Foreword

You’re a Dermatologist Too?

Since I completed my residency training in 1999, I have enjoyed a challenging and rewarding career in academic family medicine. While my original plan was to go to medical school and become a surgeon, like many medical students in their clerkship year I found myself liking essentially everything and struggling to commit to a single subspecialty for fear that I would be narrowing my focus in patient care. I realized during my residency that family medicine gave me the opportunity to develop a broad expertise in all areas of medicine and to become skilled in many procedures. Office-based procedures greatly add to the diversity of what clinicians can offer within their practices and can improve practice margins through additional revenue that would be diverted to subspecialty care. Procedures can also help to define a niche within one’s practice, and our patient satisfaction surveys have shown that patients greatly appreciate when their family physician can provide a service—with the same level of skill, expertise, and outcomes as a subspecialist—within the primary care practice without having to wait for a referral.

In addition to developing skills in performing procedures in these areas, enhancing our knowledge of the conditions that benefit from procedural intervention also augments our knowledge of relevant differential diagnoses and therapeutic options. For example, I have always performed many dermatologic procedures in my practice, and as I have a large panel of complex patients, hearing the phrase, “Oh, you’re a dermatologist too?” when I offer a skin procedure to a patient, has become quite customary. Of course, I explain that I am not a board-certified dermatologist, but when I explain what services I can offer patients within the scope of primary care and procedures I have been trained to do, it provides a broader understanding to the public of the scope of our practices. As one can assume, there are cases when I provide a referral to a subspecialist when medical uncertainty or technical complexity of a proposed procedure dictates a higher level of care and expertise.
Dermatologic and orthopedic complaints are some of the most common presenting concerns in outpatient primary care practices, and this second consecutive issue of *Primary Care: Clinics in Office Practice* dedicated to office-based procedures highlights various dermatologic and orthopedic procedures. I would like to thank our guest editors, Drs Clebak and Reedy-Cooper, for their exceptional efforts in creating the vision for this issue, and to the authors who wrote very easy-to-follow and comprehensive guides for the procedures highlighted in each article. If you already do some of these procedures, then you can enhance your knowledge with new evidence and improve your skills. If you don’t already perform some of these procedures, then consider taking a course or learning from a colleague how to become proficient and credentialed, then expand the services you provide and your joy of the practice of primary care medicine.

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