

DERMAPRACTICE

The Dermatology Practitioner's Guide

Brought to you by Practice Management Cell, IADVL



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Trust Me, I'm A
DERMATOLOGIST

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Dr D Dinesh Kumar



“Medicine is my lawful wife, and literature is my mistress. When I get fed up with one, I spend the night with the other”
Anton Chekhov

Editor's Note

DermaPractice as envisioned by our President Dr Venkataram Mysore was to serve as a guide for a practitioner who has to not only stay abreast with latest the literature in Dermatology but also has to keep himself updated with the latest practice management guidelines and varied issues concerning practice. So after a successful launch of the 1st issue of DermaPractice, the Practice Management Cell takes pleasure in bringing out the 2nd issue of DermaPractice. In this issue we have included topics which focus on setting up a clinical practice, sustaining the practice, internet applications and management of patients & support staff.

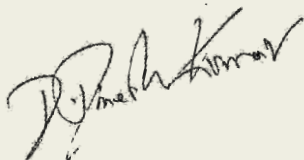


I must acknowledge the authors, who have contributed the articles after a lot of research into the topics, and also from their personal experiences. Any amount of acknowledgement would still fall short for our visionary President Dr Venkataram Mysore not only for his innovative member oriented ideas but also for pushing the members to perform to the optimum. My gratitude is also due for PMC Chairman Dr Narendra Patwardhan and Convenor Dr Narendra Gokhale for the support they provided through a series of discussions.

We have attempted to keep the coverage of the topics in this edition relevant and extensive (but not exhaustive).

Kindly share your comments and feedback through the feedback form at the end of the edition.

Happy Reading!



D Dinesh Kumar



“Isn't it a bit unnerving that doctors call what they do “practice”?”
George Carlin

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Values are like fingerprints. Nobody's are the same, but you leave them all over everything you do"
Elvis Presley

Minimum Standards for setting up a Clinic

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Standard Dermatology Clinic

Definition:

Predominantly prescription practice of Dermatology (Skin, hair & Nail) with minor procedures like punch biopsy, electro/radiocautery being done.

Scope:

To treat patients of skin, hair, nail disorders with medical line of management and to do minimal intervention procedures like punch biopsy, comedone extraction, electro/radiocautery in an office / clinic setting without any inpatient services or Day care facilities.

Ownership: Could be self- owned or could be in partnership with Colleagues of other specialties.

Service provided: Consultation for Skin, Hair Nail disorders and treatment of the same through medical line of management (Prescription) and follow-up. Facilities for minor dermatology procedures like Woods lamp examination, punch biopsy, comedone extraction, electro/radiocautery made available.

Optional facilities like Pharmacy, blood collection for Laboratory investigations could also be made.

Physical infrastructure:

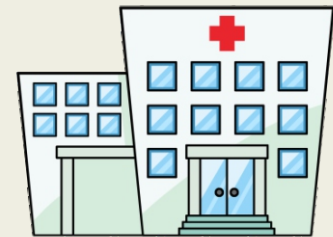
Location of the Clinic:

Location should be noticeable & accessible and also if there are a couple of other medical colleagues practicing close by, it would be an advantage. The clinic could also be within a Polyclinic setting wherein within the same office other Specialty consultants would be operating their Clinics, or a sharing of the same consultation room based on time adjustments and preferences among the Specialists.

Space requirement:

200-500sq feet area

The clinic should have a reception cum waiting area along with a consultation room. There could be an optional procedure room. If there is adequate space there could be an area earmarked for dispensing the medicines.





In the reception area there should be provision for the secretary's desk, chair with a landline (an exclusive mobile phone for the clinic could also serve the purpose). The chairs are to be arranged in way that space is utilized adequately at the same time not give a claustrophobic feeling to the patients. It is preferable to have magazines/ newspapers in English & regional language for the patients' purpose and if possible if there could be light music playing in the background. A television in the waiting area could be optional. The Consultant's name & credentials should be displayed prominently in the reception area and also his/her consultation timings if possible.

The consultation room should have a comfortable Desk and chair for the doctor along with a revolving patient stool and chairs for the patient's attendants. There also should be examination bed and if possible separated by a curtain from the consultation desk. There should be an examination lamp in the consultation room. (For other equipments which should be available in the consultant's room see below). Preferably there has to be wash basin with a tap in the consultant's room.

There should be an intercom connection between the consultation room and the reception area.

If there is no provision for a separate procedure room, there could be a cupboard which house the equipment and materials needed for simple procedures mentioned above which could be stored safely in a sterile manner.

If there is a procedure room, there could be a bed with adjustable head rests (The price range starts from Rs. 20,000 and these are foldable and can be stowed away anytime). There has to be a trolley on which the necessary equipment has to be kept.

In the reception are if possible a provision has to be made to dispense medicines. Also if possible blood can be withdrawn by a trained staff or the Doctor either in the procedure room or the consultation room. Provisions have to be made by the secretary to collect and the store the blood till the appropriate person from the concerned laboratory come s to collect the sample and requisition.

Also the secretary must be trained to instruct the patients on nearby parking options and the availability of the rest room facilities in the building.

Human resources and their roles:

Consultants: 1- 2 Specialists as the need & understanding may be.

Secretary: One, the secretary should be courteous to patients, taught to handle phone enquiries, appointments and should always arrive ½ -1 hour earlier than the Consultant's arrival to the clinic. The secretary should be in-charge of the cleanliness of the clinic handling other support staff, stock details in the clinic, handling the utility bills and directly reporting to the consultant who would oversee everything.

Nursing Staff: One, the nursing staff should be able to assist the consultant during the procedures and examination. They also could be used to collect laboratory samples, sterilise the equipments, taught to dispense medicines and check for the expiry of medicines used within the clinic and also dispensed.

Housekeeping/ Support Staff: One. The support staff should be entrusted with cleaning the Clinic periodically and also to run errands. The staff must also be trained to be courteous with the patients.



Equipment:

Diagnostic: Magnifying lens, Woods Lamp, Dermascope, stethoscope, Blood pressure apparatus, knee hammer, Punch biopsy probes, Hand held torch, thermometer

Therapeutic: Electro/Radiocautery, Minor surgical equipments like forceps, comedone extractors, scissors etc.

Emergency Drug kit: Consisting of adrenaline, atrophine, Betamethasone/Dexamethasone, hydrocortisone, Ranitidine, Pheniramine maleate, IV set, syringes.

Miscellaneous: Digital Camera, Examination bed, examination /spot light, Trolley, Consumables [like slides, gloves, local anesthetic injections, topical anesthetic creams, antibiotic creams etc], Autoclave, Formalin chamber, weighing apparatus

Computer/ lap top: Preferably 2, one in the reception and one in the consultants room. The Computer would be an invaluable in the modern clinic not helping in managing the appointment schedules but also in storing the electronic medical record which are the order of the day. The computer can also be used by the staff to send mailers to the patients, email them their lab reports. If possible the Consultant can have a cctv camera in the reception and monitor the activities of the reception in his computer.

Stationery: Visiting cards, Patient education/ awareness material, receipt books, etc.
Housekeeping materials

Standard Dermatology and Aesthetic Clinic

Definition:

Practice of Dermatology (Skin, hair & Nail) along with emphasis on aesthetic Dermatological procedures like LASERs, Chemical peels, Botulinum Toxin A injections, Dermal fillers and minor dermatosurgical procedures like vitiligo surgeries, scar revisions, excisions etc.

Scope:

To treat patients of skin, hair, nail disorders with medical line of management and to do Aesthetic Dermatological procedures like LASERs, Chemical peels, Botulinum Toxin A injections, Dermal fillers and minor dermatosurgical procedures like vitiligo surgeries, scar revisions, excisions etc without any inpatient services or Day care facilities.

Ownership: Could be self- owned or could be in partnership with Colleagues of same or other specialties.

Service provided: Consultation for Skin, Hair Nail disorders and treatment of the same through medical line of management (Prescription) and follow-up. Aesthetic Dermatological procedures like LASERs, Chemical peels, Botulinum Toxin A injections, Dermal fillers and minor dermatosurgical procedures like vitiligo surgeries, scar revisions, excisions etc. Facilities for minor dermatology procedures like Woods lamp examination, punch biopsy, comedone extraction, electro/radiocautery would also be available.

Optional facilities like Pharmacy, blood collection for Laboratory investigations could also be made.

Physical infrastructure:

**Location of the Clinic:**

Location should be noticeable & accessible and also if there are a couple of other medical colleagues practicing close by, it would be an advantage. Preferable areas would upscale residential areas, vicinity of business centre, IT parks.

Space requirement:

500-1500sq feet area

The centre should have a reception cum waiting area along with one or two consultation room, one or more procedure room. There should space available for a counseling room, rest rooms, pantry room and if possible a back office room. If there is adequate space in the reception area there could space earmarked for dispensing the medicines.

In the reception area there should be provision for the secretary's desk, chair with a landline. The chairs to be arranged in way that space is utilized adequately at the same not give a claustrophobic feeling to the patients. It is preferable to have magazines/ newspapers in English & regional area for the patients purpose along with a television and options for light music in the background. The Consultant's name & credentials should be displayed prominently in the reception area and also his/her consultation timings if possible.

The consultation room should have a comfortable Desk and chair for the doctor along with a revolving patient stool and chairs for the patient's attendants. There also should be examination bed and if possible separated by a curtain from the consultation desk. There should be an examination lamp in the consultation room. (For other equipments which should be available in the consultant's room see below). Preferably there has to be wash basin with a tap in the consultant's room.

There should be an intercom connection between the consultation room and the reception area.

It is better to allocate the procedure rooms for each type of procedure if there is more than 1 procedure room. There could be a room where exclusively LASERs and other similar equipment like ablative /non radiofrequency/ Body contouring etc. A room could be allocated for procedures like Chemical peels, Microdermabrasions, Botulinum Toxin A injections, Dermal fillers injections etc. A room could be labeled as minor OT and used for dermatosurgical procedures like vitiligo surgeries, scar revisions, excisions etc.

The procedures should have bed with adjustable head rests and also if possible adjustable leg rests. There should be a trolley in each room which would house sterile gauze, minor instruments etc.

The LASER room should have all safety measures implemented along with signage regarding safety precautions and hazards. The access to room should be restricted. It is preferable to have UPS connectivity to the entire centre, if not atleast there should UPS access only to the LASER room. The LASER equipments should not be cluttered and placed close to each other. There should be enough space for movement in the room. Temperature in the room has to be maintained between 18^o-22^oC. The procedure room for other procedures should have in addition to the beds & trolleys, a small refrigerator to store Botulinum toxin and other medicines requiring the cold chain.

The minor OT should have minimal equipments other than essential dermatosurgical equipment with adequate. Also in addition to the beds & trolleys should have an emergency drug kit along with a resuscitation kit.

(For the materials to be kept in the rooms see Annexure I)

Human resources and their roles:

Consultants: 1-2 Specialists as the need & understanding may be.

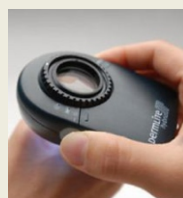
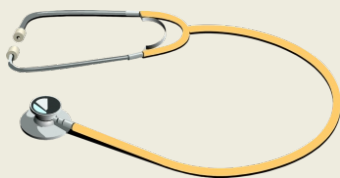
Secretary cum Clinic manager: One, the secretary should be courteous to patient, taught to handle phone enquiries, appointments and should always arrive ½ -1 hour earlier than the Consultant's arrival to the clinic. The secretary should be in-charge of the cleanliness of the clinic, handling other support staff, stock details in the clinic, handling the utility bills and directly reporting to the consultant who would oversee everything. The Secretary should also be able to act as counselor to the patients, counseling them on the procedure, expectations, pricing of the procedure, payment options

Nursing Staff/ Practitioners: 1-4 depending on requirement, the nursing staff should be able to assist the consultant during the procedures and examination. They should also be used to collect laboratory samples, sterilize the equipments, taught to dispense medicines and check for the expiry of medicines used within the clinic and also dispensed. These staff over a period when competent enough can carry certain procedures like Non ablative RF skin tightening, full body LASER Hair removal under the guidance of the doctor.

Marketing staff: 1-2. They form an important component in the running of Aesthetic Clinic. They are vital maintaining a cordial relationship with the referral sources. They also would be helpful in organizing camps and educational awareness programs and lectures in Corporate companies, Hospitals, educational institutions etc. Though most of the procedures done in Aesthetic Dermatology is not covered by insurance companies, the marketing staff would be helpful in identifying corporate companies which do provide reimbursement for Aesthetic Dermatology procedures and would be helpful in having a tie up with them.

Housekeeping/ Support Staff: 1 -2. The support staff should be entrusted with cleaning the Clinic periodically and also to run errands. The staff must also be trained to be courteous with the patients.

Equipment



Diagnostic: Magnifying lens, Woods Lamp, Dermoscope, stethoscope, Blood pressure apparatus, knee hammer, Punch biopsy probes, Hand held torch, thermometer. If affordable imaging systems of the face like Visia.

Therapeutic: LASERs, Body contouring equipment, Electro/Radiocautery, Minor surgical equipments like forceps, comedone extractors, scissors etc. In the field of Aesthetic Dermatology, it is important to identify where in one's majority practice lies and it is wise to invest in a LASER equipment accordingly. However for the majority of them a hair reduction LASER would be apt as it would be one of the commonest problems for which people seek a LASER solution. Next in priority would be a LASER to treat acne scars and scars of other origin along with facial skin rejuvenation like the CO₂ LASER, Er YAG LASER or even the Non ablative devices.

Emergency Drug kit: Consisting of adrenaline, atrophine, Betamethasone/Dexamethasone, hydrocortisone, Ranitidine, Pheniramine maleate, IV set, syringes.

Miscellaneous: Digital camera with a good macro mode, Examination bed, examination /spot light, Trolley, Consumables [like slides, gloves, local anesthetic injections, topical anesthetic creams, antibiotic creams etc], Autoclave, Formalin chamber, weighing apparatus, LASER [protection kit involving goggles, Distilled water and other consumables needed for LASER equipments.

Most of the LASER companies offer Annual Maintenance Contract for the LASER equipment. However it would be wise to have one of staff who can handle the technical aspects of the equipment. This staff should be trained in handling the equipment by the company technical staff itself and should always be present during the servicing of the equipment. This staff can also handle other duties of the clinic when the technical expertise is not needed.

Computer/ lap top: preferably 2, one in the reception and one in the consultant's room. The Computer would be an invaluable in the modern clinic not helping in managing the appointment schedules but also in storing the electronic medical record which are the order of the day. The computer can also be used by the staff to sent mailers to the patients, email them their lab reports. If possible, the Consultant can have a cctv camera in the reception and monitor the activities of the reception in his computer.

Stationery: Visiting cards, Patient education/ awareness material, Consent forms receipt books, etc.

Housekeeping materials: Toiletries, Tissue papers, room fresheners etc.



Check list for beginners before setting up a Cosmetic Dermatology Practice

- 1) Make up your mind on what intend to do & be very clear about, whether your practice will be:
 - a) Purely Academic Dermatology (Not realistic in current scenario)
 - b) Combination of Academic & Cosmetic Dermatology practice (Realistic situation, always build up your general practice as foundation & then build your Cosmetic Dermatology practice along with. Academic practice or General Dermatology practice always has to be there in my opinion).
 - c) Purely Cosmetic Dermatology practice (If you are very sure on choosing only this).
- 2) Analyze on how much finances you have at your disposal (Money on hand, Assets, Bank loan).
- 3) Create a business plan (Annexure - I) & budget for setting up the center. Earmark how much of finances you have at your disposal and you can allocate them for each quarter. (On how much you would want to spend on buying new equipments, maintenance of clinic, equipment, staff salary etc.)
- 4) Go about meeting Dermatologists who are already into this field. If possible, stay & learn from them for a few weeks to days, which will help you.
- 5) For the location of the center, if possible settle on a location which is noticeable & accessible & also if there are a couple of other medical colleagues practicing close by, it would be an advantage.



- 6) Always make your clinic waiting area & your front desk staff, appear as presentable & neat as possible.
- 7) Chalk out what procedures you are proficient currently and also on what procedures you would want to cultivate along (What equipments you would want to buy now & in the future).
- 8) Prioritize the purchase / spends according to market demand & then create a time table on acquiring them with your budget.
- 9) Ablative RF equipment along with good MDA equipment would be good enough to start practice, along with Chemical peels, Dermal rollers & if proficient, Botox & Dermal fillers could be practiced.
- 10) One could prioritize the purchase in the following manner; high to low: Hair Reduction Laser >>Fractional ablative laser>>Fractional Non ablative Laser>>Non ablative Radiofrequency equipment = Laser for pigmentation = Laser for vascular lesions. (Personal opinion of author)
- 11) A photo therapy unit could fit in as per one's individual priority.
- 12) After finalizing your potential type of equipment & its allocated budget,
 - a) Get as many quotations as possible from different people handling that type of equipment.
 - b) Talk with as many colleagues who have the equipment ask about cost, efficacy, maintenance, after sales service depreciation.
 - c) Shortlist the good ones & ask for demos. (Generally most of the companies provide free demos, if not you must be prepared to pay the company rental charges for the demo). Also you could start off by renting the equipment & as you acquire your patient base, you could buy the equipments on your own.
 - d) Initiate discussions with short listed companies regarding the cost, flexibility in pricing etc.
 - e) Finalize on the company which satisfies criteria on quality of the equipment, efficacy, cost, after sales service, AMC charges, depreciation rate and always explore the option of buyback or up gradation of the equipment from the company & get an assurance on it.
 - f) Also during discussion stage itself, get a commitment from the companies regarding the training schedule for you & your staff, marketing support, literature etc.
 - g) Always insist on Certificate of Authenticity & Certificate on Date of manufacture / programming from the parent company (Dealer is supposed to provide it).
- 13) If finances are not a constraint always go in for standard equipments. Most of the equipments almost never fail, it is just you have to master the machine & use it accordingly.
- 14) Prior to installation always check with the company regarding the installation requirements like electricity flow, UPS, room temperature, transport etc.
- 15) During installation see to that all your doubts regarding the working of the equipment are resolved & you along with your staff are reasonably confident to handle the equipment. Also enquire on maintenance protocols from the company.
- 16) Be confident of your equipment but do not oversell your equipment to your patient. Set realistic expectations to the patients & price the services competitively (Points to be kept in mind: Paying capacity of your patients, prices offered for similar or same procedures by your colleagues, your Set realistic expectations for yourself also, not only in terms results to be given to the patient but also for projected period of recovery of the investment.

- 17) Always cover yourself, your clinic including with insurance (Accidents, calamities, Malpractice). DVL trust of IADVL might be helpful. Also have able legal advisor & financial consultant.
- 18) Before getting operational or even after getting operational with the center, do take time out to meet medical colleagues (Including dermatological Colleagues) practicing around you.

Patience, Perseverance & Practice ethics are the 3 "Ps" to Success.



Annexure I

Business Plan

Objectives:

Financial:

- a) Funds: Generation & expenditure
- b) Projected number of patients to be seen in OP
- c) Projected number of patients taking up procedures
- d) Projected revenue generation in first 6 months, at 1 year and thereafter

Non Financial:

- a) Quality of care provided
- b) Types of procedures

Budget Outlay:

Start-up Expenses:

Clinic lease & rent, Clinic furnishing, Staff recruitment & salary, Purchase of equipment, beds, Medical Software or Medical record system, House keeping items & Clinic stationery, Marketing & Branding if any.

Make an inventory of your assets & divide your assets into short-term assets (ones which will



depreciate quickly, have not much of resale value & need to be replaced) & long-term assets (ones which do not depreciate much & has a resale value).

Operational Expense:

Clinic rent, Clinic maintenance, Staff salary, AMC, Clinic Development.

Always maintain monthly records (Excel Sheet & Charts) regarding income generation & expenditure & analyze them periodically.

Market analysis:

Existing Market scenario
Current Market players
Current Market revenue generation
Markets needs & how many are met satisfactorily
Markets needs not met in current scenario & their potential
Future Market trends

Procedures or Services:

Procedures to be done initially and their projected usage & income generation

Income generation projection: Find out the depreciation value of your investment in a particular period then plan to recover that amount in that particular period of time.

(For example: If your equipment depreciates by 2 lakhs at the end of 2years, you should have recovered atleast 2 lakhs in 2 years, for a sustainable Business model).

Future Procedures and their projected usage & income generation

Management & Administration:

Clinic administration, Staff management, Marketing, Public Relations

Disclaimer: The views expressed above of solely of the author & are to be used along with further research. The author recommends further discussion to be held with senior Dermatologists, Legal advisors, Management & Financial consultants & Insurance advisors.

“Get closer than ever to your customers. So close that you tell them what they need well before they realize it themselves.”
Steve Jobs

Marketing: Getting and sustaining the patient to the clinic

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The first thing to decide when you start a dermatology practice is what your objective and mission is going to be. It may be one thing on paper and another thing in your mind. Be honest to yourself. Do you want to run it as a cosmetic clinic, with the aim of creating wealth? Or do you intend to focus on dermatology and wait for wealth creation by the slow steady method? Understand that there is nothing wrong in either way. You have a right, like all other professions, to aim at creating wealth and the power that comes with it. But never lose focus of the fact that you are dealing with human beings, and those in distress due to some or the other reason.

Look around, at your peers. You can clearly see three types of dermatology practices.

1. A traditional dermatology practice with no aesthetic treatment facilities.
2. A primarily dermatology practice with some aesthetic treatment facilities present.
3. A medspa/ wellness centre with only aesthetic treatment offered.

It helps to decide early on, which way you want to go when you step into private practice, and plan accordingly.

Marketing a Practice

Marketing is important in all three types of practice.

We shall highlight a few methods that are part of the scope of this article, mainly methods of creating a recognizable and sustainable brand.

1. Word of mouth

It is traditionally said that word of mouth publicity is the best. And indeed, experience says that when a patient referred by another satisfied client arrives to consult, half of your job is already done. The patient comes with the sort of faith that no other advertisement can guarantee. So how do you get these patients? Simply by ensuring you serve each and every patient to the best of your abilities, stay tuned to recent dermatologic advances and treat with love, affection and respect. Each patient you see is a messenger to the outside world.



2. The Clinic

Brand it. Have a clear, bright logo that is easily identifiable.

The clinic board must be uncluttered and clearly visible from afar.

The first impression of a clinic can often be lasting. You do not need to spend huge sums on interior decoration of the clinic. A clean, bright and comfortable clinic makes the patient feel assured and restful.

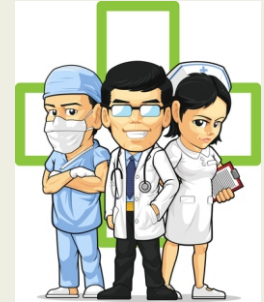
The walls can be adorned with clear posters depicting the nature of your work. Patient education leaflets must be arranged neatly in a corner. Each such leaflet may carry information about services offered by the clinic on the rear leaf.



3. The Staff

The backbone of a successful clinic is a team of assistants, technicians and receptionists that are diligent, courteous and driven to succeed because they have faith in you and your mission. Keeping the staff happy with handsome salaries, perks and showing genuine interest in their well being ensures their allegiance and dedication. “Praise in public, criticize

in private” should be your motto when dealing with your staff. The importance of good staff etiquettes is often overlooked. A smiling, cheerful front desk and personal ushers work wonders on the psyche of the patient. The receptionist attending phone calls must speak in a pleasant tone, with a greeting and identify herself/himself and the name of the clinic at each call. They must be able to deliver correctly all information related to the clinic. If a person seeks to speak to the doctor and you are busy with the patients, a call back must be arranged. This goes a long way in building confidence in the clinic. The staff should be neatly attired with a coat and a label carrying the clinic logo and their name.



4. Media as medium

Do not shy away from opportunities of appearing before media or giving interviews on dermatology related subjects. Delivering the correct information to the public and dispelling myths is your responsibility too. In the bargain, you get recognition among your clients.

5. Online presence

Ensure your online presence.

a. Invest in a good **website**. Make it interactive. Post your achievements, the clinic's facilities, your latest acquisitions etc. on the website regularly. Make it convenient for patients to book



appointments through the site. Have a map with directions to your clinic on it.

b. Create a **facebook page**. Post on it regularly. People are craving for the correct information and who better than you to give it to them through this wonderful medium.

c. Find good **doctor appointment websites** and apps. Register yourself on them with basic information and a formal picture of yourself and the clinic logo. This is the new age, word of mouth medium too because these sites post patient's reviews and testimonials. However, a word of caution too as the internet is a double edged sword. Even one disgruntled, vindictive patient can create a daily problem by posting offensive comments about you or your clinic. You must stay alert and have a protocol to immediately manage such patients. Install Google alerts. It will send you a mail each time your name features in a comment. If you encounter any offensive comment, immediately bring to the notice of the administrators. More often than not, they take down such stuff soon. Also encourage satisfied patients to post positive reviews. This may be done indirectly by displaying your online presence boldly on posters in your clinic and on the prescription.



d. Create a **Twitter** handle. Tweet skin related information regularly.

e. You may make **YouTube videos** of procedures you are comfortable with, but with written consent from the patient or without revealing the identity of the patient. This draws many potential clients.

Sustaining a Practice

Getting the patient to you in this cut throat era with cosmetic beauty chains and corporate medispas is a task, no doubt, but the difficult part is yet to come! How to ensure follow ups and loyalty to your clinic is the real challenge.

Here are a few tips for the same.

1. You-

The first and old timers will tell you, the only way to ensure patient loyalty is competence. Nothing can replace that. Make sure you are constantly in touch with your subject. Attend CMEs, conferences; join e groups and whatsapp groups discussing cases. Stay keen to learn always. A sense of complacency and dullness creeps in after a few years in private practice. Ensure that you do not fall prey to this. Only knowledge inspires confidence.

2. Ambience-

The clinic must have a welcoming atmosphere. Prior appointments must be stressed upon. If a patient walks in for a consultation, see them, but make sure the receptionist has given details as to how to come with an appointment on the next visit. This streamlining assures that the waiting time in your clinic is not too much. A visit to the dermatology clinic must not be an ordeal for the patient. Quick, not hurried, disposal is required when the patient load increases.

3. Database-

Stress upon your staff, the importance of an updated database. Patient details including name and email address should be procured. The form must have a column asking if patient would like to hear from us about services of the clinic. Those that do not click the box must not be contacted in this way. The rest may be given alerts about upcoming or pending appointments, especially in case of aesthetic procedures. A column to reveal how the patient got information about your clinic is also helpful in planning your budget allocation for various advertising modes.

4. Record keeping -

Clearly labeled files for separate procedures such as LASERs, peels etc. are a must. This not only helps to keep things organized, but also makes it very simple to keep track of defaulters of treatment.

5. Photographs –

The importance of photographs in a dermatology practice cannot be stressed upon enough. Dedicate a space to your camera set up. Correct light and position for hair and face photography is of utmost importance. An improvement, visible photographically, is worth a thousand words from you.

6. Calling-

Arrange for a telephonic call to the defaulting patient, where the receptionist or your assistant gently asks the reason for discontinuing the treatment. Make sure that the conversation is noted and the reasons behind defaulting are jotted down. If the patient wishes to speak to you, you must. Most often, the reasons behind defaulting are very benign, like laziness, or being busy. And rarely, if there is genuine dissatisfaction, then it is important that you know that too so that you may be able to correct the lapse.



7. Offers and Discounts-

On occasions such as a festival or special days like woman's day, some schemes and festive discounts on aesthetic procedures can be offered, especially to your regular clients. This makes the patient trust that it is also paying them in monetary terms to stick with your clinic.

8. Feedback-

A feedback form kept at vantage points in the aesthetic treatment area may serve as window to the experience patients have with your staff and can help you in keeping a watch on their behavior.

9. Being available-

Being doctors, we commit ourselves to service of our patients and so it is our duty to be available for our patients in their times of distress. Having said that, it is also important to strike the correct work life balance, and so giving out your personal phone number is not recommended. Having an emergency extension on the clinic number, which forwards distress calls to your mobile phone, ensures that by merely pressing a digit, the patient can reach you in times of distress. For routine questions, the patient can be directed to e-mail you the problem with pictures attached. Instant messaging apps are favored by some doctors, though it can become quite a task to keep up with the instant queries once you are seen "online"

To summarize, the cornerstones of a successful dermatology practice are –

1. Honesty
2. Competence
3. Availability

The bottom-line to a successful practice is a genuine interest in the welfare of your patient. Fame and wealth will follow.



Never ever lose focus of the fact that you are dealing with human beings, and those in distress due to some or the other reason

Backbone of a successful clinic is a team of assistants, technicians and receptionists who are diligent, courteous and driven to succeed because they have faith in you and your mission



Insure that the patient trusts you, that it is also paying them in monetary terms to stick with your clinic

Cornerstones of a successful dermatology practice: Honesty, Competence, Availability



Take Home Message

Marketing a Practice

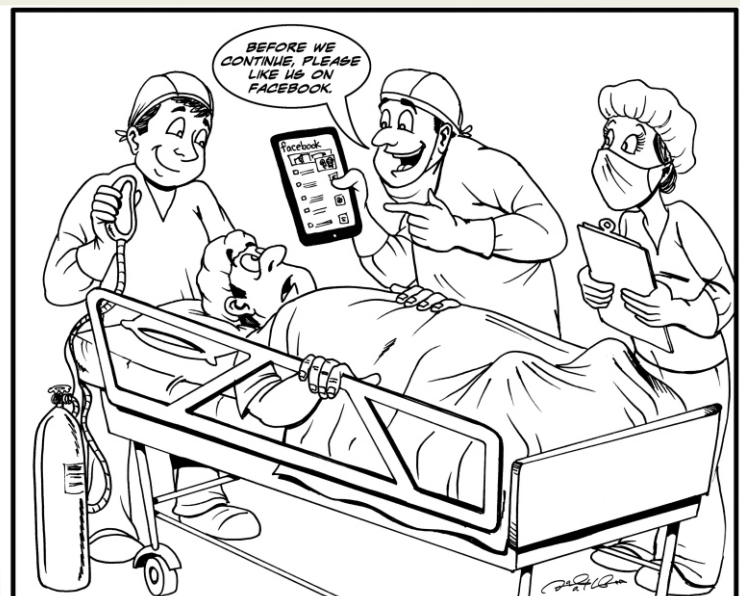
1. Word of mouth publicity is the best. Treat your patients with love, affection and respect.
2. Try to brand your clinic and ensure that the visually the clinic leaves a lasting effect on the patient.
3. Ensure your staff is diligent, courteous, energetic & cheerful.
4. Do not shy away from media exposure. But ensure that it does appear as overt advertising.
5. Ensure a good online presence. But make sure you are equipped to handle negative criticism.

Sustaining a Practice

1. Strive to stay competent always, keeps yourself updated. Knowledge inspires confidence.
2. Patient details including name and email address should be procured & updated constantly. An updated database helps the doctor to stay in contact with the patient.
3. Arrange telephonic call with dissatisfied, defaulting patients and also sometimes a trivial issue can be sorted by a telephonic call with a patient badmouthing you.
4. Take feedback from patients constructively & act on them.



"I don't know which doctor to choose. One has more friends on Facebook, but the other one just retweeted my message."



“The internet is becoming the town square for the global vilage of tomorrow.”

Bill Gates

E practice in Aesthetic dermatology- Meeting the patient on the internet

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The Internet has cut across barriers of time and distance and has had a significant impact on our society within a short span of time. It offers both a challenge and opportunities for hospitals and doctors in India to showcase their facilities and talents across the globe. E commerce, E launch , E-communication, web presence , cyber dialogue, E consultation and web based practice are some of the terms that are now applied to medical practice. The use of the Internet as a vital patient care tool is a real prospect in the next few years. It is therefore important for physicians to acquire necessary skills about this exciting new tool.

We hereby describe the basics of establishing Internet presence, and the limitations of E-practice.

Internet marketing-

The various strategies of internet marketing include:

1. Creating a website
2. Search engine optimization(SEO)
3. E- mail communication and marketing
- 4.Social media websites
- 5.Using blogs and forums
- 6.Using video sites
- 7.Writing and submitting articles
- 8.Press releases
- 9.Offline promotion of online presence.



10. Mobile applications (apps).

Creating a Website: Uses of a website are varied and include

1. Being a new source for patient referrals.
2. Creating awareness about expertise and services offered
3. Lowering the cost of postal mails and phone calls.
4. Providing online information about the procedures done in the facility.



Features of a good website:

1. Home page of a website should be attractive, simple, informative.
2. FAQ section is important.
3. Avoid hype.
4. Results section: Include high quality before and after results photographs keeping in mind the privacy of the patients. Video of surgery should be avoided
5. Physician profile: Always be truthful and factual.

Website or search engine optimization (SEO): Effort should be made such that the website is easily accessible on search engines- referred to as search engine optimization (SEO).

Email communication: Emails can be used in the following ways:

1. To establish initial contact between the patient and the doctor.
2. To provide initial information and provide clarifications for doubts.
3. Assessment of the problem .
4. Estimation of cost of treatment
5. Communication of investigation results
6. Postoperative follow-up.

Email marketing: Several service providers offer email marketing – i.e. sending emails to thousands of prospective patients about information about the practitioner. Such efforts can often be expensive, and not necessarily successful.

Memberships of societies and associations: Another way of getting E-publicity is by obtaining memberships in prestigious societies.

Publications in print media: Publication in professional journals ,newspapers and magazines not only enhance the reputation of the physician and establish his credibility, but also increase visibility on the net.

Blogs and Forums: Blogs and forums offer an interactive mechanism for patients and are widely used- they serve as '**word of mouth referrals**' .

Social media websites- Sites like facebook ,linkinpedia, twitter provide a medium to discuss difficult to diagnose or manage cases, run campaigns for a



cause, create a page for promotion of the institute etc

Video sites: These sites are designed specifically for posting videos and playing for majority of the people.

Press releases: Can be used as means of drawing attention to any latest technologies or news you have for sharing

Mobile apps:- Apps like whats app, viber help in sending images, videos, forming discussion forums. Apps like medscape, epocrates help physician to update their knowledge in a single swipe. Apps like snapseed help physician in taking high quality photos and process them easily.

Health tourism :Patients from western countries ,where the cost of treatment is high and usually not covered by insurance are looking for cheaper, but safer options and internet is a great source of information.

Limitations of E- Practice:

- a) **Security:** Patients particularly women may have reservations of providing photos by emails.
- b) Estimates of cost are usually approximate and photos may not exactly depict the precise clinical picture and hence precise treatment delivered may often change during personal examination.
- c) Legality of such consultations is always a debated issue and a disclaimer about this fact should always be inserted while offering email consultations.
- d) Dishonourable and flippant consultations may lead to loss of practice time.

Limitations of website and internet :Since internet is largely unregulated, it can be used by disgruntled patients for causing harm and disrepute too .A medico-legal issue concerns the use of e-mail, where matters of privacy, security and confidentiality in relation to medical information exist.

As per guidelines of The American Medical Informatics Association (<http://www.amia.org/>), the following need to be adhered to:

- (1) Not using e-mail for urgent serious matters
- (2) Informing patients about who actually handles the received messages
- (3) Establishing the types of transactions permitted using e-mail
- (4) Instructing patients to note the type of transaction in the subject line of the message to allow filtering.

Health Portals: Health portals seek to assist patients in identifying doctors, arranging for travel, accommodation and treatments etc- In return they charge a fee, which is usually calculated as part of the total medical expenses.

Summary- 12 ways to establish E- Presence:

Internet is here to stay and physicians need to make the best possible use of the vast potential that this medium offers. Bill gates coined the term “ **health care at the speed of thought** “ to explain the role of internet in health care

1. Study other websites available and design a website which is user friendly .
2. Use simple language
3. Showcase high quality before and after photos
4. Avoid hype
5. Be accessible and give prompt response
6. Be patient
7. Answer the mails yourself
8. Hire a good web engineer to service your website frequently
10. Always update the website with new information
11. Become a member of a prominent and prestigious professional association
12. Contribute articles on professional journals and print media.

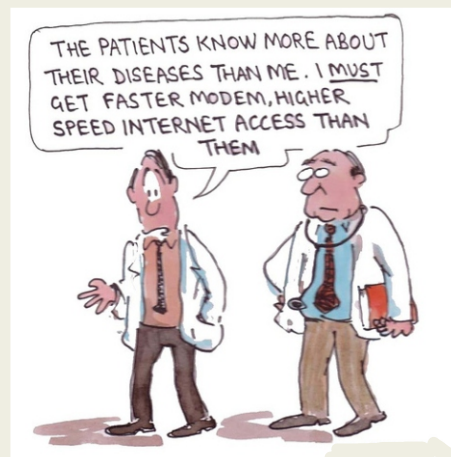




Finally, always remember: Net is only a tool- it is not a replacement for conventional physician skills of proper examination and diagnosis, case selection, adequate training and enhancement of skills, and most importantly proper physician patient relationship.

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“The art of medicine consists of amusing the patient while nature cures the disease.”
Voltaire



Management of a difficult patient

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'Patient satisfaction' is one of the most important factors determining the success or failure of any medical practice, particularly in the recent times.

Owing to the chronicity of most dermatological conditions and the requirement of a high-level of patient compliance, it is very important to maintain a good doctor-patient relationship, in order to treat the condition and thereby attain patient satisfaction.

The doctor needs to perform with utmost skill in order to manage difficult patients, as even a single negative review can affect the doctor's rating.

The primary issue with such patients is a vast gap between their expectations and the reality, which may be of various degrees, ranging from mild to extreme.

Patients who are very demanding, poorly compliant, unreasonable, pessimistic and sometimes even delusional fall under the category of 'difficult patients'.

Dermatologists should first analyze their patients' mindset, ideas, expectations and understanding, in order to identify and scale any such gaps from reality, and then address them using an emphatic and nonjudgmental approach.

Here are some common situations we come across in our practice and subtle ways through which we can manage them

The “poorly compliant” patient

This is one of the most common problems amongst dermatology patients. There could be several reasons for poor adherence to therapy, and it is the doctor's duty to identify the causes and educate the patient thoroughly in order to ensure compliance. Frequent follow-ups, reminders and self-monitoring techniques like maintaining a diary can be taught to the



patient. Otherwise, the treatment modality can be chosen or modified in such a way as to suit the patient's lifestyle and ensure adherence to treatment.

The “Check list” patient

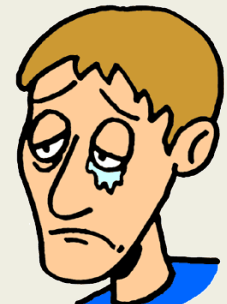
A lot of times, we have patients with literally a long check list of complaints/concerns, who tend to take up a lot of our time. Instead of exhibiting impatience, the doctor could appreciate the patient's effort in making the list. Further, it can gently be explained to the patient that they should respectfully limit the time of the visit in due consideration of other patients or that they could prioritize their list and talk about the most important/troublesome complaints rather than the entire list. The dermatologist can also assure the patient that follow-up visits will be provided in the near future to address any unmet concerns.



The “No-hope/negative” patient

Patients, who have had unpleasant experiences in the past, may develop a pessimistic attitude towards treatment. In such cases, it is imperative that the doctor empathizes with the patient first and foremost.

The doctor should allow the patient to speak out, listen patiently, and then slowly probe into the exact nature of the problem and whether the patient believes it to be due to the previous treatment or not. The doctor can encourage the patient that there is always a chance for a 'fresh start' and make the patient feel included in treatment planning.



In order to regain the patient's confidence, immediate effective (potent) treatment can be employed in order to achieve quick remission and then gradually switch over to safer long-term options.

It is also helpful to assess the patient's knowledge of a given treatment or medication. Once a misconception is identified, the provider can correct any misinformation present in a gentle manner.

By taking a special interest in these patients to understand their point of view, the provider will gain the patient's trust, an important factor in establishing a long-term doctor-patient relationship.

The “Fast forward” patient

Some of the patients are very impatient. They expect instant or quick results and may therefore demand high-potency/strong medicines without considering the safety issues for the same. In such cases, the doctor can explain that their demands cannot be met with in view of the safety. Written information in the form of brochures/pamphlets detailing the pros and cons of the medication can be provided to the patient. In case of chronic conditions, it is very appropriate to discuss with the patient regarding the nature of the disease, so that the patient can be prepared mentally, for long-term management rather than expecting immediate results.



Some patients may be disappointed after several unsuccessful treatments. Then, instead of disappointing the patient further, by saying that there is no cure for the disease, it is helpful to phrase one's words cleverly, especially when no everlasting remedy exists for the patient's skin disorder. By saying so, there would not be a complete loss of hope on the patient's side.

The “delusional” patient

A significant chunk of dermatology patients have psychiatric comorbidities, which requires special attention. The doctor can allot special/specific time for such patients in order to patiently listen to their issues, understand, treat and give them special attention.



The doctor should consider it important to have a positive mind set and establish a good rapport with such patients. The doctor may make it a point to display empathy

and interest while dealing with this group of patients.

Instead of discarding some of the complaints by the patient as irrelevant, the doctor can particularly address all the minor issues of the patient by performing a complete skin examination.

The treatment in such patients can be initiated with the more benign pre-antipsychotic trial therapies, and then recommend antipsychotic medications on a “trial and error” basis to increase patient comfort.

Pimozide and newer atypical antipsychotics are considered to be highly effective in this patient population. Or in case the doctor feels uncomfortable handling the patient, the help of a Psychiatrist can be taken after informing the patient in a gentle and discreet manner.

When the patients feel that they are doing better with these antipsychotics, they naturally tend to become more compliant with their other medication.

Patients who refuse to pay/expect discounts:

Asking for and collecting money from patients is among the most difficult aspects of practice management, and the current economic downturn makes this task even more challenging.



The way your office staff handles payment problems with patients reflects on your

entire practice. The doctor can easily deal with such situations provided he/she has well prepared/trained staff.

Many patients do not understand that their insurance company's reimbursement does not cover the full cost of care. Your staff must make it clear to such patients the complete insurance details.

Your staff may want to ask patients who chronically resist paying at the time of service to pay *before* you treat them. Some patients turn out to be very angry when the staff tries to explain things to them.

In order to tackle such situations, allocate a separate room in the clinic for counseling purposes. Train your staff to listen first, they should let the irate patient get his or her story out and blow off steam. Only after is the patient likely to be open to anything your staff may suggest. The staff needs to be patient, step back and listen, encouraging them to avoid the temptation to match the patient's anger with their

own. Once the patient has calmed down, your staff member should assure the patient that the clinic is concerned about the patient's problem and will do everything that he or she can reasonably to help. If the problem can't immediately be resolved, have your staff assure the patient that he or she will see to it that the problem is addressed and will notify the patient of the outcome. Make sure your staff follows up with the patient. This is essential to keeping professional integrity – yours and your staff's – intact. Trust is a big issue in medicine; both you and your staff need to show your patients that they can depend on your practice to help them. Encourage your staff to not take the patient's anger personally. In most cases, these patients' behavior has everything to do with fear that they won't get what they need. The combination of illness and insecurity almost always produces fear.

Another good idea is to make sure your practice accepts credit cards. Credit cards have proven to be an important tool for collecting patient payments.

Patients with frequent relapses:

As a significant number of dermatological conditions are associated with relapses and recurrences, the doctor needs to patiently and clearly explain at the



time of diagnosis itself, completely regarding the relapsing nature and course of the disease to his/her patient. Then, the patient can be advised to identify triggers which can lead to relapse and avoid such triggers, in order to prolong the remission period.

Constant reassurance by the doctor that the relapses/recurrences can be managed will largely help the patient cope better with the disease. Discuss the treatment options, the likely benefit from treatment, and the side effects along with the patient and agree upon a management plan.

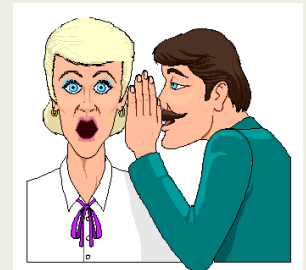
Avoid the temptation to promise cure within a stipulated time frame, as some patients insist on it.

Encourage your patient to join support/self help groups which will motivate his adherence to treatment/improve his quality of life.

Patients who bad-mouth other doctors:

A physician's reputation can make or break his/her medical practice — which is why it can seem like a crisis when someone is threatening it.

There are two scenarios here, one is, when a patient criticizes another doctor in



front of you, in which case, you need to listen carefully and understand whether the other doctor is at fault or not and not comment about it in front of the patient, but probably inform the responsible doctor. The other is when you become aware that a patient/doctor has badmouthed about you to somebody else.

Most surveys find that patients choose their doctors based on referrals from friends or other physicians. Someone who says bad things about a doctor or a practice could inflict a lot of damage. But any response needs to take into account who the person is, what he or she is saying and where it is being said.

The first step is to identify who is saying what about a physician or practice. This may be accomplished by asking around or searching online.

The next step is to decide whether action is needed. If the comments are uncommon or lack credibility, it may be best to ignore them. A response could add fuel to the fire, and letting the person alone may allow the negative comments to fade away.

If action needs to be taken, such as another physician regularly putting down your skills or spreading rumors about your personal life to other physicians or patients, the next step is direct contact.

Be polite and dignified. Say that you are concerned about this and that you want to address it as two

professionals. If this person is a patient, the situation most likely will require a different approach. If the practice can figure out who the dissatisfied patient is, getting in touch with that person to determine whether the problem can be addressed may end the negative comments.

Contact the patient and ask why the experience was bad, maybe a treatment didn't work, or maybe the staff was rude. It could be a number of things. Promise that you will handle the situation and do it. Thank the person for bringing it to your attention.

Patients who refuse to sign a consent form:

A written informed consent is mandatory prior to any kind of procedures and for photography. The patient must be informed, in advance, about the purpose and nature of the treatment, its consequences and risks. Some patients may get



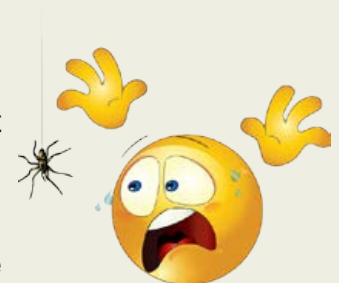
alarmed/ angry/suspicious when asked to sign a consent form. This can be avoided if the doctor takes a small amount of time to make the patient understand in simple terms about the formality and the frequency of the adverse effects mentioned in the consent form in order to alleviate the fears of the patient. That way, the patient becomes more compliant to sign the consent form.

If the patient refuses the proposed treatment he must be notified about the possible harmful effects of this decision for his health and the patient must sign a written refusal of the medical treatment. In case the patient refuses both the treatment and the signature, then the refusal must be signed by a witness. Also ensure that the conservation is recorded in the medical record of the patient maintained in the clinic.

Managing difficult situations

These are situations during which even a reasonable patient may get upset and they are completely justified in reacting so.

Patients who experience long waiting times, errors in scheduling, etc., usually tend to lose their cool. Many times, even treatment related side



effects, like phototoxic reaction during phototherapy upset the patients to a good extent.

At such times, one needs to put themselves in the patient's place and pay heed to the patient's emotional reaction.

The doctor should not hesitate even a moment to apologize sincerely on behalf of his staff/administration. This will help to calm the patient and increase the trust and appreciation of the patients. Trying to hide the mistakes made by the staff may enrage the patient.

Further, the doctor needs to be careful enough to see to that such situations do not recur.

A clear idea about the possible side effects of any therapy should always be given to the patient, to avoid any undue alarm in case of any adverse reactions.

It is also advisable, to have a staff who could counsel the patient well not only regarding the treatment

options, outcome, expectations etc, but also to act as a buffer between the doctor and patient in difficult situations.

Many a times, difficult situations arise due to miscommunication or lack of communication between the Doctor and the patient. There could be situations where the patient refuses to come to the clinic and constantly harasses the staff on phone or social media. In such a scenario the doctor could himself/herself take a lead to contact the patient either over phone or in person to hear the issues and act appropriately.

All in all, it requires extreme skill on behalf of the doctor to handle difficult patients/situations. A good doctor-patient rapport, patience, empathy, and the ability to cater to each patient's needs form the key qualities of a wholesome doctor and thereby lead to patient satisfaction.



Perform with utmost skill in order to manage irate patients, as even a single negative review can affect the doctor's rating

Analyze their patients' mindset, ideas, expectations and understanding, in order to identify and scale any such gaps from reality, and then address them using an emphatic and nonjudgmental approach



Difficult situations arise due to miscommunication or lack of communication between the Doctor and the patient

If at fault, do not hesitate even a moment to apologize sincerely on behalf of his staff administration



Employ a staff who could counsel the patient well not only regarding the treatment options, outcome, expectations etc, but also to act as a buffer between the doctor and patient in difficult situations

Key qualities: good doctor-patient rapport, patience, empathy, and the ability to cater to each patient's needs



Take home points

Maintain a good doctor-patient relationship

Identify the cause for non-compliance with treatment and educate your patient regarding the importance of compliance

Be a patient listener

Customize your patient care according to individual needs

Take time to counsel your patients adequately

Train and prepare staff and yourself to manage tricky/trying patients

Take written informed consent after explaining to the patient completely about any procedure

Identify the source, in case of any bad propaganda and try to rectify your fault/tackle the situation

Make sure you get paid for your hard work



“Talent wins games, but teamwork and intelligence wins championships.”
Michael Jordan

Role of LASER and aesthetic technicians in a dermatology clinic: Legal and ethical perspectives



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If a dermatologist himself /herself does not do the LASER procedures on his /her patients, then it is illegal – This is a myth.

Since the last decade, aesthetic and LASER procedures have become an integral part of dermatology practice. Dermatologists with solo practice are finding it increasingly difficult to balance a busy dermatology practice with a lucrative aesthetic practice. At present, the general perception is that delegating a LASER or aesthetic procedure to a non-doctor assistant can get the dermatologist into legal hassles. Therefore the general practices adopted by dermatology practitioners are:

- 1) Keep away from aesthetic and LASER practice thereby leading to a significant loss of income. This has also lead to situations where in a senior dermatologist has to refer his patients to a junior dermatologist just for a laser treatment.
- 2) The busy dermatologist himself schedules and does the procedures. This leads to increased stress and increased work hours thereby compromising the lifestyle of the dermatologist.
- 3) Employ one or more junior dermatologists to perform these procedures. This leads to increased maintenance costs due to high salaries of junior dermatologists. Another problem is a high rate of attrition and difficulty in finding replacements when a junior quits.
- 4) Employing non doctor assistants but not disclosing it in the patient records.

In all the above mentioned 4 situations, employing a qualified LASER and aesthetic technician would have changed the scenario significantly. A LASER and aesthetic technician is a trained para medical worker, who is well versed in the handling of LASERs, peels, microdermabrasion etc. They have a fair idea about the precautions that need to be taken while doing these procedures. They can perform these procedures efficiently.

These technicians have a reasonable degree of autonomy in performing these procedures. They are comparable to radiographers (who perform CT scan, MRI scan, X ray etc), dialysis technicians and other similar para medical workers. However, they always need to work under the supervision of the dermatologist. The supervising dermatologist needs to be present in the same premises during the procedure, but not necessarily in the procedure room.

Let us take a look at the various guidelines, ethical codes and court cases which have dealt with this aspect of our practice.

Doctor's legal right to delegate power⁽¹⁾

One of the important legal rights of a doctor is the right to delegate power. A doctor may need help of other doctors, nurses, technicians and other qualified staff. So the doctor has the right to delegate some power to other qualified persons and it doesn't mean negligence

The Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulations, 2002⁽²⁾



Chapter 5, clause 3 (5.3): Physicians should recognize and promote the practice of different paramedical services and should seek their cooperation wherever required.

Chapter 7, clause 10 (7.10) : A registered medical practitioner can provide proper training and instructions to bonafide students, midwives, dispensers, surgical attendants, or skilled mechanical and technical assistants and therapy assistants under the personal supervision of physicians.

Chapter 7, clause 18 (7.18): In the case of employing assistants by a physician to help him / her, the ultimate responsibility rests on the physician.

IADVL guidelines for non physician laser operator⁽³⁾

Many LASERs are simple to use and a nurse or a non-physician operator may be allowed to perform the laser after proper training.

However, the non-physician operator should perform only under supervision of a fully qualified dermatologist who has trained himself /herself in safe use and operation of LASERs.

It should also be understood that primary legal responsibility of result and complications of treatment performed by operator (though trained) lies with the treating physician only.

Court cases dealing with laser technicians and medical negligence

Jitender Kumar Joshi and Miss. Alka Joshi v/s General Hospital, Panchkula and Dr. Rohit Bansal.⁽⁴⁾

This is a case decided at the state consumer disputes redressal commission, union territory of Chandigarh on 13-09-2011.

Allegations made by the patient:

The process of LASER treatment was given by the technician who operated the LASER machine. As a result, the patient suffered scarring. The LASER treatment should have been given by the doctor himself and could not be left to the technician. This should be considered as a deficiency in service and negligence and compensation should be given.

Reply by the doctor:

The fluency was determined by the doctor and thereafter the machine was to be operated by the attendant.

The staff nurse Monika Rana holds a Diploma in General nursing and had undergone one month training to operate the LASER machine regarding which a certificate has been awarded to her.

These machines such as X-Ray, C.T. Scan, Hair removal and ECG etc are to be operated by the staff after proper training. LASER treatment is an office procedure and does not require hospital set up. Many LASERs are simple to use and a nurse or a non-physician operator may be allowed to perform the LASER after proper training.

Documents submitted by the doctor:

IADVL minimum standard guidelines of care on requirements for setting up a LASER room to justify the staff nurse doing the procedure.

An extract of the text book of Dermatotomy and Cosmetology (page 457) to justify the fluence used by the doctor.

Certificate of the Diploma in General nursing issued to the staff nurse by the Punjab Nurses registration Council

The certificate issued by N.W. Overseas Medical and Surgical Division stating that one month training was undergone by the said staff nurse.

Records of other patients who are safely undergone LASER treatment in the hands of the same staff nurse.



Judgement in favour of the doctor

It was Ms. Monika Rana who operated the machine, but the fluency was given by Dr Rohit Bansal. Along with the complainant, several other persons were being treated in the hospital by the same staff nurse.

Many LASERs are simple to use and a nurse or a non-physician operator may be allowed to perform the LASER after proper training.

The very fact that the LASER machine was operated on the instructions of the doctor by the staff nurse who had been given / provided training to operate the machine cannot be said to be lax in rendering service.

What is the legally acceptable standard of training required by a LASER and aesthetic technician in India?⁽⁵⁾

The American Society for LASERs in Medicine and Surgery, American Academy of Dermatology, and the American Society for Dermatologic Surgery have all developed guidelines for LASER technicians operating LASERs in the dermatologic and cosmetic laser setting. Unfortunately, this concept is still not given due importance by the corresponding Indian associations. In the absence of clear cut recommendations by the Indian associations, the Indian courts will accept any of the following training certificates:

1. Certificate of training issued by the LASER companies
2. Certificate of training issued by the many unregulated 'LASER training centers'
3. Certificate of training issued by any LASER trained dermatologist.

Recommended ideal training parameters for LASER technicians in India⁽⁶⁾

1. Must be of 18 years of age and above
2. Educational qualification of Class X and above
3. Minimum eight hours of lecture on LASERs and aesthetics, including basic LASER physics, soft tissue interaction, anatomy, sterile techniques and laser safety.
4. Minimum 2 hours of hands on training in the LASER or procedure that is going to be performed by the technician (mentioned clearly in the certificate)
5. Minimum of 4 cases performed under supervision of a LASER trained dermatologist during training
6. Must have passed an examination of MCQs which cover the usage and safety of all the procedures they are trained in.
7. Recognition of the training course by IADVL.

References:

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Take home messages

It is advisable for dermatologists to employ LASER and aesthetic technicians to improve their practice.

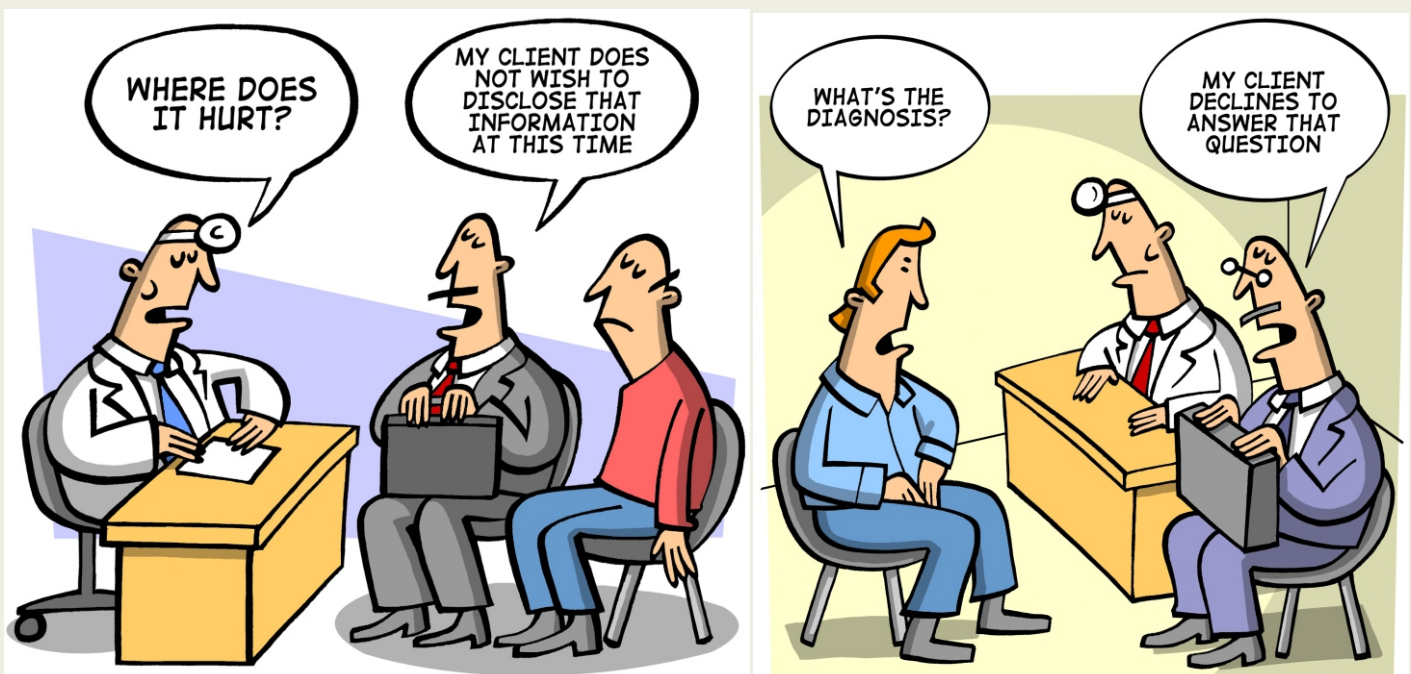
Technicians are legally eligible to do the LASER and aesthetic procedures under the supervision of a dermatologist, who himself /herself must be trained in lasers.

Such technicians should have been properly trained and certified.

The procedures must always be performed when the supervising dermatologist is present and accessible in the clinic/hospital.

The technical parameters of the procedure are always decided by the dermatologist, which must be well documented.

In the event of any adverse effect, it is the supervising dermatologist who is liable.





“Declare the past, diagnose the present, foretell the future.”
Hippocrates

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