



## The 5th P: "Personnel" is Essential to Your Practice's Marketing Mix

By Karen Zupko

**P**rice. Product (or Service). Promotion. Place. These "4 Ps" comprise the classic *Marketing Mix* and are foundational components of any marketing discussion or marketing plan development.

But I propose that there is an important "P" missing from this mix: *Personnel*.

The people you hire can make or break the patient experience. They can build the surgeon's value and credibility with enthusiasm, or merely say "he's Board Certified." They can foster relationships that result in long-term, loyal patients, or they can jump right into talking about fees and policies, never getting to know the patient personally, or following up if the patient leaves without scheduling.

The fact is: the people in your practice can be a marketing asset or a marketing liability.

Many aesthetic surgeons believe their staff is already performing at the top of their game and that there is no room for improvement. And many of these same physicians hire us to figure out why their patient acceptance rate (PAR) for surgical procedures is hovering around 50%.

Results of our mystery shopping calls and visits often uncover the people issues that impact what seems at the outset to be a "marketing problem." In one recent project, the receptionist of a 3-surgeon aesthetic practice was dreary on the phone, left us on hold, and was decidedly unpleasant when we arrived for the appointment. "I'll take your consult fee now," she said, curtly and without eye contact.

In another, the patient coordinator (who, it should be mentioned, had been with the practice for more than a decade) dove right into the surgeon's fees and policies without ever asking a single personal question. When our consultant (undercover as the patient) asked about a procedure advertised in the reception area, the coordinator did not know the answer and suggested waiting for the aesthetician to explain it. But she was busy with a patient so "why don't you give her a call later?"

It's lackluster service performances like these that cost your practice consultations, scheduled surgeries, and the opportunity to build lifelong patient relationships. And that's a kick in the gut if you spend thousands each month on search engine optimization, lead generation software, or other marketing tools. These

investments may indeed be reeling potential patients in, but once the leads reach the practice's phone or email inbox, it's up to your people successfully turn them into actual patients. They are the 5th P of your Marketing Mix.

Take a look at your hiring practices, and your existing team. Here are 6 tips to help you make every hiring decision a good marketing decision too.

### 1. *Change your perception of the "ideal" hire.*

*She worked for another plastic surgeon so she won't need training.*

*We didn't think we needed to do a background check; she goes to my church.*

*Well, she dressed nicely and she "looked the part."*

In 30 years, I have heard lots of different excuses for why a poor-performing employee was hired. But if "Personnel" is the 5th P, you've got to ask yourself this about every person you put on the payroll, not just the patient care coordinator: *Would The Ritz-Carlton or Tiffany hire this person?*

Handling the service experience and patient needs in an aesthetic practice requires skill and sophistication. Each member of your team must be able to establish a value proposition, assess a prospective patient's needs, quote fees with grace, overcome objections, and offer personalized service. These abilities do not come naturally to everyone.

Sure, some staff can be trained, however others are congenitally unable to meet high service standards. This is particularly important to understand when an applicant arrives with a competing aesthetic surgeon's name on her resume. Don't assume the person has been trained or has the right skill set for your practice just because she's worked in another practice.

### 2. *Don't discount the importance of decorum.*

*"We are ladies and gentleman serving ladies and gentleman."*

This is the well-known motto of The Ritz-Carlton Hotel Company. Applying this concept to your practice can add an element of refinement to your hiring decisions.

In an age where our national past time seems to have become a fascination with mobile devices, etiquette is often overlooked in practice hiring. But it is not lost on your high end patients, who expect a certain level of decorum and societal "correctness," if you

will. Delivering on this can go a long way toward delighting them and motivating them to schedule surgery, return for injections, and send their like-minded friends for the same.

For instance, do job candidates maintain eye contact? Do their handshake, posture, and facial expression exhibit confidence and a positive, can-do attitude? Does your existing team use patient names throughout conversations? Are all of capable of managing a service recovery when a patient complains?

Envision your receptionist as a front desk staff and the patient coordinator as a concierge at a boutique hotel. Both must be accustomed to dealing with high-end service requests. In many practices, the employees in one or both of these roles lack the finesse required by the position.

Consider etiquette too when evaluating loyal staff for a promotion. Moving a nurse into the patient care coordinator position because she knows the technical aspects of procedures is not always a recipe for success. Certainly, some staff can make the transition if training is provided. Just remember that the right skills and service aptitude will trump "nice" and "loyal" every time.

### 3. *Assess candidates for "service sense."*

Speaking of service, we think it's better to assess for how people will handle delicate situations instead of assuming that they are good at it because they have worked in hospitality, or retail, or a high end spa. Ask job candidates to demonstrate their "service sense" by conducting a few simple role playing exercises during the interview. Playing the patient and asking the candidate to handle scenarios such as those below can give you a sense of the person's service orientation, confidence, and ability to think on their feet.

**Scenario 1:** The surgeon is running late in the O.R. and afternoon consult patients have started to arrive. One has already been waiting for ten minutes. How do you communicate the delay to patients in the reception area, and to patients as they arrive?

**Scenario 2:** When you open the office in the morning, one of your regular patients is waiting. "I know it's my fault for not calling to schedule," she says. "But could Dr. Wonderful fit me in for a quick injection? Please?"

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Scenario role playing can also be a fun game to play in staff meetings or working lunches, especially when you bring up a few recent patient issues that needed to be handled. Such discussions provide an awareness of how the team is handling real patients situations, and staff will learn from their peers.

### 4. Don't skip testing and background checks.

An outstanding candidate we found for a patient care coordinator position lied about having a university degree. A woman we hoped to hire as the manager of an aesthetic practice had nearly \$70,000 in debt—which we learned after running a background check. She was not exactly the type of person to put in charge of a \$1M+, cash-based business.

Background checks and skills tests enable physicians avoid potentially disastrous hires of people who seemed great or “looked the part,” but clearly weren't.

*TrustedEmployees* is a cost-effective background screening report that provides employment and salary history, criminal history, credit history, and more. *Select* is a role-specific screening tool that provides objective information about a candidate's productive attitude, work ethic, activity level, frustration tolerance, and more. And, for patient care coordinators and managers we also recommend the *Proception2 Workstyle Analysis*, which provides practical insight into a person's interpersonal, decision-making, data management, and other skills. Learn more about these tools at [karenzupko.com](http://karenzupko.com).

For skills testing, we suggest *Total Testing* ([www.totaltesting.com](http://www.totaltesting.com)), which offers more than 800 online tests. We particularly like the Microsoft Office assessments, which ferret out Excel and Word whizzes from candidate who'll need additional training.

### 5. Allow time for orientation.

Rushing the new employee learning process can be a costly mistake. If your practice provides only a few days—maybe a week—and only includes orientation details such as obtaining login credentials and office keys, completing payroll and benefits forms, and training with a coworker, you are short changing yourself.

Resist the temptation to focus a new employee on the backlog of work that piled

### Table 1. 10 Things to Include in the Orientation Plan of Everyone on the Team

1. *Review the Orientation Plan and establish the road ahead.* Setting expectations is vital to the new person's success. In addition to completing the Orientation Plan, establish some short term and long term goals for the person and the position and put them in writing.
2. *Read ASAPs printed and online materials.* Schedule time to discuss which procedures you perform most often, and point out any differences in your patient care.
3. *Review Dr. Wonderful's curriculum vitae (CV).* All staff must be able to explain the scope of your training, the medical school you attended, and where you completed your Fellowship.
4. *Attend a Welcome Lunch with the manager and physician.* This is a good opportunity to get to know your new employee personally and to review topics such as expected behaviors, practice culture, and the characteristics of your patient mix.
5. *Review the practice web site in detail.* The entire team must know it like the back of their hand so they can direct patients to use it, and explain what's there.
6. *Attend technology training.* Schedule training directly with vendor to optimize the new employee's knowledge of the system.
7. *Get to know your online reputation and that of your competitors.* Staff should spend time reviewing Facebook, Yelp! Twitter, and physician rating sites such as RealSelf and Vitals.
8. *Shadow 5-10 aesthetic consultations.* Making sure staff thoroughly understands the consultation process enables them to accurately explain it to patients.
9. *Observe surgery and post-op care.* Seeing patients in the O.R. and in the exam room postoperatively will give your team the “big picture” of the patient experience.
10. *Read “Delivering Knock Your Socks Off Service,” a brief, practical and lively book by Chip Bell and Ron Zemke.* You'll find the ideas lively and practical.

up while the position was vacant. The more deeply they understand the surgeon's background and practice style, services, culture, and patient mix, the better they will serve as a marketing ambassador. This may take a few weeks or a month but the added orientation and knowledge immersion can pay off big in terms of their performance and service skills.

Table 1 contains 10 things to include in your new employee orientation plan. It includes a review of your CV and web site, as well as shadowing 5–10 consultations and observing surgery. In addition, allow each new staffer to take their technology training directly with the vendor—not from a coworker. They will learn more effectively and may even bring back ideas about features and reports that are currently unused.

### 6. Allow your people to “go outside the circle.”

Sending staff to The Aesthetic Meeting, off-site training, and continuing education are great opportunities for them to gain new knowledge and network with peers. Without ongoing access to knowledge, your team can become stagnant and stuck in the “this is the way we've always done it” box. This does not bode well for patients, or the bottom line.

A study on the drivers of great work found that people who connect with their outer

circle are three times more likely to produce work that has a financial impact, and more than twice as likely to respond positively to the work they are doing.<sup>1</sup> Most people interact with the same 5–10 trusted colleagues and friends 80% of the time.<sup>2</sup> By sending employees outside the “practice circle,” they are more likely to experience divergent thinking, novel ideas, and added expertise.

And I'll bet you'll be amazed at the fresh ideas they return home with.

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1 O.C. Tanner, Global Research: The Great Work Study, <http://www.octanner.com/content/dam/octanner/documents/global-research/Great-Work-Study.pdf>

2 Margery Weinstein, Power Surge, Training Magazine, July/August 2015, pages 16-19