



Are You Unintentionally Driving Away Patients?

These seven turnoffs may have your patients vowing never to return.

BY JOLYNN TUMOLO

A guy walks into his podiatrist's office. Earlier that day, he ate breakfast at a diner where the wait staff made him feel like a king. He placed a Zappos order and has already received notification it shipped. And he stopped by retailer Bass Pro Shops to pick up a new fishing rod. What follows is no joke, and it certainly didn't put customer service guru Chip R. Bell in any mood to laugh.



Chip R. Bell

"I arrived for my appointment on time and had a 30-minute wait with old magazines and no CNN. They had no Wi-Fi so that I could work online during my wait. Forms were done in longhand like it was 1950. And there was no provision

for unique hours (when Amazon is open 24/7)," recalled Bell, a well-known keynote speaker and bestselling author. "On top of that, the podiatrist was convinced his smart expertise would be enough for my loyalty."

In today's service-oriented culture, podiatrists can no longer bank on solid clinical skills alone to draw and keep patients. "We live in a world of picky, fickle and highly vocal customers who can take to Twitter to trash your practice overnight. Because they get great service elsewhere, they do not give a podiatrist a pass just because their feet hurt and they are in search of relief," said Bell, of Greensboro, GA. "Unless you expect

to be the only game in town until you retire, your practice operates in a service-sensitive world where disappointed patients vote with their feet and search for an alternative if they fail to get the service experience they expect."

What Do Patients Expect?

Cleanliness, kindness, and competence, for starters. Consider the Golden Rule—*Do unto others as you would have them do unto you*—a good place to start, advised Lynn Homisak, PRT, of SOS Healthcare Management Solutions, Federal Way, WA. "Everyone knows what it feels like to be a patient.



Lynn Homisak

What are your expectations when you go into a medical office

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for the first time?” she said. “Putting yourself in your patients’ shoes lets you experience their feelings, fears, and frustrations, and offers you an opportunity to make the experience right.” Despite the best of intentions, however, every practice has blind spots. “I’d like to think, overall, podiatrists want to provide good customer service,” said Homisak.

Here are seven common infractions that, according to experts, could be inflicting real harm on the success of your podiatry practice.

#1. Shoddy Reception Area

Your reception area is the first thing your patients see. Yet staff often enter the practice through the back door and, subsequently, fail to understand the initial impression this key space is making.



Tina Del Buono, PMAC, of Practical Practice Management, Santa Rosa, CA, coaches clients to take the path of the patient. Literally. Park out front, walk to the building, and go through the front door. Are flowerbeds weed-free? Is the furniture in the reception area modern and in good condition? Are magazines current? Look around with fresh eyes, and make an effort to interpret the

could lose their dog down that hole.’ There were stains on the carpet. But he was used to it. It didn’t seem to matter to him. He lost sight, and that’s a real turnoff for people.”

#2. ‘Who Are You?’

Patients schedule their appointments in advance. Consequently, practice staff should be prepared for their arrival and—rather than ask their name—greet them by name.

could fog up the window, and they wouldn’t even know I was there. I still go because the doctor is great. But most people wouldn’t do that.” When patients leave, a friendly, “Thank you for coming in today, Margaret (or Mary, or Bob



Dr. Guiliana

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(“Hello, Simon. Good to see you! Feel free to take a seat, and the doctor will be right with you.”) Along the same line, authorizations, referrals, lab results, MRI scans, and other paperwork necessary for the appointment to proceed should be taken care of well in advance of patient check-in. “Show that you are ready for them, and you are competent,” Del Buono advised. “That makes the patient feel so much better. We all know if we go to a restaurant and the server is harried, passing by our table, and taking 10 minutes to get us



Dr. Wishnie

...),” it makes the checkout experience that much more personal and positive. “Have fun with patients and enjoy them,” Del Buono encouraged. “That is something I think staff sometimes forgets.”

#3. TV Troubles

To TV, or not to TV. That is the question, and experts agree it actually has no right or wrong answer. If your practice opts to have a TV in its reception area, be mindful of what is being broadcast. To the patients exposed to the medium, subject matter matters. Avoid controversy.

In these politically charged times, cable news is probably not the best choice. “I don’t think we should underestimate the effect that our reception area has on the psychology of our patients,” said John V. Guiliana, DPM, MS, managing director of Collaborative Practice Solutions, Southfield, MI. “A typical patient is often apprehensive and anxious regarding their visit to a healthcare provider, and exposing them to additionally stressful information could be counterproductive to our overall positive influence on them. Unfortunately, today we are bombarded with negative news of

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space objectively. “A lot of times you are so thick in the forest, you can’t see the trees,” Del Buono said. “I went to a practice one time, and they had a couch that I wouldn’t even have in my garage. I said to the doctor, ‘Do you realize this couch has a rip on the side?’ He said, ‘Oh, I know. I had a patient tell me they

water, something is wrong there. We don’t want to go back. Patients will feel the same way. We want them to want to come to our practice.”

Peter Wishnie, DPM, owner of Family Foot & Ankle Specialists in Piscataway and Hillsborough, NJ, agreed. “I go to a wonderful doctor, but his staff ...” he said. “I

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all sorts. It might be time to consider turning off the flow of negativity and focus on patient-centric information.”

Professionally filmed educational videos explaining podiatry services and products are a good choice to promote the practice and even generate a few sales. This, too, comes with a warning, though. “If you really want to make patients aware that they are waiting a long time, have this material loop over and over again so they are bored out of their heads with repeated information,” advised Homisak. “If you choose to display managed content, make sure you have enough of it to keep them interested.”

Additional safe options? *HGTV*, the *Travel Channel*, *Animal Planet*—even old episodes of *I Love Lucy* would be a welcome distraction for most patients. “Laughter in the reception room is good,” Homisak noted, “especially when you are running a little late.”

#4. Front Desk Negativity

Sure, your front desk staff is human and, as such, subject to the joys, sorrows, and occasional frustrations of daily life. (Insurance companies, anyone?) That is not a

valid excuse, however, for grumbles, mumbles, eye rolls, or scowls while on the job. Whether over the phone or face to face, the demeanor of staff should be consistently professional, pleasant, and in control. The front desk is the focus of every reception area, and waiting patients—whether they show it or not—are watching and forming impressions. “Frontline staff visible to patients are always on stage, just like the cast members at a Disney theme park,” explained Bell. “It is important that practice owners or managers talk

about the brand and what message temperament and tone send to patients (who, by the way, came to your office after a visit to Starbucks with a super-friendly staff). Blowing off steam is fine in the break room, not on stage.”

In addition to staff attitudes and expressions, signage in and around the front desk can send a loud message of its own, Bell pointed out. Signs warning about consequences for failure to keep an appointment

schedule for another day and time? Unexpected tokens of goodwill don’t hurt, either. “You can get them some coffee. We have gift cards for Dunkin’ Donuts so they can get coffee there,” Dr. Wishnie said. “Things happen. You need to have a plan for when they do.”

#6. Boorish Bedside Manner

Say you have a top-notch support staff, a schedule that runs like a well-oiled machine, and a clinic

Long wait times are another practice no-no. In fact, Dr. Wishnie avoids the term “waiting room” and prefers the more gracious “welcome room.”

or declaring a payment-upfront policy may seem to you like an effective way to cover your bases. To patients, however, they can send a completely different message: We do not trust you. And, as we all know, trust is the basis of any good relationship.

#5. Wait Time Willies

Long wait times are another practice no-no. In fact, Dr. Wishnie, author of *The Ultimate Practice Management Survival Guide*, avoids the term

look straight out of *Healthcare Design* magazine. When patients enter the treatment room, your superior clinical skills—the sole reason the patient made the appointment in the first place—should emerge from stage right to take their well-deserved place in the spotlight. Right?

Actually, no. Podiatrists who come across too focused on quickly solving the patient’s “problem,” delivering an educational script or, daresay, flexing their clinical skills (feeding their professional ego) are missing another vital aspect of patient satisfaction: developing a relationship. “For most physicians, growing and having a successful practice is not only about clinical skills, but also about the relationship they have with their patients,” Del Buono said. “It’s about building those relationships so patients want to come back. If you care about them, they’re going to want to refer you to their family and friends when they need a doctor.”

The key, said Dr. Wishnie, is active listening. Let the patient explain the issue, and then paraphrase back your interpretation of what was said. “If I have this right, Mike, you can’t run more than a mile without pain. And your pain is located here. Is that correct?” Allow the patient to confirm your statement or adjust it accordingly, and

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“waiting room” and prefers the more gracious “welcome room.” Regular waits, he said, are a sign of a problem within a practice.

General rule? No patient should wait longer than 10-15 minutes for an appointment. “Emergencies do happen,” he acknowledged, but they should be the exception rather than the norm. And when they do happen, staff should be quick to explain the situation to the patient and issue an apology. Next, offer the patient options: Would you like to continue to wait or would you prefer to re-

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you're well on your way to a lasting relationship. "The patient knows you understand the issue and that you are listening to them," Dr.

kept hair and crumpled clothes? It may not be accurate, but what it communicates is a lack of capability. "They have done surveys with patients and have found that appearance makes a difference in the way

pre-occupied receptionists and ghostly sofas, for that matter) may not send every patient running, the fact is, they're not doing your practice any favors either. "It's true that not every patient has the same turnoff threshold as others. But remember that even patients who are tolerant of the negative perceptions speak to their friends, who are prospective new patients," said Dr. Guiliana. "These friends are not yet able to judge your practice for themselves. And thanks to the dialogue provided by their friend, they may never have the opportunity." **PM**

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Wishnie said. "If you do that one thing—active listening, the patient will think, *I finally found a doctor who will listen to me*. Because most don't. It's a lot cheaper than spending money on marketing."

#7. Sloppiness

Neatness counts, both in the appearance of the practice as well as its staff. Are there cobwebs under your front desk ledge? Clutter in the corner of your treatment room? Un-

a patient responds to the doctor," said Del Buono. "Even a shirt and a tie, they found, make a difference. It may sound ridiculous, but we think with our eyes. We look and think, *He looks like he just rolled out of bed* or *She looks like she forgot to comb her hair today*. Can they be competent? We make those observations in a split second."

So, do your practice a favor and tidy up. Because while wrinkled coats and unswept floors (or



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