Saint Louis University School of Nursing Continuing Education

***Instructions:*** For educational activities with multiple sessions, please complete a planning form for each individual session for which contact hours will be awarded. Type directly into blank cells of the tables. Save the completed form to your computer.

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| **Educational Activity Title:** | Saint Louis University School of Nursing Advanced Practice Nursing Conference and Workshop. |
| **Individual Session Title: *(if different than activity title)*** | Common Dermatological Issues in Primary Care and Biopsy Workshop |

 **Knowledge gaps:** *Lack of background related to dermatological conditions related to minimal focus in educational programs. Surveys over the past few years have indicated the need for background, discussion of pathophysiology, various clinical presentations, and various techniques to biopsy*

| **Learning outcome(s)** |
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| List learning outcome(s) in behavioral terms using a single measurable verb for each. Outcomes are evaluated to determine the impact of educational activities on patient care and professional development of the learner. Learning outcomes should fit into one of Miller’s zones1:  |
| ***The participant will:******-gain knowledge on the assessment, diagnosis and management of various dermatological diagnoses.******- discuss the pathophysiology of various dermatological diagnoses.******-identify and discuss different clinical presentations of various dermatological diagnoses.******-Self-report an increase in knowledge on medications to treat various dermatological diagnosis.******- be able to explain non-pharmacological treatments of various dermatological diagnosis.******-Demonstrate excisional, punch and shave biopsy techniques.*** |
| **Content** | **Time Frame** | **PRESENTER/Faculty/****AUTHOR** | **LEARNER ENGAGEMENT** **STRATEGIES** |
| Provide an outline of the content to be presented, related to each learning outcome, in sufficient detail to determine consistency with learning outcomes and appropriate time allotted. *(Restatement of learning outcomes does not meet the criteria)* | List the number of minutes**2**for each topic/ content area**3**. | List the presenter, faculty person or author for each content area. | List the engagement strategies used by each presenter for each content area. |
|  *Discussion of the pathophysiology, clinical presentation, diagnostic tools and management of various, common dermatological diagnoses.**Pharmacological and non-pharmacological treatment will be discussed.* | 2.5 hours | Shellie D. Hill | [x]  Question/Answer [ ]  Self-check or self-assessment[ ]  Audience response system[ ]  Return skill demonstration[ ]  Role play[x]  Small group discussion[ ]  Assignments/testing/practice[x]  Engaging learners in dialogue[x]  Analyzing case studies |
| *Presentation and hands-on workshop for excisional, punch and shave biopsies will be performed.* | 1 hour | Shellie D. Hill | [ ]  Question/Answer [ ]  Self-check or self-assessment[x]  Audience response system[x]  Return skill demonstration[ ]  Role play[ ]  Small group discussion[ ]  Assignments/testing/practice[x]  Engaging learners in dialogue[ ]  Analyzing case studies |

**1** Examples of learning outcomes for each zone: **Knows** (knowledge gained) – Learners will self-report an increase in knowledge about XYZ **Knows how** (knows how to apply the knowledge)– Learners will describe how they will integrate XYZ into their practice **Shows** (demonstrates how to apply knowledge) – Learners will demonstrate the correct procedure for XYZ during the learning activity **Does** (applies knowledge in practice) – Learners will integrate knowledge into practice as validated by an decrease in the incidence of XYZ measure. NOTE that evaluation questions should reflect the learning outcomes.

**2** Total number of minutes should match the total number of hours used to calculate the contact hours awarded.

**3** Time spent on learner feedback and/or evaluation is acceptable to include in calculation of contact hours.

**Total minutes for this activity/session (including time spent on evaluation) =**

**List the evidence-based reference(s) used for developing the content of this educational activity/session next to the appropriate category:**

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| **Information from organization/website:**(current available evidence within past 5-7 years; may be published or unpublished content. Examples – Agency for Healthcare Research and Quality, Centers for Disease Control, National Institutes of Health) | **CDC. (2015a). Centers for Disease Control and Prevention: Measles. Retrieved February 2015 http://www.cdc.gov/measles/index.html** **CDC. (2015b). Centers for Disease Control and Prevention: Public Health Image Library - measles. Retrieved February 2015 http://phil.cdc.gov/phil/home.asp****Dermnet Skin Disease Atlas. (2015). Retrieved January 6, 2015, from http://www.dermnet.com/****Dermquest Images. (2015). Retrieved January 7, 2015, from https://www.dermquest.com/image-library/** **Lyons, F., & Ousley, L. (2015). Dermatology for the Advanced Practice Nurse. New York, New York: Springer.** **Medscape. Retrieved January, 2015, from http://www.medscape.com/nurses** **Nolen, M. E., Beebe, V. R., King, J. M., Bryn, N., & Limaye, K. M. (2011). Nonmelanoma skin cancer part 1. Journal of the Dermatology Nurses' Association, 3(5), 260-283.** **Samuel Freire da Silva, M. D. (January 2015). Dermatology Atlas. Retrieved January, 2015, from http://www.atlasdermatologico.com.br/index.jsf****Son D, H. A. (2014). Overview of Surgical Scar Prevention and Management. Journal of Korean Medical Science, 29(6), 751-757.****Wolff, K., Johnson, R. A., & Suurmond, D. (2005). Fitzpatrick's Color Atlas & Synopsis of Clinical Dermatology (fifth ed.). New York: McGraw-Hill.** |
| **Peer –reviewed journal/resource:**(reference should be within past 5-7 years) | **Akamatsu, H., Asada, M., Komura, J., Asada, Y., & Niwa, Y. (1992). Effect of doxycycline on the generation of reactive oxygen species: a possible mechanism of action of acne therapy with doxycycline. *Acta Derm Venereol, 72*(3), 178-179.****Amin, K., Riddle, C. C., Aires, D. J., & Schweiger, E. S. (2007). Common and alternate oral antibiotic therapies for acne vulgaris: a review. *J Drugs Dermatol, 6*(9), 873-880.****Basak, P. Y., Gultekin, F., Kilinc, I., & Delibas, N. (2002). The effect of benzoyl peroxide and benzoyl peroxide/erythromycin combination on the antioxidative defence system in papulopustular acne. *Eur J Dermatol, 12*(1), 53-57.****Bojar, R. A., Cunliffe, W. J., & Holland, K. T. (1995). The short-term treatment of acne vulgaris with benzoyl peroxide: effects on the surface and follicular cutaneous microflora. *Br J Dermatol, 132*(2), 204-208.****Carrasco, D. A., Vander Straten, M., & Tyring, S. K. (2002). A review of antibiotics in dermatology. *J Cutan Med Surg, 6*(2), 128-150. doi:10.1007/s10227-001-0039-4****Dreno, B., Bettoli, V., Ochsendorf, F., Layton, A., Mobacken, H., & Degreef, H. (2004). European recommendations on the use of oral antibiotics for acne. *Eur J Dermatol, 14*(6), 391-399.****Eady, E. A., Ingham, E., Walters, C. E., Cove, J. H., & Cunliffe, W. J. (1993). Modulation of comedonal levels of interleukin-1 in acne patients treated with tetracyclines. *J Invest Dermatol, 101*(1), 86-91.****Elewski, B. E., Fleischer, A. B., Jr., & Pariser, D. M. (2003). A comparison of 15% azelaic acid gel and 0.75% metronidazole gel in the topical treatment of papulopustular rosacea: results of a randomized trial. *Arch Dermatol, 139*(11), 1444-1450. doi:10.1001/archderm.139.11.1444****Gollnick, H., Cunliffe, W., Berson, D., Dreno, B., Finlay, A., Leyden, J. J., . . . Thiboutot, D. (2003). Management of acne: a report from a Global Alliance to Improve Outcomes in Acne. J Am Acad Dermatol, 49(1 Suppl), S1-37. doi:10.1067/mjd.2003.618****Haider, A., & Shaw, J. C. (2004). Treatment of acne vulgaris. Jama, 292(6), 726-735. doi:10.1001/jama.292.6.726****Hui, R. L., Lide, W., Chan, J., Schottinger, J., Yoshinaga, M., & Millares, M. (2009). Association between exposure to topical tacrolimus or pimecrolimus and cancers. Ann Pharmacother, 43(12), 1956-1963. doi:10.1345/aph.1M278****Leyden, J. J. (1997). Therapy for Acne Vulgaris. New England Journal of Medicine, 336(16), 1156-1162. doi:doi:10.1056/NEJM199704173361607****Lookingbill, D. P., Chalker, D. K., Lindholm, J. S., Katz, H. I., Kempers, S. E., Huerter, C. J., . . . Klauda, H. C. (1997). Treatment of acne with a combination clindamycin/benzoyl peroxide gel compared with clindamycin gel, benzoyl peroxide gel and vehicle gel: combined results of two double-blind investigations. J Am Acad Dermatol, 37(4), 590-595.****Mayer-da-Silva, A., Gollnick, H., Detmar, M., Gassmuller, J., Parry, A., Muller, R., & Orfanos, C. E. (1989a). Effects of azelaic acid on sebaceous gland, sebum excretion rate and keratinization pattern in human skin. An in vivo and in vitro study.Acta Derm Venereol Suppl (Stockh), 143, 20-30.****Mayer-da-Silva, A., Gollnick, H., Detmar, M., Gassmuller, J., Parry, A., Muller, R., & Orfanos, C. E. (1989b). Effects of azelaic acid on sebaceous gland, sebum excretion rate and keratinization pattern in human skin. An in vivo and in vitro study.Acta Derm Venereol Suppl (Stockh), 143, 20-30.****Mills, O. H., Jr., Kligman, A. M., Pochi, P., & Comite, H. (1986). Comparing 2.5%, 5%, and 10% benzoyl peroxide on inflammatory acne vulgaris. Int J Dermatol, 25(10), 664-667.****Oprica, C., Emtestam, L., Lapins, J., Borglund, E., Nyberg, F., Stenlund, K., . . . Nord, C. E. (2004). Antibiotic-resistant Propionibacterium acnes on the skin of patients with moderate to severe acne in Stockholm. Anaerobe, 10(3), 155-164. doi:10.1016/j.anaerobe.2004.02.002****Ozolins, M., Eady, E. A., Avery, A., Cunliffe, W. J., O'Neill, C., Simpson, N. B., & Williams, H. C. (2005). Randomised controlled multiple treatment comparison to provide a cost-effectiveness rationale for the selection of antimicrobial therapy in acne.Health Technol Assess, 9(1), iii-212.****Panduru, M., Panduru, N. M., Salavastru, C. M., & Tiplica, G. S. (2015). Probiotics and primary prevention of atopic dermatitis: a meta-analysis of randomized controlled studies. J Eur Acad Dermatol Venereol, 29(2), 232-242. doi:10.1111/jdv.12496****Rafiei, R., & Yaghoobi, R. (2006). Azithromycin versus tetracycline in the treatment of acne vulgaris. J Dermatolog Treat, 17(4), 217-221. doi:10.1080/09546630600866459****Raum, E., Lietzau, S., von Baum, H., Marre, R., & Brenner, H. (2008). Changes in Escherichia coli resistance patterns during and after antibiotic therapy: a longitudinal study among outpatients in Germany. Clin Microbiol Infect, 14(1), 41-48. doi:10.1111/j.1469-0691.2007.01841.x****Schaefer, H. (1993). Penetration and Percutaneous Absorption of Topical Retinoids. Skin Pharmacology and Physiology, 6(suppl 1)(Suppl. 1), 17-23.****Swinyer, L. J., Baker, M. D., Swinyer, T. A., & Mills, O. H., Jr. (1988). A comparative study of benzoyl peroxide and clindamycin phosphate for treating acne vulgaris. Br J Dermatol, 119(5), 615-622.****Wolf, J. E., Jr., Kerrouche, N., & Arsonnaud, S. (2006). Efficacy and safety of once-daily metronidazole 1% gel compared with twice-daily azelaic acid 15% gel in the treatment of rosacea. Cutis, 77(4 Suppl), 3-11.****Yamasaki, K., Di Nardo, A., Bardan, A., Murakami, M., Ohtake, T., Coda, A., . . . Gallo, R. L. (2007). Increased serine protease activity and cathelicidin promotes skin inflammation in rosacea. Nat Med, 13(8), 975-980. doi:http://www.nature.com/nm/journal/v13/n8/suppinfo/nm1616\_S1.html****Yemisci, A., Gorgulu, A., & Piskin, S. (2005). Effects and side-effects of spironolactone therapy in women with acne. J Eur Acad Dermatol Venereol, 19(2), 163-166. doi:10.1111/j.1468-3083.2005.01072.x****Yong, C. C. (1979). Benzoyl peroxide gel therapy in acne in Singapore. Int J Dermatol, 18(6), 485-488.** |
| **Clinical guidelines:**(published or online. Example -www.guidelines.gov) |  |
| **Expert resource:**(individual, organization, or educational institution - book, article, website) |  |
| **Textbook reference:** |  |
| **Other:** |  |