Supplementary Online Content


eAppendix 1. Dermatology Practice Gap Survey Questions
eAppendix 2. Referenced Practice Gap Articles

This supplementary material has been provided by the authors to give readers additional information about their work.
Dermatology Practice Gap Survey Questions

1) Does your residency program journal club include regular review of Archives of Dermatology?
   - Yes
   - No
   - I don’t know

2) If so, who is the journal club leader in charge of reviewing the Archives of Dermatology articles with your residents?
   - Program Director
   - Key Faculty member
   - Volunteer Faculty member
   - Residents
   - Other [free text]

3) Is your residency journal club leader(s) familiar with the Archives of Dermatology Practice Gap commentary section?
   - Yes
   - No
   - I don’t know

4) Which of the following best describes your resident journal club activities relating to Practice Gap commentaries?
   - Always discuss Practice Gap commentaries
   - Usually discuss Practice Gap commentaries
   - Sometimes discuss Practice Gap commentaries
   - Rarely discuss Practice Gap commentaries
   - Never discuss Practice Gap commentaries

5) When you discuss Practice Gap commentaries in Archives of Dermatology during journal club, what is the typical discussion centered around (check all that apply)
   - Is this gap relevant to our patient population?
   - Do we agree that the gap identified is valid?
   - Is it possible to close the gap identified?
   - Is there something that we should be doing differently in practice?
   - What specifically can we do at our institution to close this gap in our patient population?
   - The conclusions are not supported by evidence to change our care just yet.

6) Practice Gap commentaries are preceded by a gap-triggering article. Which of the following best describes your resident journal club activities relating to gap-triggering article(s)?
   - Always discuss gap-triggering article(s)
   - Usually discuss gap-triggering article(s)
   - Sometimes discuss gap-triggering article(s)
   - Rarely discuss gap-triggering article(s)
   - Never discuss gap-triggering article(s)
7) Have any quality improvement projects been initiated in your residency program or Dermatology department/division as a result of a Practice Gap?
   ▪ Yes
   ▪ No
   ▪ I don’t know
   ▪ If yes, please provide example(s)

8) Have any research projects been initiated in your residency program or Dermatology department/division as a result of a Practice Gap?
   ▪ Yes
   ▪ No
   ▪ I don’t know
   ▪ If yes, please provide example(s)

9) A practice gap is the difference between actual and ideal patient care performance or patient outcomes. Have you found that your Journal Club participants are applying the concept of practice gap commentaries and identifying specific practice gaps in articles from other journals reviewed in Journal Club?
   ▪ Often
   ▪ Sometimes
   ▪ Rarely
   ▪ Never

10) Have you ever changed your practice as a direct result of any Archives of Dermatology Practice Gap commentaries?
    ▪ Yes
    ▪ No
    ▪ If yes, please identify how practice has changed

11) Is your journal club approved for CME credit for the faculty?
    ▪ Yes
    ▪ No
    ▪ I don’t know

12) Which of the following best describes the Quality Improvement curriculum in your training program? (Select all that apply)
    ▪ We provide dermatology-specific didactics on Quality Improvement
    ▪ Our institution provides institutional curriculum for all residents, including dermatology residents
    ▪ We have specific quality improvement projects performed throughout our department, and our residents actively participate as part of the department team in specific projects
    ▪ Our residents are involved in proposing and designing quality improvement initiatives in our department.
    ▪ We don’t yet have a specific quality improvement curriculum in our training program
    ▪ Other, please explain [free text explanation]

13) Region of institution:
    ▪ Midwest (IA, IN, IL, KS, MI, MN, MO, ND, NE, OH, SD, WI)
    ▪ Northeast (CT, DE, MA, MD, ME, NH, NJ, NY, PA, RI, VT, District of Columbia)
    ▪ South (AL, AR, FL, GA, KY, LA, MS, NC, OK, SC, TN, TX, VA, WV, Puerto Rico)
    ▪ West (AZ, CA, CO, ID, MT, NM, NV, OR, UT, WA, WY)

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14) Number of residents in your program:
   - 0-3
   - 4-6
   - 7-12
   - 13-21
   - >21

15) Number of full-time faculty that typically participates in resident journal club when Archives of Dermatology is discussed:
   - 0
   - 1
   - 2-4
   - 5 or more

16) Number of part-time or contributed service faculty that typically participates in resident journal club when Archives of Dermatology is discussed:
   - 0
   - 1
   - 2-4
   - 5 or more
## Gaps in Medical Dermatology

### Therapy

**Failure to screen or monitor liver function test results in patients receiving ketoconazole for more than one week or itraconazole for any length of time**
Stratman EJ. Failure to use available evidence to guide tinea versicolor treatment: comment on "pityriasis versicolor". *Arch Dermatol.* 2010;146(10):1140.

**Failure to recognize and manage patients with DRESS**
England Owen C, Stratman EJ. Failure to recognize and manage patients with DRESS. *Arch Dermatol.* 2010;146(12):1379.

**Failure to attempt discontinuation of dapsone and reintroduction of dietary gluten in patients with dermatitis herpetiformis in long-standing remission**

**Underrecognition that some commercial sunscreen products have inadequate sunscreen concentrations to be protective when recommending sunscreen products to patients**

**Underprescribing antimalarials as first-line therapy in reticular erythematous mucinosis (REM)**

**Failure to identify when therapy for one skin disease is likely to exacerbate another co-existing skin condition**
Vleugels RA. Identifying when therapy for one skin disease is likely to exacerbate another skin condition. *Arch Dermatol.* 2011;147(7):836.

**Failure to avoid concurrent immunosuppressives when possible when prescribing rituximab for autoimmune blistering diseases due to elevated mortality**

**Underprescribing gabapentin to prevent post-herpetic neuralgia in patients over 50 with acute zoster pain scores over 4 out of 10**
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**Screening & Prevention**

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Underscreening Hispanics leads to delayed melanoma diagnosis and greater mortality

Failure to screen for genital lichen sclerosus in patients with morphea

Hispanic and Black patients have been disproportionately affected by later stage at melanoma diagnosis and higher melanoma related mortality

Failure to counsel nonmelanoma skin cancer patients about tobacco cessation

Failure to test lipid levels in patients with granuloma annulare

Office Diagnostics

Failure to compare dermoscopy findings of clinically suspicious pigmented lesions to other nevi on your patient before deciding next action
Grossman D. Failure to compare dermoscopy findings of pigmented lesions on your patient: Comment on "Dermoscopy of patients with multiple nevi". Arch Dermatol. 2011;147(1):50.

Failure to perform ELISA instead of indirect immunofluorescence to confirm diagnosis of bullous pemphigoid

Underutilization of dermoscopy in diagnosis of hair disorders

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Failure to overcome logistical and interpersonal barriers to perform dermoscopy on genital and mucosal lesions

Inadequate ability to interpret significance of patch test results in the pre-implant and post-implant orthopedic patient receiving an artificial joint

Lack of availability of and incorporation into practice of measure and tools that assess progression and/or reversal of cutaneous fibrosis in an objective and efficient manner