## Papulosquamous Chalk Talk
| Chalk Talk | Participant | Pre\_Year | Pre\_Intended\_Specialty | Pre\_Please define papulosquamous | Pre\_Please list papulosquamous diseases | Pre\_How confident do you feel recognizing papulosquamous conditions | Pre\_How confident do you feel differentiating between papulosquamous conditions | Post\_Please define papulosquamous | Post\_Please list papulosquamous diseases | Post\_How confident do you feel recognizing papulosquamous conditions | Post\_How confident do you feel differentiating between papulosquamous conditions | Post\_How effective was the chalk talk at enhancing your understanding of papulosquamous conditions | Post\_How effective was the chalk talk in providing a framework for papulosquamous diseases | Post\_How effective was the chalk talk at fascilitating interaction | Post\_Comment on what you liked | Post\_Suggestions For Improvement |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Papulosquamous | 1 | MSIV | Family Medicine | I don't know | Measles | Not so confident | Not so confident | A group of diseases defined by papules and scale | Lichen planus, psoriasis, pityriasis rosea, PLEVA, PLC, PRP | Very confident | Very confident | Very effective | Very effective | Very effective | I like the white board descriptions (forces the presenter to slow down and allows us to process the information) followed by the case examples (helpful for practice describing the lesions and then taking a stab at the diagnosis) | Following the talk you could send out a one page summary with what we discussed for us to file away (for reference and for when we need to give chalk talks!) |
| Papulosquamous | 2 | MSIII | derm vs. internal | raised papules | lichen planus? | Not so confident | Not so confident | Papular/plaque disease with overlying scale | Psoriasis, Lichen planus, pityriasis rosea, PRP, PLEVA/PLC | Very confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | I liked the overview followed by specific examples, as well as the opportunity to participate! | Great chalk talk!!! Do more! |
| Papulosquamous | 3 | MSIII | OB/GYN, Dermatology, Internal Medicine | Skin pathology causing raised lesions (papules) affecting the squamous layer of the skin. | Measles, DRESS syndrome, rubella, rosacea, eczema | Somewhat confident | Not so confident | Skin condition causing raised lesions (papules) with scale. | Psoriasis, PRP, PLC, lichen planus, pityriasis rosea | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | I enjoyed the table/organization format with key words, loved that you explained what collarette means, and I enjoyed the interactive portion with 30 min for practicing identification. | I think chalk talks work great for dermatology! Maybe spend a little more time on PLC and PRP to cement their features, just because we don't see those often/haven't learned them in preclinical years. |
| Papulosquamous | 4 | MSIII | Dermatology | don't know | don't know | Not so confident | Not so confident | papules with scale | psoriasis, LP, PLP, PR, PLEV | Somewhat confident | Somewhat confident | Very effective | Very effective | Very effective | going through examples at the end | none |
| Papulosquamous | 5 | MSIII | Dermatology or IM | "Scaly" rashes? | eczema, psoriasis, nummular eczema | Somewhat confident | Somewhat confident | Scaley rash | lichen planus, psoriasis, pityriasis rosea, PRP, PLC/PLEVA | Very confident | Somewhat confident | Very effective | Very effective | Very effective | The chart was very helpful and practice helped a lot | More pictures would be helpful! |
| Papulosquamous | 6 | MSIII | Derm vs. ENT | Not sure... | condyloma accuminata (HPV 6 and 11), ?? | Not so confident | Not so confident | Papulosquamous refers to a set of disorders with papules and scale. | 1. Pityriasis rosea, 2. Pityriasis lichenosis, 3. Pityriasis rubra pilaris, 4. Psoriasis, 5. Lichen planus | Very confident | Extremely confident | Extremely effective | Extremely effective | Extremely effective | Loved the pictures and the end where THE INSTRUCTOR just called on us to see what we thought it was. | Great! Thought it worked well in the virtual setting |
| Papulosquamous | 7 | MSIII | Dermatology | Scaled, erythematous rash | Psoriasis, pitariasis rosea, secondary syphilis, lichen planus, pityriasis rubra, tinea | Not so confident | Not so confident | Papules with scale | psoriasis, LP, pityriasis rosea, PLEVA/PLC, PRP | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | I really enjoyed how interactive it was and I liked that we were writing things down as we go as opposed to just viewing slides. | This was amazing!! |
| Papulosquamous | 8 | MSIII | Dermatology | Scaling skin conditions | Psoriasis, tinea, DLE, lichen planus, pityriasis rosea, ichthyosis | Somewhat confident | Not so confident | rash with papules and scales | Pityriasis Rosea, PRP, PLEVA, PLC, Psoriasis, Lichen Planus | Very confident | Somewhat confident | Very effective | Very effective | Extremely effective | Interaction with facilitator and classmates | more histo and treatment |
| Papulosquamous | 9 | MSIII | Dermatology | Of or pertaining to squamous origin in a papular formation | pityriasis rosia and rubra, psoriasis, lichen planus, | Not so confident | Not so confident | raised lesions with scale | psoriasis, lichen planus, pityriasis rosea, pityriasis lichenoides (PLEVA, PLC), PRP | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | very interactive, engaging, relevant to our level of learning. fun! | no comments- the instructor did great with the digital format. It will be fun in person as well! Thank you! |
| Papulosquamous | 10 | MSIII | Dermatology | raised lesions that involve the superficial epidermis | squamous cell carcinoma, benign keratoses, extramammary paget's disease | Not at all confident | Not at all confident | papules with scale | PR, PLEVA/PLC, psoriasis, LP, tinea | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | I loved the way it was delineated by the papules, scale, and distribution of each disease and especially learned from the exercise of each student identifying papulosquamous diseases based on photos | NaN |
| Papulosquamous | 11 | MSIII | Dermatology | conditions with papules/plaques as well as secondary scaling | psoriasis, lichen planus, pityriasis rosea | Somewhat confident | Not so confident | Conditions with primary morphology of papules with overling scale. | PLC/PLEVA, PRP, PR, LP, Psoriasis, Tinea | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | THE INSTRUCTOR was an excellent teacher and really engaged us in the discussion and challenged us to make diagnoses based on physical exam findings. This was very helpful in applying what we read and learned during the talk. | NaN |
| Papulosquamous | 12 | MSIII | Dermatology | Conditions that affect the skin and have a raised papules or inflammatory conditions | Psoriasis, Pityriasis Rosea, Lichen Planus, Pityriasis lichenoides et varioliformis acuta, Pityriasis Rubra Pilaris | Somewhat confident | Not so confident | rashes defined by having papules (can also have plaques) as well as scaling (or crusting) | psoriasis, LP, PR, PLEVA- acute, PLC - chronic, PRP, +/- conditions like seborrheic dermatitis can fit in here depending on who you ask | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | Very organized format! There was a nice balance of talking, writing on the chalk board, and showing of pictures. I like that the chalkboard writing was limited to the differentiating features (plaque, scale, distribution) and extras on the presentation were discussed verbally. The pictures were very helpful and I learned a lot from the rashes that were less characteristic and required 2 or 3 top differentials. I like that you prompted Alanna and I to talk through why NOT for other differentials. It was good practice to talk through when it was my turn, and good learning to listen to my colleague talk through her thought process. Overall session was very helpful and I enjoyed thinking about these conditions in a group and excited to apply this differential to rashes I might see in clinic and in consults. I was previously unfamiliar with PLEVA, PLC, and PRP (have never seen these before), but the session was very helpful in differentiating these and makes me more confident that I would be able to recognize them or at least think about them as part of my differential for pap-squam rashes. Thank you INSTRUCTOR for being a champion of derm ed- awesome chalk talk!!!!!! | N/A - I suspect my feedback after this rotation will be that I'd like more chalk talks like this one |
| Papulosquamous | 13 | MSIV | Family | I don't know | NaN | Not at all confident | Not at all confident | a skin condition presenting with both papules/ patches and scales | psoriasis, pityriasis rosea, lichen planus, PL, PRP | Very confident | Somewhat confident | Very effective | Extremely effective | Extremely effective | I liked that it was interactive, and going through the table was very helpful, it was an organized way to differentiate between the conditions | Nothing big comes to mind, next time it would be good to make sure students have access to the pre-work |
| Papulosquamous | 14 | MSIV | Peds | Papules? | ? | Not at all confident | Not at all confident | A skin eruption with papules and scale | PRP, PLC, PLEVA, PR, psoriasis, lichen planus | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | liked the chart, liked the pictures, liked the cases | mention what causes/triggers each as you go through them (if known), put the link to the visual dx pages in the emails so we can read up on it beforehand |
| Papulosquamous | 15 | MSIII | internal medicine, derm | a skin pattern that has both scales and papules | psoriasis, eczema | Not so confident | Not so confident | Lesions composed of papules and scale | Lichen Planus, psoriasis, PRP, PLEVA/PRC, pytaria rosea | Somewhat confident | Somewhat confident | Very effective | Very effective | Very effective | I liked the mix of chalkboard with photo examples and the practice at the end | Maybe sending out some general info as a primer before the talk |
| Papulosquamous | 16 | MSI | Dermatology | A raised lesion in the squamous layer of the skin | I don't know | Not at all confident | Not at all confident | lesions with papule or plaques with scale | PRP, Lichen Planus, Pityriasis rosea, PLC, PLEVA, Psoriasis | Very confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | I liked creating the table, this was really helpful in allowing me to understand the differences between conditions. I also enjoyed the opportunity to work through real cases. | Loved this presentation!! |
| Papulosquamous | 17 | MSIV | Dermatology | Rash or morphology consisting of papular eruption | psoriasis, PRP, lichen planus, PR | Somewhat confident | Somewhat confident | Papular or plaque-like, scaly morphologies/rashes | Lichen planus, psoriasis, PRP, pityriasis lichenoides (PLC, PLEVA), pityriasis rosea | Very confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | Interactive, went through everything as a discussion verbally and then enhanced learning/comprehension through looking a pictures, loved the "quiz" at the end where we each had to describe what we saw and narrow down our differential. Appreciate that challenging cases were provided as well to really make us think through our descriptions and therefore differential | None! THE INSTRUCTOR did an amazing job with this session and not only did I walk away with a better understanding of these conditions, but it was also a fun experience learning them! |
| Papulosquamous | 18 | MSIV | Anesthesiology | I'm not sure, but my guess is pruritic papular diseases | lichen planus, psoriasis, dermatomyositis | Not so confident | Not so confident | papules (+/- coalescing into plaques) with overlying scale | LP, psoriasis, PRP, pityriasis rosea, pityriasis lichenoides | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | I liked walking through the thought process and ways to describe/differentiate each of the different conditions | Potentially involve more students? It's helpful to hear other folks' thoughts! |

## Immunobullous Chalk Talk
| Chalk Talk | Participant | Pre\_Year | Pre\_Intended\_Specialty | Pre\_Please describe the difference between Bullous Pemphigoid and Pemphigus Vulgaris | Pre\_Please define the autoantibodies in Bullous Pemphigoid | Pre\_please describe the characteristic of bullous pemphigoid | Pre\_How confident are you at differentiating between immunobullous conditions | Pre\_How confident are you at describing the initial workup of immunobullous diseases? | Post\_Please describe the difference between Bullous Pemphigoid and Pemphigus Vulgaris | Post\_Please define the autoantibodies in Bullous Pemphigoid | Post\_please describe the characteristic of bullous pemphigoid | Post\_How confident are you at differentiating between immunobullous conditions | Post\_\_How confident are you at describing the initial workup of immunobullous diseases? | Post\_How effective was the format in terms of enhancing your understanding of immunobullous diseases? | Post\_How effective was the format in terms of providing an approach to the work-up of immunobullous diseases? | Post\_How effective was the format in terms of facilitating interaction between teacher and students? | Post\_Please comment on what you liked about the talk: | Post\_Please comment on any suggestions for improvement: |
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| Immunobollous | 8 | MSIII | peds | don't know | antibody to the hemidesmosomes | tense blisters | Not so confident | Not so confident | antibodies to the desmosomes in pemphigus and hemi desmosomes in pemphigoid, leading to a presentation of flaccid lesions vs tense | hemii desmosomes | tense bullae, erythematous itchy base | Very confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | I liked reviewing some of the more fundamental molecular aspects of the diseases first before diving into clinical presentation, it made the latter easier to remember | none! |
| Immunobollous | 7 | MSIV | Internal medicine | shallow easy to break blisters vs tense | anti hemi desmosome and anti desmosome | tense bullae | Somewhat confident | Not so confident | pemphigus is from antibodies to desmosomes that connect keratinocytes in the epidermis; pemphigoid is from antibodies to hemidesmosomes that connect keratinocytes to the basement membrane in the deeper layers of the skin | IgG, C3 against hemidesmosomes | tense blisters, itchy | Somewhat confident | Somewhat confident | Very effective | Extremely effective | Extremely effective | liked the chart and the cases | More time for practice, define what's included in immunobullous at the beginning |
| Immunobollous | 6 | MSIV | dermatology | pemphigus- shallow; pemphigoid- more tense/filled | anti-hemidesmosome - forgot name | big tense bullae | Not so confident | Not so confident | pemphigus: flaccid blisters, more superficial autoantibodies; pemphigoid: tense bullae containing entire epidermis and antibodies are more deep (ie: epidermal-dermal junction; hemodesmosomes) | BP: BP230 and BP180 | tends to be pruritic (urticarial base) and can sometimes have urticaria without the blistering, so should suspect this in older folks w/urticaria | Somewhat confident | Extremely confident | Very effective | Very effective | Very effective | This was super helpful once again! In med school we learned about BP vs PV and no one ever explained the diff between pemphigus and pemphigoid. This chalk talk was very helpful to give me a framework on how to think of bullous diseases more broadly (pemphigus vs pemphigoid) and how to differentiate between PF/PV and BP/Lineear IgA based on sx, age group, physical exam. | This would probably make the talk too long, but could quickly go through a list of vesicular diseases (HSV, VZV, contact dermatitis) as a review exercise before going to bullous; not necessary but could be a quick thing to add (also to differentiate vesicle vs bullae). Not sure how high yield it is for med students, but I recall high dose steroids or steroid sparing agents are used for bullouse dz, but if there are any important differences in treatment based on diff dx (or severity), that could be something to include as well! |
| Immunobollous | 5 | MSIII | dermatology | pemphigus = causes blisters vs pemphigoid = blisters and rash | Ig1 and Ig4 against hemidesmosomes | tense bullae | Not so confident | Not so confident | Pemphigus = autoantibodies against dsg 1/3 which presents as flaccid bullae vs pemphigoid = autoantibodies against hemidesmosomes (BP180/230) which present as tense bullae | BP180 and BP 230 | tense bullae on an urticarial base, classically presents with itching | Very confident | Extremely confident | Extremely effective | Extremely effective | Extremely effective | THE INSTRUCTOR is such an excellent instructor! THE INSTRUCTOR makes complicated topics very digestable and allows us to practice what we learned. | NaN |
| Immunobollous | 4 | MSIII | Dermatology | pemphigus is more superficial in the skin compared to pemphigoid | against hemidesmosomes | tense bullae | Not so confident | Not so confident | In pemphigus, desmoglein 1 and 3 are targeted and flaccid blisters are present; in pemphigoid, hemidesmosomes (BP180 and BP230) are targeted and tense blisters are present | BP180 and BP230 | tense bullae | Very confident | Somewhat confident | Extremely effective | Very effective | Extremely effective | I like the set up of reviewing the topic at the beginning of the presentation and then going through practice problems at the end. It really reinforces the material and also serves as a way to identify any gaps in knowledge. | In general, I think the presentations are very clear and easy to follow. I like that it is a more laid-back, low stakes learning environment in which I do not feel bad about getting answers wrong. These chalk talks have reinforced topics I have encountered at some point during the rotation. I would say that logistically, sometimes it was hard to get to the lecture by 12pm depending on which clinic I was at. This may be something to change in the future. |
| Immunobollous | 3 | MSIII | Derm | I am not sure | antibodies against desmosomes | blisters that are flaccid | Somewhat confident | Somewhat confident | pemphigus= flaccid, pemphigoid =tense (blisters) | IgG | erosions | Somewhat confident | Very confident | Very effective | Very effective | Extremely effective | Excellent talk! Would've loved a run down of this when studying for the boards. | Keep as is! Only thing is to play around with powerpoint more so as to not reveal answers. Or can incorporate an answer survey type thing so everyone gets to try all of the practice questions! |
| Immunobollous | 2 | MSIV | Family | no | IgA | blisters | Not so confident | Not so confident | Affect different skin layers | anti BP-180 | Tense bullae | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | Good combo of lecture vs. cases | NaN |
| Immunobollous | 1 | MSIII | Derm, IM | Unsure | Anti-desmoglein? | Tense bullae | Not so confident | Not so confident | Pemphigus is more superficial in the skin | hemidesmosomes | tense bullae | Somewhat confident | Not so confident | Very effective | Somewhat effective | Very effective | Very organized | None. it was great! |

## Erythroderma Chalk Talk
| Chalk Talk | Participant | Year | Pre\_Indended Specialty | Pre\_Please Define Erythroderma | Pre\_ Please list causes of erythroderma | Pre\_ how confident are you at differentiating between erythrodermic conditions | Pre\_ how confident are you at providing the initial work up for erythroderma | Post\_ Please define erythroderma | Post\_ please list causes of erythroderma | Post\_ how confident are you at differentiating between erythrodermic conditions | Post\_ how confident are you at providing the initial work up for erythroderma | Post\_how effective was the format in terms of understanding of erythroderma? | Post\_how effective was the format in terms of providing an approach to the work-up of erythroderm? | Post\_how effective was the format in fascilitating interaction? | Post\_Please comment on what you liked about the talk: | Post\_please comment on any suggestions for improvement: |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Erythroderma | 14 | MSIV | Anesthesia | redness of dermis throughout the body | drug eruption, dermatitis, psoriasis | Not so confident | Not so confident | someone with red and scaley skin encompassing TBSA > 80-90% | Psoriasis, Eczema, PRP, Drug induced, idiopathic | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | love making the charts at the beginning, its super helpful for distinguishing the different conditions | I would love to have more time at the end to go through the different conditions, but that is obviously hard with the time constraints. I love these sessions and just wish they were longer! |
| Erythroderma | 13 | MSII | Dermatology maybe?? I don't know for sure | red skin | hypersensitivity reactions, rosacea, dermatitis | Not at all confident | Not at all confident | diffuse erythema of skin due to inflammation | psoriasis, eczema, PRP, drug eruption | Somewhat confident | Somewhat confident | Very effective | Extremely effective | Extremely effective | I liked going through the thought process | More students! |
| Erythroderma | 12 | MSIV | Dermatology | Redness extending to involve 90% of the body surface area | AD, psoriasis, CTCL, idiopathic, drug reaction | Not so confident | Not so confident | Red and scaly skin that involves 80% or more of the total body surface area | AD, psoriasis, PRP, CTCL (Sezary), drugs, idiopathic | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | Interactive, broke down erythroderma in an very basic and easy way to understand | None, excellent chalk talk!! |
| Erythroderma | 11 | MSIV | Internal medicine vs derm | exfoliative dermatitits of > 90% of the skin | psoriasis, drug eruption, atopic dermatitis, infection | Not so confident | Not so confident | Red scaly skin covering > 90% of the body | Psoriasis, eczema, PRP, CTCL, drug reactions | Very confident | Very confident | Extremely effective | Very effective | Extremely effective | It was really helpful overall, Once again I appreciated the table format to compare the different causes, and it was helpful to go through cases at the end | Having pre-reading or other materials available for students remotely |
| Erythroderma | 10 | MSIII | peds | red skin all over | psoriasis, eczema, sunburn | Not so confident | Not so confident | red and scaly skin > 8-90% TBSA | psoriasis, drug eruption, eczema, PRP, sezary syndrome | Very confident | Extremely confident | Extremely effective | Extremely effective | Extremely effective | the chart, the summary page, the practice cases | maybe talk more about the differential of erythroderma at the beginning and why certain things like the sunburn, dress syndrome, etc. don't count as erythroderma |
| Erythroderma | 9 | MSIII | Dermatology | > 80 % TBSA with desquamating red rash | psoriasis, eczema, CTCL (Sezary and others), PRP | Not so confident | Somewhat confident | >80 % TBSA erythema and scaling rash | Psoriasis, Atopic Dermatitis / Eczema, CTCL/Sezary, PRP, Drug-Induced | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | I really liked the explanation of various complications that can occur with erythroderma. I had known about dehydration/temp dysregulation but was very cool to learn that there is loss of protein and also can induce cardiac failure d/t increased blood to the skin. Breakdown of what causes erythroderma was helpful to know what is most common, although most of them were ~20% of cases with exception of CTCL and PRP being more rare. Practicing taking the history / asking the work-up questions was very helpful to get into the practice of what series of questions and what parts of physical exam / labs can help us make a diagnosis. | N/A - another great talk! Thank you for putting these together |
| Erythroderma | 8 | MSIII | dermatology | diffuse redness of the skin that affects more than 90% of the body | psorasis, AD, PRP, tinea corporis, medications (ie vancomycin), mycosis fungoides, sezary syndrome | Not so confident | Not so confident | diffuse redness and scaling of the skin involving more than 80-90% TBSA | Eczema, Psoriasis, PRP, idiopathic, CTCL/Sezary, Drugs | Very confident | Extremely confident | Extremely effective | Extremely effective | Extremely effective | THE INSTRUCTOR is such an excellent educator. She engages medical students throughout the discussion while emphasizing key concepts. She has the ability to simplify difficult topics by creating a concise differential. | NaN |
| Erythroderma | 7 | MSIII | Dermatology | exfoliative dermatitis. involving >60% TBSA | idiopathic, drug induced, seborrheic dermatitis, contact dermatitis, atopic dermatitis, lymphoma | Somewhat confident | Somewhat confident | >80-90% involvement of skin with erythema and scale | PRP, CTCL, psoriasis, atopic dermatitis, contact dermatitis, tinea, eczema, | Somewhat confident | Somewhat confident | Extremely effective | Extremely effective | Extremely effective | Loved how interactive the session was! | NaN |
| Erythroderma | 6 | MSIII | Dermatology | >90% of total body surface area affected by erythematous skin with underlying vasodilation | psoriasis, drugs, tinea, pityriasis rubra, contact dermatitis and atopic dermatitis (?) | Not so confident | Not so confident | diffuse erythema with +/- scale involving 80% TBSA | PRP, Psoriasis, Eczematous, CTCL/Sezary, Drug-induced, iodiopathic | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | fantastic teaching session! very interactive, constructive, comprehensive, helpful, and fun! | Considering enlarging the photos or zooming in for additional detail! |
| Erythroderma | 5 | MSIII | Dermatology | Over 90% body erythema | pityriasis rubra pilaris | Not so confident | Not so confident | 80-90% TBSA erythema | PRP, Eczema, Psoriasis, Drug reaction, idopathic | Very confident | Somewhat confident | Extremely effective | Very effective | Very effective | Interaction, cases, note taking format | standard diagnostic criteria |
| Erythroderma | 4 | MSIII | Dermatology | erythema >80% BSA | psoriatic erythroderma, contact dermatitis, sezary, atopic dermatitis, pityriasis rubra pilaris, drugs, red man syndrome | Not so confident | Not so confident | erythema >80% of skin | sezary, psoriasis, drugs, PRP, eczema, idiopathic | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | I really enjoyed how interactive it was and particularly that we were quizzed in an informal way about what we learned at the end. | Nothing! It was great! |
| Erythroderma | 3 | MSIII | Dermatology | Not sure | Eczema | Somewhat confident | Not so confident | Redness on more than 80-90% of the body | Psoriasis, eczema, drug eruption, contact dermatitis, PRP, lichen planus | Very confident | Very confident | Extremely effective | Extremely effective | Extremely effective | Very interactive. Liked the examples at the end! | N/a |
| Erythroderma | 2 | MSIII | dermatology | diffusely red skin | MF, atopic derm | Not so confident | Not so confident | Erythematous skin that covers more than 80-90% of total body surface area | Psoriasis, eczema, PRP, drug reaction, CTCL, and idiopathic | Very confident | Extremely confident | Extremely effective | Extremely effective | Extremely effective | I liked the flow of the talk, appreciate the ability to practice at the end | None comes to mind |
| Erythroderma | 1 | - | - | - | - | - | - | diffusely red skin | CTCL, PRP, Psoriasis, Eczema, Drug reaction | Very confident | Very confident | Very effective | Very effective | Very effective | Going through each potential cause and then showing examples | NaN |