G
do morning, Doctor. I went to an-
other dermatology office, but I’m
not going back there. Too risky!”
“Too risky?”
“They had a staff infection.”
“Let’s review your history. Do you have any medical issues?”
“Just my prostate.”
“Any skin problems?”
“My mother says when I was an infant I had ectopic
dermatitis.”
“And after that?”
“As a teenager my face was clear, but I did have acne.”
“Go on.”
“In college I got an irrita-
tion in my groin area.”
“A fungus?”
“No, but I did have a fun-
gus on my toenails. The test
showed a hermaphrodite infection.”
“What about the groin rash?”
“In college I got an irrita-
tion in my groin area.”
“Was the doctor’s diagnosis serious?”
“Yes, I was afraid of scar-
ing so he sent me to a sur-
gon for an excision.”
“And the groin rash?”
“No, I was afraid of scar-
ing so he sent me to a sur-
gon for an excision.”
“Any other skin problems?”
“I’m a little embarrassed about this. I was
once incarcerated, and I got penal warts.”
“Were you treated for them while you were in jail?”
“Yes. It was minimum security.”
“What else?”
“Gentle herpes.”
“Here’s a prescription for an antibiotic
for your face. What are you looking at?”
“I can’t read it. PO... what does POBIT mean?”
“Twice a day by mouth. But you don’t
have to read it. The pharmacist reads it.”
“You mean I get this in a pharmacy?”
“Yes.”
“And pharmacy?”
“Yes.”
“Can I take it to Drugtown?”
“Any pharmacy.”
“How about uPharmaRiot?”
“Yes, there too. What cream did you use
for the groin?”
“I knew you’d ask me that, so I wrote it
down. Here it is... Fougera!”
“That’s the manufacturer.”
“It was white. It came in a tube.”
“And?”
“It had a yellow stripe. There was a 5 in
it. Why am I thinking of Lucy’s husband?”
“Desodine?”
“That’s it! Say, can’t these steroid creams
thin your skin?”
“This one is okay.”
“Even for the groin area?”
“Yes. Here’s a prescription. Now what
are you looking at?”
“It just says BID, but there isn’t any PO.”
“The technician at uPharmaRiot will
type the instructions in English.”
“Weren’t you going to give me a pre-
scription for the antibiotic for my face, the
one with the PO?”
“I did give it to you. You put it away.”
“I can’t find it. Could you write another
one? And I need a different script for a 3-
month mail-away.”
“Okay, here.”
“You wrote only one refill. The mail-
away has to have three refills.”
“All right.”
“I also need a 3-monther for the groin cream.”
“Three refills?”
“Yes. Doc. I have to go.”
“How come?”
“Darned prostate.”

Dr. ROCKOFF practices dermatology in
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column, write Dr. Rockoff at our editorial
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Under My Skin
Derm Layspeak II

Pro & Con

Should nonphysician extenders be used in cosmetic dermatology practices?

YES
Nonphysician extenders provide a valuable service in cosmetic dermatology practices, bringing a nursing component to care and spending the time necessary to make patients happy. This is particularly important in the cosmetic arena, where we as physicians may not spend the appropriate amount of time with patients. This shouldn’t be an excuse, but it is a reality. In both my general and cosmetic dermatology practices, I use several nonphysician extenders, including nurse practitioners, registered nurses, certified aestheticians, and others who provide services in my clinic. They augment my practice, but they work under very strict conditions, which is mandatory for this concept to work and function well.

Most cosmetic dermatologists use nonphysician extenders in their practices, but the extent of the extenders’ services varies.

A recent survey showed that extenders in cosmetic practices are doing consultations and are performing nonablative laser procedures, hair removal, peels, microdermabrasion, and Botox injections.

One of the main arguments against the use of nonphysician extenders is that they will have a higher incidence of adverse events when compared with physicians. I’m not aware of any comparative clinical trials demonstrating a higher adverse event incidence rate for extenders, and surveys that suggest a higher incidence rate with extenders might be biased in

the sense that those without adverse events to report may not respond to the survey. Furthermore, many of the adverse event reports are associated with community-based spas and salons and not with physician-led practices.

The key to the successful use of nonphysician extenders is appropriate training and supervision. In my practice, nonphysician extenders are trained extensively in general dermatology before moving in to the cosmetic realm.

Before caring for patients on their own, they spend months shadowing me, attending training programs, and then providing treatments to staff members under my supervision.

Each morning, the nonphysician ex-
tenders and I do slide reviews and case re-
views, and there is ongoing review of dis-
esases and disease processes.

Physicians must accept responsibility for the services they perform, because ultimately they are responsible from a legal and malpractice point of view.

When used appropriately and under proper supervision, extenders can truly enhance your practice and your image in the community.

Dr. Michael H. Geronemus is
director of Gold Skin Care Center and the Laser and Rejuvenation Center in Nashville, Tenn.

NO
Nonphysician extenders should be used to complement physician services, not perform them.

In my practice, extenders provide pre-
and postoperative teaching and assistance during procedures. Appropriately trained nurses provide microdermabrasion and administration of anesthesia.

Complications can occur even with the simplest of procedures, and should not be provided by those without the appropri-
ate medical training. With more advanced procedures, such as those involving laser and light sources, serious complications can occur in an instant. I regularly use my training and knowledge about the inter-
actions between a laser or light source and the skin’s surface to make changes to a pa-
rameter or treatment.

This makes me a better physician, and it
gives my patients better results. Non-
physician extenders are lacking the ex-
tensive training necessary to make these kinds of judgment calls.

Aside from the legal ramifications of delegating treatment responsibilities to nonphysician extenders (some insurance companies won’t even cover claims for procedures performed when a physician isn’t present), we must consider the ef-
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Rockoff, M.D.