

# Creating or Enhancing an Aesthetic Practice: A Consultant's Perspective

Every time I approach a successful cosmetic practice, there are facets I find critical to its success. As a physician's assistant, I developed the perspective of a provider; as a patient, I gained another point of view; as a practice consultant, I have fused these experiences. Some of my observations on operating a successful cosmetic practice follow.

When I enter a new practice, my attention is immediately drawn to the decor and ambience of the waiting room. A cosmetic waiting room should be immaculate and well appointed. One frequent mistake I find is that the staff does not check the waiting room during the day. By 10:00 AM, there are wrappers on the floor and empty cups on the coffee table. For a detail-oriented practice, this is not acceptable. An aesthetic waiting room should have new magazines relevant to the patients' demographics. For example, *Town & Country* is acceptable; *Highlights*® is not. Information about the physicians' training, procedures offered, and products sold should be accessible and inviting. Kiosks, hanging PowerPoint® presentations, and customized brochures about the practice and the procedures offered are a great way to present this information. In many of the practices with which I work, these are among the first few items that I correct.

After the waiting room, my attention turns to the reception area. Specifically, is there a smiling face greeting me or is the receptionist busy, speaking on the phone, and avoiding eye contact? There is only one first impression. A good receptionist makes patients feel comfortable in an already stressful encounter—coming to a physician to improve their appearance. A great receptionist can make patients feel like family and greet them by name. Appearance does matter, and I typically have to counsel the person greeting patients on appearance and grooming by emphasizing a uniform and clean appearance. Nose rings and messy hair should not be allowed. For most practices, a white coat is required. The work space used for reception areas must be organized and not cluttered. Minimal equipment should be in view, and, in some of the high-end practices that I have seen, the electronics are built into drawers and out of sight.

Following the reception area, I focus on the medical assistants. Each assistant needs to be in uniform, preferably one that has a logo and his or her name on it. If names are

not embroidered on the uniform or white coat, name tags are mandatory. This creates a sense of responsibility and accountability, so that patients who have either a good or bad experience know with whom they dealt. The best marketing that an office can do is internal marketing, and a good internal marketing campaign begins with the staff. Depending on the skill set of the physician involved, the technologies used by the practice, and the products sold, I will educate the staff during a half-day seminar about how to discuss the products and procedures in a friendly manner. Each of the medical assistants must know how the rooms are set up and is expected to ensure that all rooms are immaculate prior to allowing patients to enter them. Dust bunnies on the floor, mess on the counters, or overflowing waste baskets are unacceptable for any practice and cannot be tolerated in an aesthetic environment.

Finally, the appearance and presentation of the physician are evaluated. Based on my experience, physicians' grooming habits tend to be extreme; their appearance is either immaculate and well put together or sloppy. Depending on the clientele, a casual appearance may be acceptable; however, in most instances, a more traditional, professional appearance is expected. A physician with a white coat that is wrinkled or dirty will not inspire the confidence of staff or patients. Patients make judgments from the second they see the physician; thus, it is critical that the appearance of the doctor match the image he or she is trying to project. In some instances, the image of the practice is Park Avenue but the appearance of the physician is not. Fortunately, it is easily corrected. Physicians who appear distracted, particularly those who take phone calls during a consultation or procedure, are unlikely to build a loyal patient following. I discourage this behavior strongly.

Practicing aesthetic dermatology or plastic surgery today is difficult with the competition from mall spas and other physicians who are not dermatologists or plastic surgeons who are encroaching on these specialties. In order to succeed, it is critical to provide your practice with every advantage possible. Following my simple steps to evaluate your practice can help you on the path to success.

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