

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

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Executive Director

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## **Model Supervisory Plan for Physician Assistants to perform Cryotherapy in Dermatology Practices**

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**In order to be approved to supervise physician assistant(s) to perform cryotherapy under the model supervisory plan application the supervising physician must read and agree to the following.**

**The supervising physician must be board certified or board eligible in dermatology.**

**The treatment of benign and precancerous lesions can be performed by the PA with the following training and supervision:**

**Whether the supervising physician must evaluate the patient prior and/or post treatment to determine appropriateness of the procedure:**

The majority of the benign and precancerous lesions that are being treated by a PA are easily identifiable with adequate training. If at any point the PA is unsure of the diagnosis, a team approach to patient care will allow the supervising physician to assist in the diagnosis and treatment plan.

For PAs with more than two years of clinical experience in a dermatologic practice, the PA may perform cryotherapy in accordance with the plan. For PAs with less than two years of clinical experience in a dermatologic practice, the dermatologist must evaluate the patient prior to the PA performing cryotherapy.

### **Level of supervision required:**

The supervision of a PA performing cryotherapy will consist of both on-site and off-site supervision. The supervising physician will not be required to evaluate every patient pre and post procedure. The supervising physician will review every chart for every procedure performed. Consultation by the supervising physician is available as needed.

**On Site and Direct Supervision:** (5% of the time) The supervising physician will provide direct supervision. This is part of continuing quality control for the supervisory relationship.

**On Site and Available:** (90% of the time) Permit the PA to perform cryotherapy on patients diagnosed with warts and Seborrheic Keratoses (SK). Supervising physician will evaluate the patient if the condition is not resolved after two treatments.

For Actinic Keratoses (AK), the PA is permitted to perform cryotherapy but mandate follow up appointment to ensure eradication. If lesion is not eradicated within two treatments, the supervising physician will evaluate the patient.

The supervising physician is on-site and available for questions or comments. In addition, the supervising physician will review and sign off on all records of the PA, so

there is an additional layer of supervision that takes place.

**Off Site:** (5% of the time) Permit the PA to perform cryotherapy for warts and SK's that the supervising physician has already diagnosed as benign. Supervising physician will evaluate the patient if the condition is not resolved after two treatments.

For AK's, the PA is permitted to perform cryotherapy but mandate follow up appointment to ensure eradication. If lesion is not eradicated after one or two treatments, the supervising physician will evaluate or biopsy the patient.

Cryotherapy may be done for warts, inflamed SK's and AK's if those lesions have been previously identified as one of these lesions by the physician within the last 3 months and that follow-up appointment with the PA was designated for that purpose of planned retreatment with the same modality.

**Minimum experience of the PA in that specialty, if any:**

PA is required to be considered competent by the supervising physician. The level of skill required for this procedure is minimal and within the scope of practice for a physician assistant. It is a non-invasive procedure with no life threatening complications.

**Specific training/education for the PA, including:**

Teaching methods includes lecturing by the supervising physician, readings from dermatology-related medical texts, and reading peer-reviewed articles related to the procedure.

**Content and Objectives of Didactic Program:**

The content of the didactic program is the review of articles written by respected dermatologists on the topic of cryotherapy. The didactic instructor is the supervising physician. The articles will discuss the indications (ideal patient), treatment methods, potential outcomes, including risks and complications, when using liquid nitrogen to treat benign and precancerous lesions.

The PA will also attend lectures on the topic of cryotherapy offered by the ODA, The American Academy of Dermatology or the Society of Dermatology Physician Assistants. The PA will incorporate these lectures in the required 100 CME hours every two years after the initial didactic and clinical training. The content of the articles as well as the lectures will be reviewed with the PA by his/her supervising physician as part of regular performance reviews.

**Content and Objectives of Clinical Program:**

The clinical portion of the training period will require the PA to observe the supervising physician perform at least 25 procedures involving the treatment of benign and precancerous lesions with liquid nitrogen. This training requires the PA to observe the treatment of the following benign lesions: plantar warts, common warts, flat warts, molluscum contagiosum, lentiginos, prurigo nodularis, seborrheic keratoses, porokeratosis and skin tags.

It will also include the observation of treatment of the following precancerous lesions: actinic keratoses. As cited in the articles, cryotherapy is indicated for the treatment of various cancerous lesions. Treatment of documented suspected malignant lesions will not be delegated to the PA.

The supervising physician will then observe the PA treat the appropriate lesions. At least 25 procedures will be observed. Discussion will take place during this clinical phase to insure proper technique is used as well as correct identification of appropriate lesions.

- **Minimum numbers of hours**

Minimum of 10 hours of activity in didactic component

Minimum of 16 hours of activity in the clinical component

- **Qualifications of instructor(s)**

Board Certified or Board Eligible Dermatologists

### **Assessment of Completion of Didactic Component:**

Successful completion of didactic component will include an oral discussion of the procedure, related techniques, wound care instructions for the procedure, related risks/adverse events and observation of competency in the clinical component. This portion will be evident when the PA demonstrates a clear understanding of which benign and precancerous lesions are amenable to cryotherapy, proper treatment modalities and risk of adverse outcomes. Successful completion must be to the complete satisfaction of the supervising physician and will take place upon completion of reading the articles, following the attendance of lectures and during the clinical training stage.

### **Upon completion of the didactic training the PA should be able to:**

1. Describe the mechanism of action and physiology of using cryotherapy for specific lesions
2. Identify/Diagnose treatable lesions
3. Describe types of cryotherapy medium and techniques
4. Provide post-cryotherapy wound care instructions
5. Explain the risks/adverse events associated with cryotherapy

### **Assessment of Completion of Clinical Component:**

Successful completion of the clinical component will be evident when the PA demonstrates a clear understanding of which benign and precancerous lesions are amenable to cryotherapy, the ability to apply the proper treatment modalities and risk of adverse outcomes. Successful completion must be to the complete satisfaction of the

supervising physician and will take place upon completion of 25 procedures. For purposes of assessing the PAs ability to perform cryotherapy, a log will be kept with patient names, lesions treated, and any adverse effects for the clinical component.

**Upon completion of the clinical training the PA should be able to:**

1. Observe the performance of cryotherapy on various lesion types by the supervising physician a minimum of 25 times
2. Prepare the cryotherapy medium
3. Demonstrate different techniques of cryotherapy (Spraying of LN<sub>2</sub>, cotton swab application of LN<sub>2</sub>, and the brushing of CO<sub>2</sub> slush with gauze)
4. Adequately document method of procedure, number of lesions treated and any previous results from prior procedures of the same nature, upon performance of cryotherapy
5. Demonstrate competency by performing the procedure a minimum of 25 times with the supervising physician directing observing the procedure.
6. Evaluate when the treatment is necessary to perform.

**For a PA who has related experience/education/training elsewhere (such as another state, military, VA practice)**

A PA with experience, education and training to perform cryotherapy will be required to complete the same initial and ongoing didactic and clinical training with the supervising physician that all other PAs are required to complete.

**Method/process/criteria for assessing competency of the PA**

Plans for ongoing performance improvement include continuing education on procedure advancement, random direct supervision of patient care and quarterly performance reviews.

**Minimum requirements for a quality assurance plan, including if the procedure is a diagnostic procedure, whether a visual record must kept for physician review:**

**Quality Assurance Plan:**

The PA will document in the patient chart the exact method of the procedure, the number of lesions treated and any previous results from prior procedures of the same nature, upon performance of cryotherapy. The supervising physician will review the documentation of every procedure being performed with opportunity to address adverse events or complications.

In the event that a new PA is hired, the same training will occur. Patients will be randomly surveyed to assess treatment results with minimal side effects.



## **PHYSICIAN ASSISTANT MODEL SUPERVISORY PLAN APPLICATION: CRYOTHERAPY IN DERMATOLOGY PRACTICES**

*Mail completed application to:*  
*State Medical Board of Ohio*  
ATTN: Physician Assistant Program Administrator  
30 East Broad Street, 3<sup>rd</sup> Floor  
Columbus, Ohio 43215-6127

### **PURPOSE**

An approved Model Supervisory Plan for cryotherapy is required before a physician assistant may perform cryotherapy in an office setting in dermatology practices.

**The attached model supervisory plan application has been approved by the State Medical Board of Ohio for dermatologists to complete to allow their Physician assistants with formal training in dermatology to perform cryotherapy in their offices.**

**This application must be completed by an approved supervising physician.**

### **INSTRUCTIONS**

- Provide the supervising physician's name exactly as it is listed on the approved Supervision agreement and Supervisory Plan. Be sure to list all locations where the physician assistant will perform this procedure. Designate a contact person to receive all notices from the State Medical Board of Ohio with regard to this model supervisory plan for cryotherapy including but not limited to all notices that may be required by R.C. Chapter 4730 and/or R.C. Chapter 119.
- The supervising physician must sign the application form, indicating that he/she has read and understood the model supervisory plan for cryotherapy and agrees to abide by all of the requirements indicated in that plan as approved by the State Medical Board of Ohio.
- Once the application has been completed and signed, send the document to the address above. You do not need to send a copy of the model supervisory plan document to the Board. Retain it for your records.
- No alterations are permitted to the model supervisory plan for cryotherapy. If you do not wish to agree to the model supervisory plan for cryotherapy but wish to allow your physician assistant(s) to perform this service you must complete a special services application. These applications are available on the website [med.ohio.gov](http://med.ohio.gov) under the physician assistant area.
- No fees are required for this application. Once approved you will receive confirmation in the mail.



# PHYSICIAN ASSISTANT MODEL SUPERVISORY PLAN APPLICATION: CRYOTHERAPY IN DERMATOLOGY PRACTICES

*Mail completed application to:*  
State Medical Board of Ohio  
ATTN: Physician Assistant Program Administrator  
30 E. Broad St., 3<sup>rd</sup> Floor  
Columbus, Ohio 43215

<b>SUPERVISING PHYSICIAN INFORMATION</b>			
<i>Supervising Physician Name (last, first, middle):</i>			
<i>Supervising Physician supervision agreement number:</i>			
<i>Practice Address:</i>			
<i>City:</i>	<i>County:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Office Phone Number:</i> (    )		<i>Office Fax Number:</i> (    )	
<b>The Credential mail address is the address where all mailings will be sent regarding this application.</b>			
<i>Credential Mail Address:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	
<i>Contact Person:</i>	<i>Office Phone Number:</i> (    )	<i>Office Fax Number:</i> (    )	
<b>LIST ALL LOCATIONS WHERE THE PA WILL BE PERFORMING CRYOTHERAPY UNDER YOUR SUPERVISION:</b>			
<b>If this procedure will be performed in a health care facility as defined in Ohio Revised Code 4730.01(C) this application does not need to be completed. If additional space is needed attach a separate sheet of paper.</b>			
<b>Office Practice Name:</b>			
<i>Practice Address:</i>			
<i>City:</i>	<i>County:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Office Phone Number:</i> (    )		<i>Office Fax Number:</i> (    )	
<b>Office Practice Name:</b>			
<i>Practice Address:</i>			
<i>City:</i>	<i>County:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>Office Phone Number:</i> (    )		<i>Office Fax Number:</i> (    )	
<b>I certify that the above statements are complete and accurate to the best of my knowledge. I have read the model supervisory plan for cryotherapy in dermatology practices that is approved by the State Medical Board of Ohio and understand that as a supervising physician I assume legal liability for the cryotherapy services provided by the physician assistant(s) that are under my supervision.</b>			
<i>Supervising Physician signature:</i>		<i>Supervision Agreement #:</i>	<i>Date:</i>