

Q Do you rehire ex-employees if they are intent to return?
 This is a very tough question and one that varies with each employee. While I have rehired ex-employees in the past, it is often a delicate situation and one that ends up badly in the end. Usually, the reasons for their departure have to be taken into account prior to rehiring, and there must be assurances that the same reasons for their separation won't reoccur. Naturally, there are many situations that are unique and make for an easy rehire decision, but in the case of a poor ending the first time, wisdom would state not to rehire the same employee once again. Whatever the case, be objective and try to remember your feelings at the time of the separation in order to fully evaluate the chances for rehire.

— JS

For an expert response, submit your questions via e-mail: tpigeon@bmcctoday.com

Q Have you seen any downturn in your business since this economic disaster happened?
 Yes, there have been segments of both the cosmetic and medical portion of my practice that have been affected. But the good news is that despite this, numbers for overall practice are up year over year because of increases in other areas that have outweighed the losses. I am focusing on promoting more economically palatable procedures to my patients, such as Botox, fillers, and other less expensive items. While other interventions, such as more expensive laser procedures and liposuction, are doing well, I am advertising them less at this juncture in order to bring patients in who may have a little extra money and want to spend it to look better.

— JS



■ ■ ■ Practical Pearls in This Issue

In today's tight economy, re-evaluate your strategic plan. This would include a review of under-performing offices or service lines. This is a time to focus your limited resources when you can expect the greatest return on investment and to eliminate those assets not providing adequate yield or that do not have other strategic significance. p. 10

Psoriatic arthritis patients tend to have an asymmetric oligoarticular, as opposed to the more symmetric polyarticular forms of rheumatoid arthritis. Additionally, about five percent have exclusively axial involvement, whereas 25 percent have involvement of both spine and peripheral joints. p. 56

Before an evaluation for CSVV is complete, it is also necessary to exclude systemic activity by evaluating the patient's complete blood count, complete metabolic panel, and urine analysis. When the clinical history is integrated with these tests, it is possible to find an etiology for the CSVV about half of the time. p. 48



It appears that routine BMD screening is not necessary in persons on long-term TAC-A and concurrent bisphosphonates are not indicated as they are with long-term oral glucocorticoids. However, other risk factors, including increased age (>70 years), low body weight, weight loss, physical inactivity, previous osteoporotic fracture and androgen deprivation therapy should alert the physician as to the need for BMD testing. p. 54

Depression is commonly seen in dermatology patients and often not recognized by the patient. Presentations can be atypical and "masquerade" as "normal sequelae of middle-age" or as somatic

complaints. It is incumbent upon the clinician to be vigilant for depression, since it can rob patients of quality-of-life, functional capacity, and even eventuate in suicide. In the majority of cases, depressed patients need an empathic physician who offers concrete and effective dermatologic treatment plans. p. 41

A minority of patients who present with a primary SCC have aggressive disease. These individuals require frequent and careful follow-up, and in some cases SLN biopsy may be indicated. Patients at high risk for recurrence or metastasis appear to be those with tumors 2mm or thicker, tumors 2cm or wider, histopathologic evidence of desmoplasia, and/or proximity to the parotid. While there are as yet no clear guidelines for the use of SLN biopsy and staging in patients with primary SCC, data confirm the prognostic value of SLN status for risk of recurrence. p. 59

Using traditional suturing techniques in high-tension areas, such as the scalp and back, often leads to breaking of suture, thus resulting in a highly frustrating experience for both the dermatologist and the patient. "Rotational suturing" is a simple technique that enables the cutaneous surgeon to consistently secure knots while suturing without breaking the suture. p. 18



Incentives for e-prescribing are geared toward facilitating a massive shift in medical practice, but the benefits will likely not reach those who either do not use EMR programs or have only begun the process of implementing one. There are options for the majority of physicians whose systems are not up and running that enable them to receive some benefits of e-prescribing. p. 17