around the corner!

We've had a busy start to the year. Suzanne Sirotta Rozenberg, D.O.; Lloyd Cleaver, D.O.; Rick Lin, D.O. and I attended the AOA Osteopathic Medical Education Leadership Conference in January. In February, Dr. Cleaver and I attended the ACGME’s Annual Educational Conference. Both of these educational meetings provided valuable updates on the Single Accreditation System (SAS). The information regarding the SAS can be found on the AOA and ACGME websites. Programs may begin to apply for pre-accreditation status in April 2015. We encourage everyone to log on and familiarize themselves regarding the single accreditation system. Highlights on these two meetings can be found on page three.

In February, the ACGME announced that Stephen Purcell, D.O., was appointed to the Dermatology Residency Review Committee. We’re excited to have Dr. Purcell represent the AOCD and the osteopathic profession. Dr. Purcell’s leadership in the AOCD has been invaluable, and he is a true advocate for osteopathic dermatologists.

During the AOCD General Membership Meeting recently held in Seattle, the membership voted to accept the changes to the By-Laws which had been presented last summer. On March 2, we received word that the AOA approved our proposed changes. These changes are now in effect. Click here to view the latest version of the By-Laws.

March and April have been busy with the AAD meeting and our Spring Conference in Charlotte, NC. A panel discussion on “Unified U.S. Dermatology Training Accreditation and the Unification of the Specialty of Dermatology” took place at the AAD Annual Meeting on Sunday, March 22. Be sure to look for highlights of these meetings in upcoming DermLine publications.

Exciting changes are in store for our Fall Conference. Our meeting is scheduled for October 15-18, 2015 in Orlando at the Loews Royal Pacific Resort. An information packet with further details will be provided to our members about the changes happening with this meeting. We anticipate offering 24 to 25 CME credits at our Fall meeting in Orlando. The tentative schedule is listed below and is subject to change.

**Thursday, October 15, 2015**
- 8:00 a.m. - 12:00 p.m. AOAD BOT Meeting
- 12:00 p.m. - 1:00 p.m. Leaders Luncheon
- 1:00 p.m. - 5:00 p.m. Resident In Training Exam
- 8:00 a.m. - 5:00 p.m. Exhibitor Set Up
- 4:00 p.m. - 8:00 p.m. AOAD Program Director Meeting

**Friday, October 16, 2015**
- 7:00 a.m. - 7:30 a.m. CLIA Proficiency Lectures
- 7:30 a.m. - 11:30 a.m. CLIA Proficiency Lectures
- 11:30 a.m. - 12:00 p.m. Break with Exhibitors
- 12:00 p.m. - 1:30 p.m. Lunch Lecture
- 1:30 p.m. - 4:30 p.m. Business Meeting
- 4:30 p.m. - 5:30 p.m. Business Meeting
- 7:00 p.m. Presidential Reception

**Saturday, October 17, 2015**
- 7:00 a.m. - 10:00 a.m. Lectures
- 10:00 a.m. - 10:30 a.m. Break with Exhibitors
- 10:30 a.m. - 11:30 a.m. Lunch Lecture
- 11:30 a.m. - 1:00 p.m. Break with Exhibitors
- 1:00 p.m. - 1:30 p.m. Lectures
- 1:30 p.m. - 5:30 p.m. Lectures

**Sunday, October 18, 2015**
- 7:30 a.m. - 12:00 a.m. Lectures
- 12:00 p.m. - 1:30 p.m. Lunch on your own
- 1:30 p.m. - 5:00 p.m. Lectures
- 5:00 p.m. End of Conference

Updates for our Fall meeting will be provided in future DermLine issues as well as in the Thursday Bulletins.

The AOCD is your organization, please call or email the AOCD office at dermatology@aocd.org if you need assistance.
Joint AOA and ACGME Educational Conferences Provide Timely Updates on the Single GME Accreditation System

In January, the AOA held their 25th Annual Osteopathic Medical Education Leadership Conference in Los Angeles, CA. The AOCD was represented by Suzanne Sirota Rozenberg, D.O.; Lloyd Cleaver, D.O.; Rick Lin, D.O. and Marsha Wise, Executive Director.

The focus of this conference was the Single GME Accreditation System. Representatives from the AOA and the ACGME presented updated information to the attendees.

The conference titled The Future is Now: Bridging a Course for the Road Ahead included presentations on the following topics: Cost Implications: Converting an AOA Hospital Teaching Program to an ACGME Program, Creating an Osteopathically-Focused Learning Environment in the Single Accreditation System, CLER (Clinical Learning Environment Review), and Osteopathically Distinctive Assessment in the New Single GME Accreditation System as well as others. Click here to view presentations from this program.

What follows are some brief highlights and notes from the conference:

Institutions may apply April 1, 2015, Programs may apply July 1, 2015. The application window closes June 30, 2020, and the AOA ceases accreditation June 30, 2020.

Applicant programs which, on July 1, 2015:
1. Are AOA-approved, But do not have matriculated residents
2. Get “Pre-Accreditation Status”, but Do not get relief from Common Program Requirements

Importance to AOA programs: Individuals who complete programs that have previously achieved “pre-accreditation status” will be subject to 2013 or 2016 eligibility standards, whichever is less restrictive*.

(*Not all graduates of programs with “pre-accreditation status” will be eligible for all ACGME programs)

Time to RC Review
“Pre-Accreditation Status” acknowledged in days. RC review of application will take about four to nine months
1. Application received
2. Site visit scheduled
3. Application & site visit report to RC members
4. Next scheduled RC meeting
5. Notification from Executive Director of RC decision

Dually-Accredited Programs
1. Term is not in ACGME Glossary
2. Refers to programs that are accredited by both the ACGME and the AOA

Subspecialty Programs
1. Subspecialty programs are considered dependent
2. Must be associated with core residency in same Sponsoring Institution
3. Subspecialty can apply after core has Pre-Accreditation
4. Subspecialty cannot be accredited until core is accredited

Osteopathic Recognition
1. Any ACGME-accredited program may seek Osteopathic Recognition (after July 1, 2015)
2. Requirements for Osteopathic Recognition to be approved by BOD February 2015
3. Osteopathic Recognition will be conferred by new Osteopathic Principles Committee
4. Osteopathic recognition separate from accreditation of specialty program

ACRONYMS!
What do they all stand for??

As we continue to familiarize ourselves with the Single Accreditation System, we are discovering a new list of acronyms. Here are just a few to help you navigate the information.

SAS Single Accreditation System
NAS Next Accreditation System
CLER Clinical Learning Environment Review
LoN Letter of Notification
DIO Designated Institutional Official
RRC Residency Review Committee
ADS Accreditation Data System
CCC Clinical Competency Committee
IMG International Medical Graduate
LCME Liaison Committee on Medical Education
PLA Program Letter of Agreement

Click here to view the entire list as well as the Glossary of Terms for the ACGME.

Page 3
5. Program must be accredited to gain Recognition

Timeline for Accreditation
1. To apply, programs must be associated with ACGME-accredited sponsoring institution or institution with “pre-accreditation status”
2. Window for institutional accreditation open April 1, 2015 - June 30, 2020

What Is a Sponsoring Institution?
The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, an educational foundation).
Source: ACGME Glossary of Terms

Institutional Requirements
1. Structure for Educational Oversight
2. Institutional Resources
3. Resident/Fellow Learning and Working Environment
4. Institutional GME Policies and Procedures

“New” Requirements (IR III)
1. Resident/Fellow Learning and Working Environment
2. Patient Safety
3. Quality Improvement
4. Transitions of Care
5. Supervision
6. Duty Hours, Fatigue Management, and Mitigation
7. Professionalism

Next Accreditation System Data and Process Driven: The Future
1. Survey Data
   a. Residents and Faculty
2. WebADS
3. Spotfire
4. CLER “drop in visits”
5. Yearly review
6. Annual Program Evaluation (APE) and Program Evaluation Committee (PEC)
7. Clinical Competency Committee (CCC)

8. Citation urgency
9. Self-Study

Annual Data Review Elements Once a year! Every Year! Of the following indicators:
1. Program Attrition
2. Program Changes
3. Scholarly Activity
4. Board Pass Rate
5. Clinical Experience
6. Resident Survey
7. Faculty Survey
8. Milestones
9. Omission of Data

Preparing for CLER (Clinical Learning Environment Review)
CLER Consists of Three Related Activities:
1. The Site Visit
2. The Evaluation Committee
3. Faculty Development

The CLER Site Visit
Group Meetings Involving:
1. Senior leadership (C-suite)
2. DIO and GME Staff
3. Quality & Patient Safety leadership
4. Residents/Fellows (peer-selected)
5. Program Directors (members of the GMEC)
6. Core faculty
7. Walk-arounds

Expectations of the Visit
You have to gather documentation for the site visit such as:
1. Organizational charts
2. Transition of care policies
3. Supervision policies
4. Quality/safety protocols
5. Committee memberships
6. Your most recent DIO report to the organized medical staff

CLER - The Six Focus Areas
1. Patient Safety
2. Quality Improvement
3. Transitions of Care
4. Supervision
5. Duty Hours Oversight, Fatigue Management & Mitigation
6. Professionalism

Osteopathic Recognition*
In addition to the six ACGME competency areas, osteopathically-focused programs must integrate the
osteopathic principles and practice domain of competency into the educational curriculum and provide the environment conducive to developing the physician’s knowledge, skills, and attitudes leading to attainment of the milestones and competencies within the OPP competency domain. OPP milestones will be applicable to all specialty programs with osteopathic recognition. Click here to view the Osteopathic Recognition Requirements effective July 1, 2015.

**Formative Assessments***
The faculty must evaluate resident competence of osteopathic principles and practice in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

**Required assessments include:**
1. Ongoing assessment of the integration of OPP throughout the competency domains should occur during patient care activities
2. Assessment of appropriate documentation of OMM as applicable to the specialty program
3. Assessment of OPP integration into patient care as applicable to the specialty program
4. Assessment of OPP integration into scholarly activity

**Summative Assessments***
The program director, co-program director, or osteopathically focused track director must provide a summative evaluation for each resident upon completion of the program.
1. Assessment of skill proficiency in OMM should be measured through practical skill assessments
2. Assessment of knowledge of osteopathic principles and practice should occur through an osteopathic in-service examination or other formal exam
3. Program must include Milestones assessment based upon the most common conditions and presentations managed by the specialty

**Documenting Competency**
1. Portfolios
2. Evaluations
   a. Preceptor
   b. Residency Director
   c. 360°
3. Procedure and patient logs
4. In-service examinations
   a. Written
   b. Practical
5. Licensure examinations

For the most up to date information regarding the Single GME Accreditation system, visit the AOA’s website.

In February, the ACGME held their annual education conference in San Diego, California. The AOCDS was represented by Lloyd Cleaver, D.O. and Marsha Wise, Executive Director. Building Momentum was the conference title, and one day was devoted to providing information for osteopathic programs and institutions.

The ACGME and AOA have a common goal of program accreditation; however, the difference is the ACGME’s ONLY duty is program accreditation. They are tasked only with training the individual to get them to the point of taking the certification exam. They do not have influence on other areas like the AOA. In addition to program accreditation, the AOA has influence in Board Certification and the match.

The Residency Review Committee (RRC) acts independently, and members of each RRC are expected to adhere to “Avoidance of duality and confidentiality with total loyalty to ACGME.” Stephen Purcell, D.O. was recently named the representative to the Dermatology Review Committee for the ACGME. His term begins on July 1, 2015.

The presenters spoke of the 3 pathways into the ACGME.

The first pathway (Pathway 1) is for AOA-approved programs with matriculated residents as of July 1, 2015. These programs are eligible for ACGME “pre-accreditation status” upon the ACGME’s receipt of completed application, and their graduates are deemed eligible for advanced training in ACGME-approved programs under the eligibility standards in their specific chosen specialty/subspecialty that were in place on June 30, 2013. Their faculty members and program directors are not covered under the specific modifications to the ACGME Common Program Requirements created under the agreement among the ACGME, the AOA, and AACOM.

The third pathway (Pathway 3) is for programs that receive initial AOA approval after July 1, 2015. These programs will apply for ACGME accreditation as would any other new program. These programs are not eligible for “pre-accreditation status” upon the ACGME’s receipt of a completed application, their graduates are not eligible for advanced training in ACGME-approved programs under the eligibility standards in their specialty/subspecialty that were in place on June 30, 2013, and their faculty members and program directors are not covered under the specific modifications to the ACGME Common Program Requirements created under the agreement among the ACGME, the AOA, and AACOM. Click here for an AOA-Approved Programs Accreditation flowchart.

The following guidelines apply to currently-AOA-approved core residency and subspecialty programs that apply for ACGME accreditation:

The period of application for currently-AOA-approved programs under the terms of the agreement for a single accreditation system begins July 1, 2015 and ends on June 30, 2020.

Each program that applies for ACGME accreditation must be sponsored by a Sponsoring Institution that has one of the following ACGME-conferred statuses:
1. Continued Accreditation
2. Initial Accreditation
3. and/or Pre-Accreditation

**July 1, 2015**
AOA-approved programs can submit the application for ACGME accreditation online from this date through June 30, 2020. Pre-accreditation status will be granted upon submission of a completed online program application.

Subspecialty Programs: The sponsoring institution can initiate the application process for subspecialty programs that are associated with core residency programs that...
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have pre-accreditation status or are already ACGME-accredited.

Once pre-accreditation is granted, programs and sponsors must participate in all required annual ACGME reporting:
1. ADS Annual Update
2. Case Log reporting
3. Resident Survey
4. Faculty Survey
5. Milestone assessment and reporting

Programs with pre-accreditation status can begin the application process for Osteopathic Recognition. Applications can be reviewed by the Osteopathic Recognition Committee once programs achieve Initial Accreditation.

June 30, 2020
All sponsoring institutions and programs must achieve initial accreditation. The AOA ceases to accredit GME programs.

What does “pre-accreditation status” signify?
Pre-accreditation is a specific status for programs and institutions established as part of the agreement among the ACGME, the AOA, and AACOM. A status of pre-accreditation signifies that an osteopathic program has initiated the process of attaining ACGME accreditation while still under AOA approval.

Pre-accreditation is not synonymous with Initial Accreditation. In order to achieve Initial Accreditation (and, ultimately, Continued Accreditation), a program or sponsoring institution must be determined by its ACGME Review Committee to be in substantial compliance with the applicable Program Requirements and/or the Institutional Requirements.

Individuals who complete a residency program after that program has achieved pre-accreditation status will be subject to the ACGME eligibility requirements for the relevant subspecialty that were in effect as of June 30, 2013 or July 1, 2016, whichever is less restrictive.

How does a program move from pre-accreditation to Initial Accreditation?
Core programs and some subspecialty programs with pre-accreditation status will be scheduled for a site visit. The visit entails review of the application and interviews with program and institutional leadership, faculty members, and residents/fellows. After the visit, an objective, factual report is submitted to the applicable specialty Review Committee.

If upon reviewing the report and application, substantial compliance is determined, the Review Committee will confer a status of Initial Accreditation on the program.

When can an AOA-approved subspecialty program apply for accreditation?
An AOA-approved subspecialty (fellowship) program can apply for accreditation once its core program has pre-accreditation status. However, the fellowship program will only be scheduled for a site visit (if one is required) and reviewed by the Review Committee after its core program has achieved Initial Accreditation.

What happens once an AOA-approved program has achieved Initial Accreditation?
An AOA-approved program that achieves Initial Accreditation will receive a Letter of Notification (LoN) from the Review Committee with the accreditation decision and any citations or areas for improvement.

Two years after a program has attained Initial Accreditation, it will undergo a full site visit and review by the Review Committee. Programs deemed to be in substantial compliance with the Common and Specialty Program Requirements will achieve a status of Continued Accreditation.

What should a program do if it does not achieve Initial Accreditation on first review?
A program that does not achieve Initial Accreditation upon first review will receive an LoN from the Review Committee with the accreditation decision accompanied by citations that identify areas of non-compliance with the Requirements.

The program may reapply while maintaining pre-accreditation status. To do so, the program will submit an updated application that includes information on how citations from the prior review have been, or are being, corrected. Using this documentation and another site visit, if deemed necessary, the Review Committee will make another decision regarding Initial Accreditation.

We encourage everyone to review the content on the ACGME website at for the most up to date information.

There is one more opportunity for members to learn about the Single Accreditation System. The AACOM and AODME 2015 Annual Conference scheduled for April 22 to April 26, 2015 in Fort Lauderdale, FL at the Marriott Harbor Beach Hotel will host an OPTI Workshop: “ACGME Institutional Sponsors”. The workshop will focus on ACGME Institution Sponsorship and is open to all AACOM and AODME attendees. The morning will be educational sessions developed by the AOA-ACGME-AACOM Joint Education Committee on topics including applying as an ACGME Institutional Sponsor and applying to be an osteopathic-focused program. Click here for more information on this session.

D.O., M.D. Dermatologists Come Together for Single GME Accreditation Panel at AAD Annual Meeting

On Sunday March 22, 2015 at the American Academy of Dermatology (AAD) Annual Meeting in San Francisco, a one-hour panel discussion entitled “Unified Graduate Medical Education and the Unification of the Specialty of Dermatology” was held. The purpose of the discussion was to increase attendees’ understanding of the unification of GME accreditation, its impact on the specialty of dermatology and its implications for the future of the AAD. Panel members included Kevin Cooper, M.D., Dirk Elston, M.D., Clifford Lober, M.D., JD, Suzanne Sirota Rozenberg, D.O. and Oliver Wisco, D.O. Christopher Messana, D.O., JD organized and moderated the session and serves as Chair of the AAD Work Group on D.O. Dermatologists, formerly an AAD Ad Hoc Task Force. Although some details remain to be determined, the distinguished panelists contributed their insight and viewpoints on the impact of GME unification and why it is important for the specialty of dermatology to speak with a unified voice.
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As you may know, in February, 2014, the American Osteopathic Association (AOA), the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine agreed to form a single accreditation system for all graduate medical education (GME) programs in the United States. Pursuant to the agreement, beginning July 1, 2015 AOA-accredited GME programs may register for ACGME pre-accreditation status and begin the full application process for ACGME accreditation. AOA-accredited programs are expected to complete the transition to ACGME accreditation before July 1, 2020. The AOA will cease providing GME accreditation as of July 2020.

With the support of AAD leadership, and specifically at the direction of then-AAD president Dirk Elston, M.D., an Ad Hoc Task Force of ABD and AOBD-certified dermatologists was formed to accomplish the following goals: (1) to explore strategies for greater inclusion into the AAD of dermatologists trained in AOA-accredited programs; (2) to foster greater collaboration and unity across the entire specialty of dermatology in the U.S.; (3) to implement an educational initiative to increase understanding by AAD fellow members regarding the education and training of AOBD-certified dermatologists and why they should be fully included in the AAD by granting them Fellow status; and (4) to establish AOCD representation within the AAD governance structure, with inclusion of AOCD members in positions of leadership to be defined by the AAD Board of Directors.

At the 2014 AAD Summer Meeting in Chicago, Christopher Messana, D.O. JD and Oliver Wisco, D.O. presented to the AAD Board of Directors (BOD) a recommendation for action (RFA) to approve a vote by AAD membership to amend the AAD Bylaws to grant fellow member status, rather than affiliate member status to AOBD-certified D.O. dermatologists. The AAD BOD approved the RFA and the Bylaw Amendment vote will occur around the time of the 2016 AAD Annual Meeting, which will be held in Washington, D.C. In anticipation of the Bylaw Amendment vote, the Work Group is conducting an educational campaign that will involve publications, presentations at dermatology meetings and various correspondence aimed at educating AAD membership regarding the unification of GME accreditation, its implications on the future of the Academy and the importance of a unified voice within the specialty of dermatology.

All AOBD- and ABD-certified dermatologists, whether affiliate or fellow members, are urged to vote in favor of the Bylaw Amendment next spring.

AAD membership has voted twice in recent years, 2004 and 2010, to amend the AAD Bylaws to allow AOBD-certified D.O. dermatologists to become fellow members of the AAD. On both occasions a majority of the membership voted in favor of passage of the amendment but the required two-thirds majority to approve a bylaws amendment was not achieved. Accordingly, AOBD-certified dermatologists are limited to affiliate membership status and may not serve in elected office. In contrast to the AAD, the vast majority of national medical specialty societies include D.O.s as fellow members.

In the current healthcare reform environment all dermatologists face unprecedented challenges on multiple fronts that pose an increasingly great impediment to our collective ability to provide high quality, cost-effective and efficient care to patients. These challenges include the elimination of providers from insurance networks, which deprives patients of access to appropriate care, increasingly burdensome federal and state regulation affecting virtually all areas of practice, changes to scope of practice regulations that may degrade the standard of care and ever-decreasing reimbursement. Drs. Cooper, Elston, Lober, Messana, Sirot Rozenberg and Wisco all echoed a central theme that now is the time for all U.S. dermatologists to unite and speak with a clear, single voice. A unified house of dermatology will facilitate more cohesive and effective advocacy on behalf of patients and all board-certified dermatologists to ensure that all patients have access to the highest quality, cost-effective and efficient care that dermatologists are uniquely trained and board-certified to provide. Please discuss this with your dermatology colleagues and vote in favor of the bylaw amendment next spring.
Introducing the 2015 AOCD Spring Meeting Faculty

Reagan Anderson, D.O.
Office Staff Training and Management

Objectives:
1. Discuss structure and function of staff training
2. Discuss basic management strategies
3. Discuss different media that is useful for a well-trained staff

Dr. Reagan Anderson specializes in general dermatology and in Mohs Micrographic Surgery for the treatment of skin cancer. After graduating from Rampart High School in Colorado Springs, Dr. Anderson moved to Vancouver, British Columbia where he attained his Bachelor of Science and Biology from the University of British Columbia and a Master of Christian Studies degree from Regent College. Dr. Anderson was then invited to attend the founding osteopathic medical school, Kirksville College of Osteopathic Medicine.

Upon matriculation, Dr. Anderson was commissioned in the United States Navy where he spent the majority of his time serving the United States Marine Corps as the First Reconnaissance Battalion Surgeon. Dr. Anderson states, “Over the five years I spent in the U.S. Navy, it was my distinct honor to serve the medical needs of the military men and women of our great country. This experience, particularly my tours in Iraq where I treated U.S. and coalition military members as well as Iraqi civilians, gave me extensive experience in recognizing and treating the underlying causes of dermatologic conditions.”

Dr. Anderson left the military in order to pursue dermatology. During his three year dermatology residency at the Michigan State University Consortium/Oakwood Southshore Medical Center, he was actively involved in academic pursuits which included national and international lecturing as well as publishing several dermatologic articles. From October 2008-October 2009, Dr. Anderson represented all osteopathic dermatology residents as the resident liaison for the American Osteopathic College of Dermatology.

Disclosures: Novartis, AbbVie, Kao, Galderma

Daniel Ladd, D.O.

What’s New in Psoriasis

Objectives:
1. Help attendees increase knowledge regarding psoriasis as treatment options are expanding
2. Discuss the treatment of psoriasis and related disorders with biologic therapies
3. Define appropriate outcome measures for the optimal follow-up of patients with psoriasis

Dermatology Practice Pearls

Objectives:
1. Help dermatologists improve patient relationships
2. Help dermatologists manage and prevent side effects when using various medications
3. Help dermatologists understand how patients experience healthcare delivery

Dr. Daniel Ladd, is the Medical Director and Founder of Tru-Skin™ Dermatology in Austin, Texas. He earned his B.A. from the University of Texas at Austin and received his medical degree from Des Moines University in 1999. He completed his dermatology residency at the Northeast Regional Medical Center in Kirksville, Missouri in conjunction with the Dermatology Institute of North Texas in 2004. In addition to being board-certified in general and cosmetic dermatology, Dr. Ladd is also board-certified in Mohs Micrographic Surgery. He currently serves as a trustee for the American Osteopathic College of Dermatology and is Past President of the Texas Osteopathic Medical Association, District 7. He is a member of the American Academy of Dermatology, American Osteopathic College of Dermatology, the American Society of Dermatologic Surgeons and the American Society of Cosmetic Dermatology and Aesthetic Surgery, as well as a Member of the American Society of Mohs Surgery. Dr. Ladd is a lifetime member of the Skin Cancer Foundation's Amonette Circle, an elite group of the country's foremost dermatologists and Mohs surgeons who have made a commitment to skin cancer education and prevention.

Rick Lin, D.O.

Billing and Coding Update

Objectives:
1. Discuss billing updates relating to dermatology
2. Discuss coding updates relating to dermatology
3. Discuss financial planning as related to dermatologists

Dr. Rick Lin is a board-certified dermatologist practicing in McAllen, TX since 2006. He is the only board-certified Mohs Micrographic Surgeon in the Rio Grande Valley region.

Dr. Rick Lin earned his Bachelor degree in Biology at the University of California at Berkeley and received
his medical degree from University of North Texas Health Science Center at Fort Worth in 2001. He also graduated with the Master in Public Health Degree at the School of Public Health of the University of North Texas Health Science Center. He then completed a traditional rotating internship at Dallas Southwest Medical Center in 2002.

In 2005 he completed his dermatology residency training at the Northeast Regional Medical Center in Kirksville, Missouri in conjunction with the Dermatology Institute of North Texas. Dr. Rick Lin served as the chief resident of the residency training program for two years. He was also the resident liaison for the American Osteopathic College of Dermatology for two years prior to the completion of his residency. In addition to general dermatology and dermatopathology, Dr. Lin received specialized training in Mohs Micrographic Surgery, advanced aesthetic surgery, and cosmetic dermatology.

Dr. Lin is board-certified by American Osteopathic Board of Dermatology in the primary specialty of dermatology. He also holds the certification of added qualification for Mohs Micrographic Surgery from the Bureau of Osteopathic Medical Specialists of the American Osteopathic Association and the American Osteopathic Board of Dermatology.

As a leader in the field of dermatology, he is currently serving on the Board of Trustees for American Osteopathic College of Dermatology. He also chairs the Information Technology Committee of the Texas Osteopathic Medical Association and is the President for District 14. Dr. Lin also serves on several advisory boards for different pharmaceutical companies and contributes his opinion to the development of new medications.

Steven Grekin, D.O.
Practice Management Update

Objectives:
1. Discuss new medications which have come to market in the past 12 months
2. Discuss upcoming changes to physicians’ reimbursement models
3. Share tips for operating a successful practice in today’s changing healthcare world

Dr. Steven Grekin has made it his personal and professional mission to help his patients put their best face forward. Years of research at the International Skin Rejuvenation Institute in Paris, France, and Quebec, Canada, have led Dr. Grekin to understand the secrets to younger, smoother, more radiant skin. He now brings these secrets to his patients in America.

Respected here and abroad as an expert in cosmetic dermatology, Dr. Grekin comes from a long line of physicians–six are dermatologists. He has participated in international teaching and training courses, and is an internationally recognized lecturer in his field.

Guided by cutting-edge principles of modern dermatology, natural medicine, and the highest quality medical care, Dr. Grekin offers his patients an elegant, intelligent program distinguished by its unique flexibility to restore every skin type to its youthful, natural best!

His family has been providing health care in the United States for almost 100 years. Dr. Grekin is committed to helping patients from all over the world. He now offers his programs online, so that he may reach out and help as many people as he can put their best face forward.

Disclosures: Allergan, Anterios, Cutanea Rosacea, G&G Herbal, Galderma, Intendis, Kythera, Leo, Maruhbo, Poriasis, Medicis, Merck, Promius, Rosetta, Stiefel, Symbio, Tigercat, Tolmar

Jack Cohen, D.O.
Evolving into an Exceptional Dermatologist

Objectives:
1. Identify the attributes that a physician must have to be successful
2. Define a practical approach to the dermatologist-patient interactions
3. Identify ways that a dermatologist can give back to his community and profession

Dr. Cohen is board-certified by the American Osteopathic Board of Dermatology and has practiced as a dermatologist in the Dallas/Fort Worth area for 25 years. He taught and practiced full-time as an Associate Professor of Dermatology at the University of Texas Southwestern Medical Center from 1998 to July 2010.

Dr. Cohen specializes in and treats diseases of the skin, hair, and nails. He provides treatment for both common and complicated skin disorders in patients of all ages. Dr. Cohen has extensive experience with diagnosing and treating autoimmune skin disorders and treating patients with transplants, who are at higher risk for skin cancers. His experience includes acne, lupus erythematosus and related connective tissue diseases, contact dermatitis, eczema, psoriasis, skin cancer detection and treatment, surgical dermatology, and some cosmetic dermatology.

VISIT THE EXHIBITORS AT CHARLOTTE

Make your rounds through the exhibitor hall in Charlotte again this year and get your exhibitor map stamped. Enter your completed map into the drawing for 6 chances to win. This year prizes include, 2 free AOCD meeting registrations, 2 copies of Fitzpatrick’s Color Atlas and synopsis of Clinical Dermatology, and 2 copies of Bologna’s Dermatology Essentials.

This meeting’s exhibitors are: AbbVie, Actelion Pharmaceuticals, Inc., Advanced Rad Solutions, Allergan, Anacor Pharmaceuticals, Aqua Pharmaceuticals, Aurora Diagnostics, Bayer Healthcare, Celgene, Dermpath Diagnostics, DICS, DUSA Pharmaceuticals, EMDerm, Galderma, Heartland Payment Systems, Hill Dermaceuticals, Inc., Janssen Biotech, Inc., Leo Pharma, Lilly USA, Inc., Medimetriks Pharmaceuticals, Merz Pharmaceuticals, LLC, Novartis Pharmaceutical, Person and Covey, Photomedex, Ra Medical, Ranbaxy Laboratories, Inc., Tizo by Fallene, Total Life Care Rx Pharmacy, Valeant Pharmaceuticals, Van Sickie Surgical Instruments, Inc., and WhiteCoat Designs.
Dr. Cohen continues now as a Clinical Associate Professor teaching the residents at Parkland Memorial Hospital. He also currently serves as the vice president of the Dallas Dermatologic Society and is on the Educational Advisory Board to the local North Texas Chapter of the Lupus Foundation of America.

James Del Rosso, D.O.

*Therapeutic Update in Dermatology*

Objectives:
1. Help attendees improve skills in diagnosis
2. Help attendees improve application of topical and systemic therapies
3. Help attendees improve differential diagnoses
4. Review general dermatology practice to enhance both the diagnostic skills of the practicing dermatologists and their patient outcomes

James Q. Del Rosso, D.O. has been practicing dermatology since 1986, and in the Las Vegas area at the Las Vegas Skin & Cancer Clinics since 1997. He is Adjunct Clinical Professor of Dermatology at the Touro University of College of Osteopathic Medicine in Henderson, Nevada and has the distinction of being the first and only dermatology residency program director in the history of the state of Nevada. Prior to coming to Las Vegas, Dr. Del Rosso served as Head of the Section of Dermatology at the Ohio University College of Osteopathic Medicine in Athens, and Visiting Faculty Member in Dermatology at Ohio State University (OSU) in Columbus where he twice was honored as Educator of the Year by the dermatology residents. He received his D.O. degree from Ohio University College of Osteopathic Medicine, interned at Doctors Hospital in Columbus, completed a dermatology residency at Atlantic Skin Disease and Skin Surgery in Fort Lauderdale, Florida, and a fellowship in Mohs Micrographic Surgery and cutaneous oncology at OSU. At his practice in Henderson, Nevada, he is proud of the quality of service provided and has an exceptional support staff of nurses and medical assistants who are dedicated to quality patient care.

Dr. Del Rosso is an internationally renowned dermatologist. He is Clinical Editor of the *Journal of Clinical and Aesthetic Dermatology*, has published multiple peer-reviewed articles and textbook chapters, and was President of the American Acne & Rosacea Society, American Society of Mohs Surgery, and the American Osteopathic College of Dermatology. He is one of the most highly-requested and well-respected educators in dermatology, invited to present regularly at dermatology meetings both nationally and internationally. Dr. Del Rosso has many outside interests, especially music, and stays busy at times with four children and six grandchildren.

*Disclosures: Allergan, Galderma, Bayer, Dermira, Promius, Ranbaxy, Taro, Sebacea, Suneva, Valeant, Aqua, LeoPharma, Merz, Anacor, Purupac, Unilever, Ferndale*

Jonathan Crane, D.O. and Kamran Goudarzi, M.D.

*Diagnosis and Treatment of Symptomatic Lower Extremity Varicosities*

Objectives:
1. Discuss how to recognize venous insufficiency on exam
2. Discuss how to recognize venous insufficiency symptoms
3. Help attendees understand treatment of venous insufficiency

A dedicated board-certified dermatologist who specializes in diagnosing and treating rare skin conditions, Dr. Jonathan Crane is a graduate of New York Institute of Technology and New York College of Osteopathic Medicine. He completed his residency in dermatology at Lower Cape Fear Dermatology Clinic in Wilmington, North Carolina and his internship at Peninsula General Hospital in Far Rockaway, New York.

A trustee and former president of the North Carolina Osteopathic Medical Association, Dr. Crane has been Associate Editor of the *Journal of the American Osteopathic College of Dermatology* since August 2011. Born in Huntington, New York Dr. Crane is married with two sons and enjoys boating, fishing, water skiing, camping, and white-water wilderness canoeing.

Dr. Kamran Goudarzi graduated with MB and BS degrees, with an M.D. degree from the University of London, as well as earning Licentiate of Royal College of Physicians (LCRP) and Member of the Royal College of Surgeons (MRCS). After graduation from medical school, he began preparation for his boards in general surgery for the Royal College of Surgeons in England.

Two years prior to obtaining his boards in surgery, he moved to the United States, where he did an additional five years of surgical residency. He now has over 35 years of post-medical school experience in the art of general, thoracic, vascular, laparoscopic, and both upper and lower endoscopic surgeries.

Dr. Goudarzi started his practice in North Carolina in 1987. He has been involved in the newest technologies as they have become available. When laparoscopy became available to general surgeons, Dr. Goudarzi was one of the leaders. He performed
the first laparoscopic repair of a hiatal hernia in the early 90s in Wilmington, NC.

Jonathan Crane, D.O. and Deidra Blanks, M.D.
Facial Rejuvenation Using Fillers, Neurotoxins, and Surgery

Objectives:
1. Discuss how to create goals to achieve with each patient
2. Discuss how to restore volume and fullness to the face
3. Discuss how to pick the correct dermal filler

Dr. Deidra Blanks specializes in facial plastic and reconstructive surgery.

She was born and raised in Lake Waccamaw, NC, and completed an undergraduate degree in Biology and medical degree at East Carolina University in Greenville, NC.

Dr. Blanks continued her medical training by being accepted into the esteemed residency program in Otolaryngology, Head & Neck Surgery and Facial Plastic Surgery at the University of North Carolina at Chapel Hill.

After finishing residency training, she was one of 37 surgeons in the country accepted into a facial plastic and reconstructive surgery fellowship. She completed advanced training to focus solely on the face under Dr. Keith Laferriere in Springfield, MO.

Dr. Blanks also served as faculty in the Division of Otolaryngology at the University of Missouri and Mercy Springfield. Dr. Blanks is a member of the American Academy of Otolaryngology (AAO) and American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS).

Dr. Blanks has been extensively published and has presented her research at various locations including Vietnam; Suriname; Washington, D.C.; Las Vegas, NV; and Denver, CO. Dr. Blanks is a proud wife and mother of one daughter. In her free time she enjoys running, swimming and spending time with her family. She is also very active in her Native American heritage and enjoys spending time at traditional powwows.

Jonathan Crane, D.O.
Oral Lesions from A to Z

Objectives:
1. Discuss dentification of benign and malignant lesions of the oral mucosa
2. Discuss treatment of oral mucosal dermatoses
3. Discuss the dermatologist’s role in mouth lesions

Lloyd Cleaver, D.O.
Osteopathic Continuous Certification Update

Objectives:
1. Provide an understanding of the OCC process that ensures osteopathic physicians are current in their specialty
2. Discuss the five components of OCC which include: Unrestricted License, Lifelong Learning, Cognitive Assessment, Practice Performance, Continuous AOA Membership

Dr. Lloyd Cleaver, D.O. founded the Cleaver Dermatology Clinic in 1986. Dr. Cleaver completed his internship and residency at the Navy Regional Medical Center in San Diego, CA. He is a graduate of Kirksville College of Osteopathic Medicine. He is also a board-certified dermatologist, Fellow of American Osteopathic College of Dermatology, and board-certified in Mohs Micrographic Surgery.

A leader in medical education, Dr. Cleaver is a Professor of Dermatology at the Kirksville College of Osteopathic Medicine/A.T. Still University and Assistant Dean of Continuing Medical Education at the Kirksville Osteopathic Medical Center/A.T. Still University. He serves as Vice Chair for the Certification Committee of American Osteopathic Association and has been Vice Chair and is currently Secretary to the American Osteopathic Board of Dermatology. He is a Past President of the Kirksville Osteopathic Alumni Association and a Past President of American Osteopathic College of Dermatology.

David Herold, M.D.
Advances in the Radiotherapeutic Management of Superficial Skin Cancer

Objectives:
1. Discuss the evolution of radiation therapy in skin cancer management
2. Discuss how to select proper patients who may be offered radiation therapy as a non-surgical treatment option
3. Discuss what radiation treatment options exist including different treatment modalities

Dr. David Herold is one of the few board-certified radiation oncologists in the country to have specialized in the treatment of skin cancer using therapeutic radiation. He has practiced both in general and specialty radiation oncology in Palm Beach County since 1999 and has served for over a decade as the Medical Director of Jupiter Medical Center Department of Radiation Oncology and the Palm Beach Cancer Institute - Center for Radiation Oncology.
Dr. Herold completed his radiation oncology residency training at the prestigious Fox Chase Cancer Center in Philadelphia. He had the privilege of working under the direct teaching and guidance of pioneering radiation oncologists including Gerald Hanks, M.D., Barbara Fowble, M.D., Robert Lee, M.D., Benjamin Movsas, M.D. and Eric Horowitz, M.D. He spent time during residency training to learn specialized radiation techniques with experts at MD Anderson Cancer Center in Houston and Thomas Jefferson University Hospital and Children's Hospital of Pennsylvania in Philadelphia.

After serving as chief resident at Fox Chase Cancer Center, he began working in private practice at Jupiter Medical Center. Over the next fifteen years he established countless radiation oncology programs, protocols and treatment plans, and diligently cared for hundreds of cancer patients. He has earned a reputation for radiation expertise, professionalism and a kind, compassionate old-fashioned style of care. He completed his internship in internal medicine at Northwestern University – Evanston Hospital in Evanston, IL and attended the University College of Medicine in Gainesville, FL. He attained his undergraduate degree from Cornell University in Ithaca, NY. He also spent a year abroad studying psychology and neurophysiology at Oxford University in England before attending medical school.

Dr. Herold pioneered the skin cancer program at Jupiter Medical Center and was responsible for all aspects of the radiation oncology program. He has refined the management of skin cancer treatment using advanced radiation techniques.

Amy McMichael, M.D.

Skin Disease in Skin of Color

Objectives:
1. Illustrate epidemiology of skin disease in patients of color
2. Review common disorders in patients of color: including acne, hyperpigmentation, and hair loss
3. Discuss and review treatment options for patients of color with skin disease

Dr. Amy J. McMichael is a board-certified dermatologist, affiliated with Wake Forest Baptist Medical Center in Winston-Salem, NC.

Dr. McMichael earned her medical degree from the University of Pennsylvania School of Medicine in 1990. She completed an internship in internal medicine from Thomas Jefferson University Affiliated Hospital in 1991. Dr. McMichael completed her dermatology residency at University of Michigan Affiliated Hospitals in 1994.

Mark Matthews, M.D.

Cutaneous Helminthic Infections

Objectives:
1. Discuss the mode of transmission for cutaneous helminthic infections
2. Discuss the diagnostic criteria for cutaneous helminthic identification
3. Discuss treatment modalities for cutaneous helminthic infections

Dr. Matthews is a board-certified dermatopathologist, anatomic pathologist, pediatric pathologist and neuropathologist.

He earned his medical degree from the Medical College of Georgia, where he then completed an internship and anatomic pathology residency. Upon finishing his residency, Dr. Matthews completed a pediatric pathology fellowship at Children’s Hospital of Philadelphia, a neuropathology fellowship at Duke University Medical Center, and a dermatopathology fellowship at University of Texas Southwestern Medical Center.

Laszlo Karai, M.D., Ph.D.

Melanoma Update with Regards to Immunotherapies

Objectives:
1. Provide a historical overview on melanoma related immunotherapies
2. Discuss various approaches and explain the science behind the therapy
3. Discuss and review research protocols that could be part of future treatment modalities

Immunohistochemistry Update

Objectives:
1. Provide a practical overview of new IHC stains used in dermatopathology
2. Provide help with the interpretation of the stains

Dr. Karai graduated summa cum laude with a medical degree and a Ph.D. from the Albert Szent-Gyorgyi Medical University, Szeged, Hungary. He started his residency in pathology in the Department of Pathology of the same university. He was awarded the Scholarship of the European Union (TEMPUS) in 1996 and continued his studies in surgical pathology at the University College London and at the Hammersmith Hospital.
Dr. Karai’s findings on the pathomechanisms of pain led to a number of high impact scientific publications, and resulted in a Phase I Clinical Trial on the treatment of intractable pain at the National Cancer Institute (NCI). Dr. Karai re-trained in pathology with Dr. Elaine S. Jaffe at the Laboratory of Pathology of the NCI and gained experience in the diagnosis of cutaneous lymphoproliferative diseases, soft tissue pathology and in various dermatopathological conditions. He continued his training in dermatopathology focusing on hair pathology with a Fellowship Program at the Cleveland Clinic Foundation with Dr. Wilma F. Bergfeld in 2007.

Prior to his current position at DermDX, he was a clinical associate at Cockerell and Associates, Dallas, TX. Dr. Karai is the acting chair of the International Partnering Committee (IPC) of the American Society of Dermatopathologists, working with his colleagues on establishing connections with foreign countries. Dr. Karai has extensive teaching experience in dermatopathology. He is board-certified in anatomic pathology and dermatopathology with special interest in cutaneous lymphomas, soft tissue tumors, pigmented lesions, inflammatory dermatoses, and teledermatopathology.

Clifford Lober, M.D., JD
Recent Changes in HIPAA/HITECH that Affect Your Dermatology Practice

Objectives:
1. Discuss the requirements of HIPAA’s privacy and security rules
2. Discuss appropriate changes necessitated by the “final rule”
3. Discuss how HIPAA interacts with state privacy laws

Dr. Lober received his M.D. degree from Duke University School of Medicine in 1974. He then completed his internship at Mayo Clinic in 1977 and his residency at the University of Tennessee in 1982.

Dr. Lober has been in the full-time private practice of dermatology in Kissimmee, FL, for 29 years. He is Adjunct Associate Professor of Medicine in the Department of Dermatology and Cutaneous Surgery at the University of South Florida.

Dr. Lober has received four Presidential Citations from the American Academy of Dermatology and was named “Surgeon of the Year” in 1992 by the Florida Society of Dermatology and Dermatologic Surgeons. He was awarded the first ever “Distinguished Service Award” by the Florida Society of Dermatology and Dermatologic Surgery. Dr. Lober has served on the Board of Directors of the AAD and chaired its section on Health Practice, Policy, and Research. He is currently Chairman of the Carrier Policy and Medical Liability Task Force.

Joseph Jorizzo, M.D.
Complex Medical Dermatology: Part I & Part II

Objectives:
1. Increase the ability to diagnose complex medical dermatology decisions
2. Increase the ability to evaluate etiology and internal diseases manifestations of the above
3. Increase the ability to direct the above decisions

Joseph L. Jorizzo, M.D., is Professor, and Former and Founding Chair of the Dermatology Department at Wake Forest University and Adjunct Professor of Dermatology at the Weill Cornell School of Medicine. Dr. Jorizzo received his undergraduate medical degrees from Boston University’s six-year A.B./M.D. Program and completed his internship in internal medicine, residency, and Chief Residency in Dermatology at North Carolina Memorial (UNC) Hospital. He also served as a fellow at St. John’s Hospital Dermatology Institute in London. Dr. Jorizzo remains a Professor, Former and Founding Chair of the Dermatology Department at Wake Forest University.

Dr. Jorizzo has been on myriad councils, committees, and advisory boards. He has participated on the editorial boards of the Archives of Dermatology, Journal of the American Academy of Dermatology, Journal of the European Academy of Dermatology and Venereology, among others. He is a member of many professional societies, including the American Dermatologic Association Society of Investigative Dermatology, Dermatology Foundation, Women’s Dermatology Association, and the American Academy of Dermatology, where he served as Vice President.

Dr. Jorizzo has co-edited several books, including Dermatological Signs of Internal Disease by Callen and Jorizzo, and Dermatology by Bolognia, Jorizzo, and Rapini for Elsevier. Additionally, he has authored and co-authored over 200 articles and abstracts, including chapters in major rheumatology and gastroenterology books. He has been the recipient of a number of national and international honors, including multiple America’s Best Doctors listings. He has spoken at hundreds of dermatology meetings in the U.S. and around the world.
Charlotte Offers Many Dining and Entertainment Options Near Spring Meeting Venue

**Theatre, Concerts & Events**

**Charlotte Ballet’s Contemporary Fusion**  
When: April 23-25, 2015 at 7:30 p.m.  
Where: Knight Theater, 130 N. Tryon Street, Charlotte, NC 28202

Contemporary Fusion merges three unique ballets into one entertaining performance, celebrating the versatility of the dancers and offering varying styles for you to enjoy. Experience Jean-Pierre Bonnefoux’s “Danses Brillantes” and Mark Godden’s “Angels in the Architecture”, and a World Premiere by resident choreographer Dwight Rhoden that merges his signature contemporary style with house music performed by an onstage DJ. *Tickets: $25 - $85*

**Classics: Chopin Piano Concerto No. 2**  
When: April 23-25, 2015 at 7:30 p.m. (Th) & 8:00 p.m. (F, S)  
Where: Belk Theater, 130 N. Tyron Street, Charlotte, NC 28202

Christopher Warren-Green, conducts the Charlotte Symphony Orchestra. The performance features pianist Yulianna Avdeeva. Pieces performed are Bizet’s Carmen Suite No. 1, Chopin’s Piano Concerto No. 2, Sibelius’s Symphony No. 5. *Tickets: $19 - $89*

**Detroit**  
When: April 23-25, 2015 at 7:30 p.m. (Th), 8:00 p.m. (F, S)  
Where: Actor’s Theater of Charlotte, 650 E. Stonewall Street, Charlotte, NC 28202

Recently laid off, Ben starts an e-business from home while his wife, Mary, keeps up with the Joneses. But the façade of their upwardly mobile life begins to crack when mysterious new neighbors arrive. Dangerously funny, this explosive comedy captures our economic times, ripping up the floorboards to reveal a crumbling suburban dream. *Tickets: $17 - $33*

**The Fantasticks**  
When: April 24-25, 2015 at 8:00 p.m.  
Where: The Duke Energy Theater, 345 N. College Street Charlotte, NC 28202

Try to remember a time when your biggest adventure was the first romance of your life. The Fantasticks is that story. It is about a boy, a girl, two fathers, and a wall. The original off-broadway production holds the distinction of being the world’s longest running musical! With a fun and gorgeous score by Tom Jones and Harvey Schmidt (110 in the Shade), and memorable songs such as “Soon It’s Gonna Rain” and “Plant a Radish” this classic American romantic-comedy will lift your spirits and remind you that the best things in life are often the most simple. *Tickets: $20*

**Epicentre**  
210 E. Trade Street, Charlotte, NC 28202

Conveniently located across the street from the Ritz-Carlton, Epicentre offers the unique combination of cafés, restaurants, late night spots and retail. Just minutes away from all of Charlotte’s local attractions, including Time Warner Cable Arena, and Bank of America Stadium, Epicentre is the perfect location to start or end your day with nonstop fun. With nearly 40 venues including nightlife spots, restaurants, shopping and a captivating rooftop terrace, Epicentre is the perfect spot to journey through day or night!

Epic experiences include Uptown excitement, celebrations, events, family activities, and nightlife. As you visit, you’ll find over 10 outdoor patios, nearly 200 TV screens, a five-screen state of the art cinema, an amazing bowling alley and so much more. Epicentre has cafés, restaurants and fine dining that can easily take you from breakfast to late night dining. Throughout the year, the packed event schedule includes the best in live music as well as fun family events, and a little bit of everything in between.

**Food Truck Friday**  
When: April 24, 2015 at 5:00 p.m.  
Where: Southend, 1613 Camden Road, Charlotte, NC 28203

Every Friday night, Charlotte’s favorite food trucks gather on the lot at the corner of Park and Camden in the Historic South End. These aren’t the roach coaches of yesteryear! The nationwide revolution of the food truck industry has hit Charlotte, and they’ve got an ever-growing community of trucks that cater to every taste. From burgers...
to tacos to soul food to cupcakes to ice cream and everything in between...there's something for everyone. Meeting every Friday night since February 2012, Food Truck Fridays have taken the city by storm. Food Truck Friday is family and dog-friendly, too! It's a neighborhood night out in a relaxed, casual atmosphere. Most of the trucks accept credit cards as well as cash.

**Museums & Exhibits**

**Levine Museum of the New South**
200 E. 7th Street, Charlotte, NC 28202

Housing the nation's most comprehensive interpretation of post-Civil War Southern history, Levine Museum of the New South is a Charlotte must-see. The New York Times writes, “There is an appealing integrity in the way the museum takes on its subjects.” All ages will enjoy the award-winning and recently expanded centerpiece exhibit Cotton Fields to Skyscrapers, which features interactive environments and more than 1200 artifacts, images, video, music, oral histories and more. Changing exhibits, programs and tours further illuminate Southern history and culture from 1865 to today. *Admission: $5 - $8*

**Mint Museum Uptown**
500 S. Tryon Street, Charlotte, NC 28202

Mint Museum Uptown houses the internationally renowned Craft + Design collection, as well as outstanding collections of American, contemporary, and European art. Designed by Machado and Silvetti Associates of Boston, the five-story, 145,000-square-foot facility combines inspiring architecture with cutting-edge exhibitions to provide visitors with unparalleled educational and cultural experiences.

Located in the heart of Charlotte's burgeoning center city, Mint Museum Uptown is an integral part of Levine Center for the Arts, a cultural campus that includes Bechtler Museum of Modern Art, Harvey B. Gantt Center for African-American Arts and Culture, Knight Theater, and Duke Energy Center. Mint Museum Uptown also features a wide range of visitor amenities, including the 240-seat James B. Duke Auditorium, the Lewis Family Gallery, art studios, a restaurant, and a museum shop. *Admission: $6 - $12*

**Mint Museum Randolph**
2730 Randolph Road, Charlotte, NC 28207

As the oldest art museum in North Carolina, and the art museum with one of the largest collections in the Southeast, The Mint Museum offers its visitors inspiring and transformative experiences through art from around the world via innovative collections, ground-breaking exhibitions, riveting educational programs, and profound scholarship. The Mint Museum is a non-profit, visual arts institution. *Admission: $6 - $12*

**Bechtler Museum of Modern Art**
420 S. Tryon Street, Charlotte, NC 28202

Located in Charlotte's Center City, the Bechtler Museum of Modern Art brims with works by Miró, Giacometti, Calder, Warhol and a wealth of other 20th century notables. The previously private collection of the Bechtler family of Zurich, Switzerland was, until now, mostly unseen by an American audience. Accumulated over 70 years, the collection features mid-20th-century modernism along with books, photographs and letters that illustrate the personal relationships the Bechtler family maintained with some of the artists in the collection. The museum's terra-cotta-tiled building is one of Charlotte's most inspired and inspiring spaces. Designed by eminent architect Mario Botta, the museum's architecture displays a sculptural power that connects to the dynamic art inside it. The Bechtler juxtaposes whimsy with work of significant intellectual depth and historical significance. Cosmopolitan in nature yet intimate in scale, the museum provides an experience that is inspiring and approachable. *Admission: $4 - $8*

**Discovery Place**
301 N. Tryon Street, Charlotte, NC 28202

As one of the leading hands-on science centers in the country, Discovery Place offers visitors the opportunity to gain a greater understanding of science, technology, engineering and mathematics in a fun, interactive and informal setting. Located in one of the nation's fastest growing metropolitan areas, Charlotte, NC, Discovery Place offers a family-friendly experience surrounded by the excitement of a bustling urban community.

Visitors also can get close to nature by visiting Charlotte Nature Museum, adjacent to Freedom Park and located in one of the community's finest residential areas. Charlotte Nature Museum visitors may walk among free-flying butterflies, observe live animals, buzz around with insects or hang out in the natural world. Daily programming including puppet shows and hands-on activities
provide the opportunity for structured learning and informal play for the young and old alike. **Admission:** $12 - $15

**NASCAR Hall of Fame**
400 E. Martin Luther King Jr. Boulevard, Charlotte, NC 28202

With 150,000 square feet of mechanical genius, the NASCAR Hall of Fame is the ideal place for your next cool car fix. If you are a car buff, you will enjoy a close look at 31 meticulously maintained automobiles spanning seven decades. Always wanted to hone your mechanical skills? More than 50 interactives let you try everything from a fully operational engine dynamometer to a simple comparison of your home floor jack to its lightweight counterpart used “over the wall.” It’s All At The Hall.

The NASCAR Hall of Fame is one of the most interactive and high-tech halls of fame in the world. Plan your visit today. More than 50 interactive kiosks. Nearly 1,000 artifacts. 31 cars, 4 floors = 150,000 square feet of paradise for speed demons. **Admission:** $13 - $20

**Dining Near the Ritz-Carlton**

**Bentley’s on 27** Seafood, French
201 S. College Street, 27th Floor, Charlotte, NC 28244 ph: 704.343.9201

Jim Emad is the sole proprietor of Bentley’s on 27. He’s been working in Charlotte for over 25 years. Most recently, he was the General Manager at Lavecchia’s Seafood Grille. Prior to that, he worked for 17 years at The Fish Market Restaurant, formerly on Morrison Blvd., in South Park. Jim Emad is a seasoned restaurant operator who now has his own dining room in which to display his style of food, wine, and service. Jim’s vision includes classic French dishes prepared and presented at the table with the use of a gueridon. The gueridon, a mobile cooking cart used in French tableside service, is rarely seen in dining rooms today.

**Fujo Bistro** Chinese, Japanese
301 S. College Street, #100, Charlotte, NC 28202 ph: 704.954.0087

If it’s sushi you love or spicy General Tso’s chicken, Fujo Bistro welcomes you! Fujo Bistro is a full-service Asian Fusion restaurant that has been providing only the best Chinese and Sushi in town for six years. Experience outstanding service by a friendly and courteous staff of servers and hostess! So come and tantalize your taste buds with traditional Chinese and a wide variety of fresh sushi.

**Local Loaf** Artisan Breads, Patisserie
7th Street Public Market, 224 E 7th St., Charlotte, NC 28202 ph: 980.292.3352

Local Loaf opened in May 2013 and is located inside the 7th Street Public Market. Since then culinary guru, Chef Adam Spears and his team have been serving both high quality gourmet sandwiches and exploring new ventures into the uncharted territories of artisan breads.

Renowned in Charlotte, NC, for the Chicken and The Egg breakfast sandwich, this entree has changed the breakfast scene in the Queen City. Lightly breaded chicken tenders with a poached egg and regionally made Cheerwine Chipotle Honey sauce; this sandwich has become a superstar amongst the signature menu items offered. All sandwiches are made with regionally sourced ingredients and absolutely no preservatives.

Cornered inside the 7th Street Public Market, Local Loaf has added to the eclectic vibe felt within the marketplace. This authentic meeting place in the heart of the city allows locals and visitors to explore and find authenticity, regional charm, and an artisan food culture true to the city of Charlotte and the Carolinas.

**Mert’s Heart & Soul** Southern/Soul, Cajun
3214 N. College Street, Charlotte, NC 28202 ph: 704.342.4222

Located in the heart of Uptown Charlotte, Mert’s Heart and Soul is one of the most sought after dining destinations in the Queen City. From the award-winning macaroni and cheese, to the sweet, buttery cornbread, to the shrimp and grits - Mert’s southern, Low Country, and Gullah – inspired favorites leave guests with an unforgettable, “home cooked” experience. Stop by Mert’s today to find out what Charlotteans and tourists already know: That Mert’s is the heart and soul of Charlotte.

**Capriccio’s Pizza And Italian Restaurant** Italian
9611 Brookdale Drive, Charlotte, NC 28215 ph: 704.596.5459

A nice, small Italian restaurant in the Brookdale Plaza on Rocky River off I-485. All kinds of pizza, an inexpensive getaway.

**Riverview Raw Bar & Chill** Raw Bar, Seafood, American
10012 Moores Chapel Loop, Charlotte, NC 28214 ph: 704.392.7920

Riverview Raw Bar & Chill is a full service restaurant on the banks of the Catawba River in Charlotte, NC. They feature a
The Foundation for Osteopathic Dermatology was founded in 2002 by the AOCD as a unique extension of the osteopathic dermatology community. Its purpose is to improve the standards of the practice of osteopathic dermatology by raising awareness, providing public health information, conducting charitable events, and supporting research through grants and awards given to those applicants under the jurisdiction of osteopathic dermatology physicians.

Funding is solely obtained through voluntary donations from physicians and members of the osteopathic dermatology community and the generous sponsorship of corporate donors. To make a tax-deductible donation that supports research, grants and other FOD programs, please send a check or money order to:

The Foundation for Osteopathic Dermatology
P.O. Box 7525
Kirksville, MO 63501

All requests for grants are submitted in accordance with established guidelines and deadlines for the individual grants and are subject to review by established procedures of the Board of Directors of the Foundation. All areas of dermatology research will be considered based on their scientific merit. Researchers interested in applying for a research grant can click here to download the application.

There are multiple grants available to osteopathic dermatologists. They include:

- **The FOD Resident Research Grant** is awarded annually to an osteopathic dermatology resident in an AOA accredited institution. The purpose of this grant is to foster research in dermatology medicine conducted by dermatologists at a graduate level.

- **The FOD Young Investigator Grant** is awarded annually to an osteopathic dermatologist who is a graduate of an accredited dermatology residency and practicing dermatology in an accredited institution for five years or less. The purpose of this grant is to foster research among young dermatologists and is
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Cetaphil® RestoraDerm® products are the first and only regimen with advanced ceramide and Filaggrin technology™

To help restore the skin barrier in dry, eczema-prone skin, recommend the Cetaphil® RestoraDerm® regimen.¹

and contain all of the following:

**Submission Information**

Applications must be typewritten or printed and contain all of the following:
1. Curriculum vitae: Limited to four pages. Include the following, listed in chronological order: employment, positions and honors, selected peer-reviewed publications (do not include publications submitted or in preparation), research experience.
2. A photo portrait (head and shoulders) of the applicant.
3. Budget: A budget detailing how the funds will be used.
4. Research proposal containing the following: Introduction: Include description of the general concepts of the project, background information, preliminary work and observations or reference to existing literature.
5. Major Methods: A detailed description of the research plan including methods and controls. Include a description of the proposed experiments or procedures; the techniques to be used; the number and type of subjects; the control population; the types of data expected to be generated; and the means by which the data will be analyzed and interpreted.
6. Analysis of Results: Present an overview of the planned analysis and summary of the data.
7. Conclusion: Provide a description of the significance of this research to the field of dermatology and osteopathic medicine (philosophy or practice) in general.
8. Project Summary: The summary should provide a concise overview of the project (limited to one page).

Incomplete applications will not be accepted. Applications received after the deadline date will be returned unread.

Applications must be received by December 31 of each year to be eligible for consideration.

Applications for research grants are reviewed for validity and efficacy by the Board of Trustees of the Foundation. The Board will determine the selection of grant applicants and the amount of grant monies allocated based on funds available in the grant category.

All applicants will be notified of the receipt of their application within 10 days by the Executive Director.

Applicants receiving grants for any of the programs described in this brochure will receive their grant monies in two or more payments. At the end of the fiscal year, appropriate tax forms such as a 1099 will be sent.

Applicants will be ineligible to apply for subsequent grants for one year after receiving a grant.

Grant recipients are required to submit a report after six months and upon completion of the project as well as a full reconciliation of funds dispersed.

The Foundation reviewed and approved the following grants:

- **“Autoimmunity in Primary Cutaneous Lymphoma and Pseudolymphoma”**
  - Gregory Delost, Case Western Reserve Hospital, Cleveland, OH

- **“Dermoscopy Research”**
  - Alexis Stephens, D.O.

- **“Genomic Characterizations of Melanomas in the Hispanic Population”**
  - Karthik Krishnamurthy, D.O.

- **“A Randomized, Double-Blind, Multicenter Study of the Efficacy and Safety of AbobotulinumtoxinA Reconstituted up to 10 Weeks Prior to Injection”**
  - Matthew Zarraga, D.O.

The Foundation is also currently reviewing its By-Laws for possible updates.

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Gregory R. Delost is a fourth year medical student at Lake Erie College of Osteopathic Medicine in Erie, PA, who is participating in an ongoing research project with Drs. Jacqueline Selph, Ritva Vyas, Kord Honda, and Kevin Cooper involving cutaneous lymphoproliferative disorders at University Hospitals Case Medical Center in Cleveland, OH. Specifically, Student Doctor Delost created and organized a patient database spanning twenty years, containing over 1100 patients who presented at the institution’s multidisciplinary cutaneous oncology tumor board. Using the database, the team was able to compare primary cutaneous lymphomas in the adolescent and young adult population with those in the adult and pediatric patient population. Also, they were able to describe comparative clinico pathological features, autoimmune markers, and immunohistochemistry of these cases. For his work, Gregory was awarded the Foundation for Osteopathic Dermatology (FOD) Young Researcher Grant, which will greatly assist in the advancement of the database for future applications. Student Doctor Delost will present the research at the annual meeting of the Society for Investigative Dermatology (SID) in Atlanta, GA, in May 2015. Additionally, he will give an oral presentation during the annual meeting of The International Society for Cutaneous Lymphomas (ISCL).
Call For Papers

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
This year at the upcoming 2015 AOCD Spring Meeting, I will once again have the opportunity to thank our corporate sponsors and exhibitors. This year at the meeting we will have 31 exhibitors. Please make sure you spend time with each of the exhibitors and thank them for their support. The AOCD is very fortunate to have corporate sponsors who join us as partners with a commitment to medical excellence. In the midst of economic uncertainty, our corporate sponsors remain committed to the College and continuing medical education (CME). It goes without saying that our corporate sponsors are critical to helping us accomplish our mission.

Returning corporate sponsors are as follows:

- Galderma, Ranbaxy Laboratories, Inc., Valeant Pharmaceuticals (Diamond Level)
- AbbVie, Celgene, Merz Pharmaceuticals, LLC (Gold Level)
- DLCS, Lilly USA, LLC (Bronze Level)
- Actavis, PLC, Allergan, Anacor Pharmaceuticals, Dermpath Diagnostics (Pearl Level)

As you will see from the list above, we have several new corporate members. Don’t forget to visit the exhibit hall during the meeting.

In addition to corporate memberships, the Spring Meeting has obtained support through sponsorship and/or unrestricted educational grants. Those companies who have contributed are: Anacor Pharmaceuticals (Program Directors Meet and Greet), Allergan (Registration Portfolios), DLCS (meeting t-shirts and bags); Allergan, Bayer Healthcare, and Valeant Pharmaceuticals for unrestricted educational grants.

The AOCD also appreciates Janssen Biotech, Inc. for providing a lunch product theater. For the past several years, Janssen Biotech, Inc. has been responsible for several product theaters at our meetings. This year, their speaker, Brad P. Glick, D.O., MPH, Assistant Clinical Professor of Dermatology from the Herbert Wertheim College of Medicine will be presenting “Clinical Casebook in Dermatology: Biologic Therapy in Moderate to Severe Plaque Psoriasis and Active Psoriatic Arthritis” on behalf of Janssen Biotech, Inc.

Exhibitors for the 2015 Spring Meeting are as follows: AbbVie, Actelion Pharmaceuticals, Inc., Advanced Rad Solutions, Allergan, Anacor Pharmaceuticals, Aqua Pharmaceuticals, Aurora Diagnostics, Bayer Healthcare, Celgene, Dermpath Diagnostics, DLCS, DUSA Pharmaceuticals, EZ Derm, Galderma, Heartland Payment Systems, Hill Dermaceuticals, Inc., Janssen Biotech, Inc., Leo Pharma, Lilly USA, Inc., Medimetriks Pharmaceuticals, Merz Pharmaceuticals, LLC, Novartis Pharmaceutical, Person and Covey, Photomedex, Ra Medical, Ranbaxy Laboratories, Inc., Tizo by Fallene, Total Life Care Rx Pharmacy, Valeant Pharmaceuticals, Van Sickle Surgical Instruments, Inc., and WhiteCoat Designs.

Thank you to past and new exhibitors for your support of the AOCD and continuing medical education. Your participation during this meeting is appreciated.

**Sponsor Spotlight: Dermpath Diagnostics**

In today’s complex healthcare environment, integrity, corporate ethics, and accountability are more relevant than ever before. At Dermpath Diagnostics, they conduct all of their business activities, including the funding of resident educational opportunities, in a professional, ethical and compliant manner.

Dermpath Diagnostics has held several Dermpath Bowl events at the annual meetings for our residential programs to compete head-to-head reviewing slides and diagnosing the cases in a given time. At our Fall Meeting, which was held in Seattle, Dermpath Diagnostics supplied the residents with goody bags for the in-training exam.

At the 2015 Spring Meeting, Dermpath Diagnostics will sponsor a Dermpath Bowl. The format is slightly different than the Dermpath Bowl competition held at the AAD Annual Meeting; however, we still crown a champion and runner-up with an educational grant and bragging rights!

We would like to thank Dermpath Diagnostics for their continued support of resident education and for helping them better understand dermatopathology.

Join the AOCD for the 2015 Fall Meeting at Loews Royal Pacific Resort at Universal Orlando October 15-18
As winter comes to a close, I hope this spring finds you well. Our Midyear Meeting in Charlotte, NC, is fast approaching, and I urge you to send me any questions or concerns that you would like to be addressed to the AOCD board. I will pass these concerns on for their consideration during their Midyear Board Meeting.

As most of you have heard by now, after months of discussion, the AOA, along with the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM), have agreed to a single accreditation system for GME programs in the United States. There are certainly many details to be worked out while this transition takes place, and as major areas of concern are finalized, I will inform everyone as to the state of these affairs on these topics. The most valuable resources that we all have are our program directors. Feel free to ask them questions and take an interest into your future as D.O. dermatologists, as well as the future of D.O. dermatology and the AOCD. We have all been given this incredible opportunity to pursue our dreams as dermatologists. Let’s work our hardest to pass that opportunity on to those behind us.

Senior residents, be sure to start compiling your application package for submission to the AOBD. Click here to download the package requirements and materials. This must be completed by August 1st. In addition, don’t forget to submit your annual application prior to leaving your program, as well as your AOCD Annual Report within 30 days of leaving your program.

For subspecialty certification, you can also find all the important information here. Included subspecialties are dermatopathology, Mohs surgery, and pediatric dermatology.

First and second year residents, the same applies to you in regard to submitting your annual publication and report to the AOCD.

Resident Shares First AAD Meeting Experience

By Nicole Tillman, D.O.

I was lucky enough to attend the American Academy of Dermatology (AAD) annual meeting in San Francisco in March. This year was my first year attending the meeting and I didn’t know what to expect.

Thursday, before the actual meeting began, a resident symposium was held. I highly recommend all residents attend this at least once during their residency. The lectures highlight information that is important to us as residents- reviewing contracts, discussing various job opportunities and the differences between private practice and academic dermatology, financial planning, meaningful use and PQRS, coding with ICD-10, and of course, board review. The speakers were very knowledgeable and willing to answer any and all questions regarding the topics. One of the speakers even joined my co-residents and me for lunch to further answer questions and offer advice. It was also enjoyable to interact with other residents from both osteopathic and allopathic programs.

The AAD officially began on Friday and the scheduled lectures encompassed the whole spectrum of dermatology from pediatrics, to surgical dermatology, to cosmetics and lasers, to tropical medicine, and everything in between. There was literally a lecture for everyone. I appreciated hearing about new and upcoming medications and cosmetics. I also really enjoyed the board blitz, which was mainly attended by residents. A career networking event was held one night to introduce third year residents and any dermatologists looking for employment opportunities. A panel discussion was held regarding osteopathic dermatologists and the AAD with our allopathic peers. Amidst the AOA and ACGME merge, this is incredibly important and I believe all residents should stay active and informed during this process. Next year at the annual AAD 2016, there will be a vote to make osteopathic trained dermatologists full members of the AAD and we should encourage all to vote for this.

In the exhibit halls, there were hundreds of booths for cosmetics and skin care products, electronic medical records, lasers, peel machines, sun protective clothing, computer software, office equipment and lighting, and pharmaceuticals. For me personally, I think it is important to sample any products that I recommend and found the exhibits to be very informative and helpful.

My overall AAD experience was nothing but positive. The only downside to the meeting is that I had to pick and choose which lectures to attend because frequently two appealing lectures would be scheduled at the same time. All residents should attend this meeting most importantly to increase their dermatologic knowledge but also for the networking opportunities and personal development. At the conclusion of my time in San Francisco, my suitcase was expanded with various products, but more importantly my dermatology knowledge was expanded even further. I feel incredibly grateful to have attended such a phenomenal meeting and look forward to attending many more AAD meetings.
First Osteopathic Dermatology Residency in Georgia Looks Ahead as Residents Complete First Year

When Marcus Goodman, D.O., FAOCD, decided to lay his professional roots down on the campus of North Fulton Hospital in the north Atlanta suburb of Roswell, Georgia, establishing an exceptional dermatology residency training program was a top priority.

Achieving full accreditation on November 5, 2013, the Philadelphia College of Osteopathic Medicine - North Fulton Hospital Medical Campus (PCOM/NFHMCDermatology Residency) offers an innovative dermatology program with a full range of academic, general, surgical, cosmetic, and tele-dermatology experiences. It is the first osteopathic dermatology residency program in the state of Georgia and each year, one new resident will be chosen to support three residents in the program at any given time.

The inaugural residents, first-year Irina Milman, D.O., and second-year Eugene Sanik, D.O., began training on July 1, 2014. Both are board-certified in family medicine and have accrued years of experience in independent practice as well as dermatology research fellowships before deciding to pursue this dermatology residency. “We’re honored to be the first residents in this program,” Dr. Sanik said. Experienced board-certified emergency physician Carmen Julian, D.O., recently matched into the program and will be the newest addition starting July 2015.

The backbone of the program lies in the primary academic teaching clinic on the hospital campus. There are five examination rooms, two operating rooms, a phototherapy room, aesthetics room, and resident library with dedicated computers for all residents and large flat screen TVs for teleconferencing. During all three years, residents have their own structured continuity patients under the clinical instruction of Program Director Dr. Goodman. His guidance allows for full support, but also a high level of autonomy for residents to cultivate long-term, meaningful relationships with their patients longitudinally over a three-year period.

The program is especially proud of its innovative use of technology. An electronic medical records system is used, along with digital skin imaging technology that enables photos of almost all patients and their skin complaints to be securely stored on HIPAA-compliant servers. Tracking images year-after-year aids in the early detection of skin diseases such as melanoma, following the evolution of postsurgical scars, and observing responses to treatments. With proper informed consents, they also video record select surgical and cosmetic procedures. “This is of great educational benefit because interesting cases and procedural technique can be reviewed by the faculty and other residents for constructive feedback, especially when it’s not possible for all residents and attendings to observe all of each other’s procedures and cases directly,” Dr. Goodman explained, “best of all, it’s great for patients and they love it.”

Inpatient and emergency consultations are performed at North Fulton Hospital, a state-of-the-art 202-bed, Level II trauma center that serves 40,000 patients annually, admitting approximately 16% of emergency room visits. The hospital, indoor parking lot, and professional medical building where the clinic is located are all linked allowing easy and immediate access to hospital facilities, inpatient units, and emergency room. The cafeteria serves breakfast, lunch, and dinner, at no cost to physicians and residents.

Residents also work with other talented faculty at private offices in the community. These include a facial plastic surgeon who specializes in cosmetic injectable treatments, fellowship-trained Mohs surgeons, and a surgical oncologist who specializes in treating melanoma and advanced skin tumors. Residents receive in-depth training in all facets of dermatology, from dermatologic surgery, laser and cosmetic procedures, to billing, coding, and practice management. At least 8 weeks per year are spent with the program’s director of surgical training, Emory residency and Cleveland Clinic Fellowship-trained Mohs surgeon Trephina Galloway, D.O., FAAD.

When not in clinics, the residents have many other learning opportunities, including a weekly didactic curriculum, monthly journal club, and biweekly Grand Rounds at Emory University. There are particularly strong dermatopathology teaching sessions by numerous fellowship-trained dermatopathologists, including the program’s director of dermatopathology Dipti Anand, M.D. The teaching includes slide reviews of residents’ own biopsies from clinic that week with clinical-pathologic correlation, sign-out sessions, telepathology conferences, and board review courses with other Georgia dermatology residency programs.

As part of their training, residents actively participate in multidisciplinary tumor board conference, volunteer at annual skin cancer screenings at the hospital and local communities, and attend local and national conferences.

Each week, the program welcomes medical students, interns, research fellows, and primary care residents to rotate in the clinic and participate in academic and patient-care activities. Anyone is invited to come spend time and experience what the program has to offer potential residents.

With less than one year under its belt, this is only the beginning. The program looks ahead to the upcoming AOA/ACGME Single Accreditation merger with confidence, and anticipates many exciting new changes and areas of growth that will ensure graduates are fully prepared to provide exceptional patient-focused care, whether pursuing a fellowship or embarking on a career in either an academic or private practice setting. The future is bright.

Click here to contact the PCOM/North Fulton Hospital Medical Campus dermatology residency for more information.
Hi everyone,
I hope everyone fared well through the winter months, especially those of you in the northeast where the winter was particularly rough. The AOCD office is hard at work preparing for the upcoming Spring Meeting, and we hope you’ll be able to join us. I’m looking forward to seeing many of you in Charlotte.

Annual Reports
It will soon be time for Annual Reports to be turned in. All forms can be downloaded from our website here.

It is important for everyone to remember that handwritten reports and older versions of the report forms will no longer be accepted. If old versions of the reports or handwritten reports are received, they will be returned to the resident to resubmit in the approved format.

The Resident’s Annual Report due to the AOCD office 30 days after the end of each training year. Residents are encouraged to keep a copy of the report for their records.

One original copy of the report should be sent. The signature page must be signed by the Resident, Program Director, and Director of Medical Education (DME). It is an affirmation of complete and accurate reports. Once the reports are received by the AOCD, we will upload them to FileWorks, which is our online storage system. The Education Evaluating Committee (EEC) members will then be able to view each report as they are uploaded at their convenience, allowing them more time for review. Incomplete reports will not be uploaded. Please do not fax your reports, as these will not be accepted.

All reports submitted late are subject to a late fee penalty and will not be reviewed by the EEC until the fee is paid. The late fee schedule is as follows:
- $100 for all reports submitted 30 to 365 days past deadline
- $250 for all reports submitted 365 to 730 days past deadline
- $500 for all reports submitted 731 days past deadline

Late documents will delay the approval of each year of training by the EEC and the AOA’s Postdoctoral Training Review Committee. Board eligibility is granted only upon approval by both committees.

Please do not staple the forms, bind them, or use color paper. Please print single-sided only. Review your report before submitting it to ensure that it is complete. Finally, report packets should be sent to the locations specified below.

If using the U.S. Post Office, please continue to send your reports to:
American Osteopathic College of Dermatology
P.O. Box 7525
Kirksville, MO 63501

If using any other parcel service, such as FedEx or UPS, please use the following address:
American Osteopathic College of Dermatology
2902 N. Baltimore Street
Kirksville, MO 63501

James Bernard Leadership Award
With a July 1 deadline, it’s a great time to begin thinking about nominations for the James Bernard, D.O., FAOCD, AOCD Residency Leadership Award.

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

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

Applications will be reviewed by the Awards Committee, which will forward its recommendations to the national office. Applicants will be notified by certified letter. All correspondence concerning the program and/or awarded grants should be directed to the Awards Committee. Winners of the award will be announced at the 2015 Fall Meeting.

Koprince Winners Announced for the 2014 Fall Meeting
Congratulations to the following residents who were selected as Koprince Award recipients for their lectures presented at the 2014 Fall Meeting in Seattle:
- Sean Branch, D.O., Lehigh Valley Health Network, for his presentation *Cutaneous Manifestations of Crohn’s Disease.*
- Jennifer DePry, D.O., University Hospitals Regional Hospital, for her presentation *UVB Protective Properties of Contact Lenses with Intended Use in Photore sponsive Eyelid Dermatoses.*
- Ryan Owen, D.O., Lehigh Valley Health Network, for his presentation *Eosinophilic Pustular Folliculitis with Underlying Mantle Cell Lymphoma.*
- Theresa Zaleski, D.O., St. Joseph Mercy Health System, for her presentation *The Effect of 5% Monoxidil Solution on Hair Removal Utilizing the Nd.:YAG Laser: A Pilot Study.*

Incoming Residents for 2015-2016
I would like to introduce the new residents joining our programs for the 2015-2016 year. The AOCD will welcome 50 new residents on July 1. The incoming residents (listed with their programs) are as follows:

Affiliated Dermatology
- Kevin Miller, D.O.

Botsford Hospital/McLaren-Oakland
- Nichelle Arnold, D.O.
- Brian Gray, D.O.

Colorado Dermatology Institute
- Michelle Elway, D.O.

LECOM/Tri-County Dermatology
- Stephen Cahill, D.O.
- Stephanie Kang, D.O.

Lehigh Valley Health Network
- Kelly Quinn, D.O.
- Veronica Rutt, D.O.

LewisGale Hospital-Montgomery/VCOM
- Trent Gay, D.O.
- Christine Sickles, D.O.
Documentation needed for new residents

New residents beginning training in July 2015 should submit all of their application materials to the national office. Dues should be paid at this time, if payment has not been made this year. Those who have already paid student dues for the current year will owe a balance of $25. If you are uncertain if you have paid this year, please feel free to contact me. All 2015 resident dues must be current before becoming eligible to sit for the In-Training Examination in Orlando this October.

All residents are asked to provide the following documents:

- A copy of your medical school diploma (and exact date of graduation)
- A copy of your internship diploma (exact dates of attendance and name and address of school)
- A copy of your state license
- 2 passport size photos
- A current CV

Board-Certified Dermatologist Wanted for Busy Central Florida Practice

Suncoast Skin Solutions is an expanding dermatology and skin cancer practice in Central Florida. If you’re a board-certified dermatologist looking for a group of sane, hardworking colleagues who focus on patient care, email us. The ideal candidate should enjoy all aspects of dermatology.

Travel to a satellite office or two is likely, as we have multiple busy locations. The Daytona Beach area has great weather, family-oriented activities and professional sporting events. Our team is second to none, with minimal turnover, happy staff, and satisfied patients. We offer flexible compensation packages and a thriving book of patients to assume care of.

Please email your CV to aparachini@suncoastskin.com or call Amy Parachini at 813-321-1786.

Opportunity Near Philadelphia with Partnership Possibility

Dermatology Specialists is a well-established and growing physician-owned and operated practice located in suburban Philadelphia (approximately 35 miles northwest of Philadelphia, near King of Prussia, PA). We are dedicated to providing outstanding patient care and we are looking for a dermatologist who shares our vision.

This position offers excellent pay and benefits; a collegial atmosphere in which to work; an impecabbly trained and consummately professional support staff with no turnover; a very flexible schedule with the ability to set many of your own hours; an upper-middle-class suburban patient population; and fully modern, newly renovated office and clinical space. We also offer the opportunity for partnership, if desired, with all the opportunities for financial advancement and professional growth that becoming a partner would offer.

If you are looking to join a practice that offers great financial benefits, excellent working conditions, and a relaxed and supportive environment that respects physicians, please contact: Sharon Bernet by email (sharon@dermspec.net) or phone (610-495-6559).