ALL IN ONE

How one expert distilled diverse training, rich clinical and life experiences, and the challenges of practice management down to a simplified and rewarding approach to aesthetic practice.

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I entered dermatology thinking I would do bench research. George Murphy, MD, my ADA Med student Fellowship research mentor at Penn, was one of those special people who is supportive without spoon feeding me. I enjoyed the experience, but Harvard knew better! I was accepted to the three-year clinical program, rather than the four-year research track. My first rotation at Massachusetts General included Mohs micrographic surgery with Stuart Salasche, MD and Jessica Fewkes, MD and laser clinic with then-Fellow Suzanne Kilmer, MD. Stu became an important mentor—rigorous in teaching at the office and joyfully giving advice after hours. Jessica was a great role model for balancing work and family. And seeing a super smart yet California-low-key Suzanne take on lasers was inspiring. Rox Anderson was floating around, having just finished his dermatology residency; I got his board review notes! Later, I met Suzanne Olbricht, MD at Lahey Clinic, a role model female surgeon who became a colleague and friend, and both Ken Arndt, MD and Jeffrey Dover, MD, top medical dermatologists and laser innovators.

Soon, I realized something that had been percolating for some time: I like tangible, immediate results. Dermatology is visual and proactive. See something. Biopsy it. Treat it. It is my calling.

In 1994 when I was completing residency, the top academic surgical fellowships open to dermatologists—at least that Harvard faculty approved—involved Mohs and lasers. Unsure if I'd practice in an academic or private setting, I wanted options. I also liked the idea of being an expert in facial anatomy, necessary to excise cancers safely and close the defects aesthetically. The field of fillers hadn't gone past collagen, we were just hearing about botulinum toxin, and the only proven topicals for photodamage were tretinoin and alpha hydroxyl acid. But the field of noninvasive aesthetic laser surgery was exploding. Most dermsurgeons I knew did only dermsurg. My eyes opened when I spent a vacation week observing Rick Glogau, MD and Seth Matarasso, MD in San Francisco. They did some of everything they liked.

WALDORF DERM 2.0

In 1995 I began practice with my father, a brilliant general dermatologist in Nanuet, NY, creating Waldorf Dermatology & Laser Associates PC. I added two days a week in the mount Sinai hospital department of dermatology faculty practice in 1996 as Director of Laser and Cosmetic Dermatology. I did limited general dermatology in both offices, focusing primarily on lasers. I loved my Mohs patients and enjoyed the work, especially the closures, but the field of evidence-based aesthetics was expanding annually. With toxins, fillers and, new devices came more options to discuss with patients.

I worked hard and talked fast to avoid short changing anyone of time. But in late 2007 another pull on my time—my mother's diagnosis of mesothelioma and following that my own diagnosis in early 2008 with breast cancer—made my decision. I stopped Mohs and limited most general derm visits to established patients.

In 2013, I gave up general dermatology and all third-party payers. My father and associate in Nanuet or my Sinai colleagues would see these patients. Last year, my father retired and associate moved; I decided not to replace general dermatology. The office is now Waldorf Dermatology Aesthetics. It's like Waldorf Derm 2.0!

Saying goodbye to long-time patients was difficult. I had seen some patients for close to two decades. I planned each transition six months in advance to give time to see my regulars and speak with them in person for their last medical exams with me.

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A SERENE HAVEN

Each transition has improved my daily work satisfaction and the experience for my aesthetic patients. Even when I wasn't doing general dermatology, as president of my PC, I had to deal with staffing and billing for that part of the practice, including increasing regulatory requirements. My time and energy, and that of my staff, were diverted from my own aesthetic practice. And my aesthetic practice was funding general dermatology. I was working harder, bringing in more money, but seeing less of it. Now I see fewer patients but get to spend more time with each and make more money.

My vision is to build a serene haven for aesthetic patients where they can relax, de-stress, and put their trust in us. Our motto is art + science = natural beauty™. I am currently waist deep in an ongoing renovation of my office, being done in stages during my away time lecturing and on weekends. I've streamlined staff, switched to more aesthetic friendly practice management, and finally launched a website. Social media coming soon! I have a wonderful long time staff (my three RNs have been with us 17, 19, and 23 years). We are using downtime for special staff training sessions and everyone seems re-energized! As we are revived, so are our patients.

I continue to be the only injector in the practice. I am not creating a spa. That's not me. But we already have more flexibility scheduling patients for me and for the nurses and more time to speak with them. At the same time, I travel the world for work and for play. Lecturing continues to inform my practice, because it makes me take apart what I'm doing to understand the why. I do clinical trials at Mount Sinai and see my patients in the faculty practice once or twice a week while hopefully giving some pearls of wisdom to the residents and fellow who observe me. ■