Letter from the President of the International League of Dermatological Societies (ILDS), Wolfram Sterry

International League of Dermatological Societies (ILDS) Reception in Lisbon

ILDS Board welcomes Presidents and Officers of the ILDS Member Societies in Lisbon during the Annual Meeting of the European Academy of Dermatology and Venereology.

On the occasion of the Annual EADV Meeting in Lisbon, the ILDS Board met with the Presidents and Officers of the ILDS Member Societies who were present during that meeting. The wonderful garden in which the Reception was held created a relaxed atmosphere giving us the opportunity to inform the Member Societies directly on decisions that the ILDS Board had taken during its Strategy Retreat Meeting held the previous day. The Reception also afforded us the opportunity to have warm personal encounters and lively discussions on the need for regular exchanges of viewpoints of our dermatological leaders in a forum organised by the ILDS.

A few snapshots taken by some of the guests reflect the informal atmosphere.

The next ILDS Reception will take place on the occasion of the Annual Meeting of the American Academy of Dermatology in San Diego in March 2012, and while more formal invitations will be sent out in due time, please take this early opportunity to mark your diaries.

Professor Wolfram Sterry giving his address at the 1st ILDS Welcome Reception in Lisbon.
I. Overview

1. Lecture Evaluation Purpose
   1) To evaluate the overall session organization of the Congress.
   2) To create a reference for inviting speakers to future congresses, since over 80% of the speakers to whom these evaluations pertain were invited per ILDS recommendation.
   3) To determine session popularity and participation rate.

2. Lecture Evaluation Method
   1) Session Program Surveys
   Participants were given printed evaluation surveys at each scientific session throughout the Congress. The survey included questions pertaining to the quality of both the program and speakers. Forms were gathered via CME collection boxes which were located throughout the Congress venue.

2) Evaluation
   Four aspects of each session were evaluated – knowledge, practical performance, patient outcomes, and the number of attendees (Pearson correlation coefficient 0.838, p-value <0.001).
   A significant positive correlation was found between the number of evaluation surveys collected and the number of attendees.

II. Collection Statistics

1. Total Surveys Collected
   1) During the congress, 9,262 evaluation surveys were collected from 216 sessions. On average, 42.9 evaluation surveys were collected for each session (SD 43.9). The highest number of surveys collected for a single session was 365.
   2) The distribution of collected evaluation surveys is illustrated below:

   ![Evaluation Survey Distribution Graph]

2) Sessions where greater than 100 evaluation surveys were collected*
   - PL01 25/05/2011 Plenary Lectures 01 365
   - PL04 28/05/2011 Plenary Lectures 04 170
   - PL03 27/05/2011 Plenary Lectures 03 328
   - PL02 16/05/2011 Plenary Lectures 02 196
   - MN02 26/05/2011 What's New on: Photodermatology, Skin Aging, Pigmented Disorders, Skin Rejuvenation, Butulinum Toxin and Filler, Hair Biology and Disease 189
   - SY24 26/05/2011 Acne: Treatment 149
   - SY03 23/05/2011 Interventions in Postmenopausal Skin 133
   - WS50(VP) 27/05/2011 Melasma 128
   - SY17 25/05/2011 Skin Aging 121
   - WS53 28/05/2011 Aesthetic Dermatology: Medical Approaches 118
   - MN03 27/05/2011 What's New on Pediatric dermatology, STD, Psychodermatology, Chronic Inflammatory Dermatoses, Drug eruption, Pruritus and Prurigo 118
   - SY21 26/05/2011 Rosacea and More 110
   - PL05 29/05/2011 Plenary Lectures 05 105

* Estimated High Attendance

III. Session Score Distribution

1. Methods
   1) Four questions evaluating the following:
      1. Increase knowledge of recent advances in dermatology and skin biology
      2. Improve my practice performance
      3. Improve my patient outcome
      4. Integrate new principles to improve everyday practice

2) Scores ranged from 1 to 4 for each question (1 = poor, 4 = excellent)
3) Scores from each question were added together to obtain a total score, 4 being the minimum and 16 the maximum obtainable result.

2. Results
   - Q1. Knowledge: 3.38±0.23
   - Q2. My practice: 3.19±0.27
   - Q3. Patient outcome: 3.13±0.29
   - Q4. Integrate new principles: 3.23±0.23
   - Total: 12.94±0.92

* Estimated Low Attendance
3. Results by Session Category

Differences were observed in the number of collected surveys and scores based on the session category. The highest scores were mostly spread amongst Courses and KDA Seminars.

<table>
<thead>
<tr>
<th>Category</th>
<th>No. of Collected Surveys per Session</th>
<th>Mean Total Session Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PL (n=6)</td>
<td>238±96.2</td>
<td>12.58±0.77</td>
</tr>
<tr>
<td>SY (n=77)</td>
<td>41.4±30.1</td>
<td>12.89±0.78</td>
</tr>
<tr>
<td>WS (n=81)</td>
<td>33.5±27.4</td>
<td>12.95±1.02</td>
</tr>
<tr>
<td>CO (n=21)</td>
<td>29.5±20.3</td>
<td>13.34±1.01</td>
</tr>
<tr>
<td>MM (n=11)</td>
<td>41.4±22.2</td>
<td>12.31±0.73</td>
</tr>
<tr>
<td>WN (n=5)</td>
<td>93.6±62.1</td>
<td>12.31±0.51</td>
</tr>
<tr>
<td>KS (n=15)</td>
<td>11.2±7.2</td>
<td>12.37±0.72</td>
</tr>
</tbody>
</table>

We feel that both session types benefitted from very clear goals and directions. In case of KDA seminar, early morning session contributed to resolve time zone difference for some attendees, plenty of options, and complimentary light breakfast was an additional incentive. The success of these sessions confirmed that education is a very important aspect of the WCD and that consideration should also be given to non-member participants who are interested in various fields of dermatology which contributed enormously to the finances.

4. Popularity of Video Presentations

Following a few session cancellations, we introduced 3 additional cosmetic dermatology related video sessions. For these sessions, speakers were required to use video for at least 30% of their presentations. However, it seems that the sessions were not as well organized as we had initially expected. The results varied greatly from poor to excellent. We think that in addition to an innovative approach, better preparation and appropriate selection of speakers are also necessary.

IV. Lecture Grade Distribution

1. Lecture Information

1) 1,314 lectures from 71 countries were delivered at the Congress.

<table>
<thead>
<tr>
<th>Countries: Number of Lectures over 20</th>
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<tbody>
<tr>
<td>No. Country</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>1 USA</td>
</tr>
<tr>
<td>2 Germany</td>
</tr>
<tr>
<td>3 Japan</td>
</tr>
<tr>
<td>4 Korea</td>
</tr>
<tr>
<td>5 Brazil</td>
</tr>
<tr>
<td>6 France</td>
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<tr>
<td>7 UK</td>
</tr>
<tr>
<td>8 Austria</td>
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<tr>
<td>9 Italy</td>
</tr>
</tbody>
</table>

2. Lecture Grade Distribution

1) Method

Two questions evaluating the following:
Q1. Presentation content
Q2. Presentation delivery

Scores ranged from 1 to 4 for each question (1 = poor, 4 = excellent). Scores from each question were added together to obtain a total score, 2 being the minimum and 8 the maximum obtainable result.

2) Results

Average Presentation Content Score: 3.45 (SD 0.26)
Average Presentation Delivery Score: 3.42 (SD 0.30)
Average Total Score: 6.87 (SD 0.54)

VI. Lecture Changes

1. Sessions Canceled in Advance: 3 (SY56, WS39, MM08)
2. Lecture Cancellation Rate: 2.09%

Total Number of Scheduled Lectures: 1,342
Total Number of Final Lectures: 1,314

VI. Commercial Bias

1. 6.2% of participants perceived commercial bias in a session.
2. 6,037 respondents expressed agreement with the statement "This session 20 was free of commercial bias" while 374 expressed disagreement.

3. Over 20% of participants perceived commercial bias in 9 sessions

VII. Conclusion

1. Majority of speakers and sessions received relatively high scores.
2. Screening out sub-par faculties may improve quality of future meetings. Therefore, it may be necessary to check the publication lists through PubMed before selecting certain speakers.
3. Poor communication and cooperation between certain countries and societies are problems. It may be solved through the facilitation of some private routes in addition to the formal approach through each ILDS member society.
4. Innovative approaches only are by themselves limited. Therefore, thorough effort and planning are required for effective sessions.
5. It is important to clearly define goals and direction of each session. Success of courses and KDA seminars is a good example.
6. It may be worthwhile to research the interests of non-member participants.
In Memoriam:
Dr. Amal K. Kurban

It is with deep sadness and sorrow that I inform you of the passing away of Dr. Amal K. Kurban. Dr. Kurban graduated with MD degree from AUB in 1952. After a year of internship in Pathology (1952–1953), Dr. Kurban served as a medical officer for the Department of Health in Kuwait (1953–1955), and completed his residency training in Dermatology at AUBMC (1955–1958), followed by two years of fellowship in Dermatology and Connective Tissue Diseases at Johns Hopkins University Hospitals (1958–1960). He was certified by the American Board of Dermatology in 1962.

Dr. Kurban was appointed as Instructor of Medicine (Dermatology) at AUB in 1960, promoted to Assistant Professor in 1961, to Associate Professor with tenure in 1966, and to full Professor in 1972. Dr. Kurban quickly established himself and became legendary for the quality of medicine he performed. He soon became head of Dermatology, and with his colleagues, he successfully established a structured and reputable training program in Dermatology. He served as Chief of Staff at AUBMC from 1977 to 1985. He was always the perfect gentleman dealing with patients, students, residents and colleagues. He was an exemplary clinician, a gifted teacher, and a well-established and recognized researcher.

In 1985 and because of the Lebanese civil strife, Dr. Kurban reluctantly left AUB for Boston, where he joined Boston University as Professor of Dermatology. Over the years he held several leadership positions in that department such as the Director of Clinical Services and Training Programs and Vice Chairman for Academic Affairs. Because of his stellar record in education, he was awarded in 2005 the Lifetime Career Educator Award from the Dermatology Foundation.

Despite the distance, Dr. Kurban kept close contact with AUB faculty and assisted many graduates in pursuing their education and training in Dermatology abroad. In tribute to Dr. Kurban’s exemplary record, the Department of Dermatology at AUB launched the “Amal K. Kurban Lectureship and Professorship program at AUBMC,” in recognition of his exceptional scholarship, national and international, contributions to the world of dermatology.

The legacy of Dr. Kurban will always be alive, and he will always be remembered as an outstanding mentor and colleague by his innumerable students and friends.

Dr. Kurban is survived by his wife Helena, his daughter Margaret and his sons Andrew, Ramzi and Suhail. We wish them all patience in this difficult time.

The family has held a “Celebration of Life” to his memory on Saturday October 15, 2011 in Boston. Condolences may be sent to:

rk.dermleb@verizon.net or mmkurban@gmail.com
or fax: 00-717-273-9081

A memorial service will take place, or has taken place, in Beirut at the National Evangelical Church – Charlie Saad Hall, facing the Grand Serail on Saturday November 19, 2011 at 12:00 noon.

Abdul-Ghani Kibbi, MD, FACP
ILDS Board Member
Professor and Chair Department of Dermatology
American University of Beirut Medical Center

Dear ILDS Colleagues,

Brazil is a huge country: the largest in Latin America and the fifth in the world. That’s why the Brazilian Society of Dermatology couldn’t be small and is the second biggest in the world. Seventy-five percent of our associates are women and almost half of our Society is living in Rio de Janeiro and São Paulo, the greatest centers. Only 56 associates don’t live in Brazil. The coast is 7,491 km range with beautiful beaches and every year we have a huge anti skin cancer campaign. The Brazilian Meeting of the Dermatology Society happens every September. Next year, our Society will complete 100 years since its foundation. We will have much to celebrate, beginning on February 5th, the day it was created and also the Day of the Dermatologists for us. The Centenary Congress will be held next September in Rio de Janeiro. We welcome you all to this unique celebration!

Best Regards,

Bogdana Victoria Kadunc
President of the Brazilian Society of Dermatology

Members’ Corner
Letter from the Brazilian Society of Dermatology

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