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### **DISCLOSURE**

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## the Canadian \*PODIATRIST

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### STEPHEN HARTMAN

BY ALAN M. BORTHWICK



Mr Stephen Hartman, formerly CEO and President of CFPM, has been awarded an Honourary Fellowship of the College of Podiatry in the United Kingdom. He will receive his award at the House of Lords in London, UK, during September 2019.

Stephen was nominated for this award in recognition of his contribution to the global profession and to collaborative working across national boundaries, and for his tireless efforts to ensure a close and enduring relationship with the College of Podiatry in the UK.

His work led to the CFPM affiliating with the College of Podiatry and the Australian Podiatry Association to support the Journal of Foot and Ankle Research, which is now internationally recognised for its content and high standards.

### **GLOBAL PODIATRY NETWORK**

"Stephen Hartman and Dr. Helen Rees were two Canadian representatives at the Inaugural Meeting of the Global Podiatry Network in London England this past November 2018.

The Global Podiatry Network is an international group fostering relationships country to country, education, podiatric advancement and public education."





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# MESSAGE FROM THE EXECUTIVE DIRECTOR & CFPM STAFF

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appy Spring! I hope you're all gearing up for a busy and productive season ahead. If you joined us at last year's conference in Niagara Falls – thank you! The conference was a tremendous success largely due to the sheer amount of hard work and planning by our very own Board of Director, Stephen Hartman, and amazing event staff. I also wanted to acknowledge the incredible speakers we had such as Dr. David Armstrong, Peter Guy, Juliet Morris, Patrick Buscar and Dr. Alan Borthwick, just to name a few. Thank you everybody who contributed to the success of the conference! If you were not able to join us last year, make sure to attend this year's conference at the Hilton Mississauga Meadowvale Hotel in Mississauga, Ontario. It's sure to be a great event.

Please also join me in welcoming our newest Board member Axel Rohrmann! I'm also pleased to announce that Stephanie Playford has been appointed to the President position, and will lead the charge with Foot Health Month in May as the Chair of the Foot Health Month Committee.

Finally, I want to remind you to visit our website on a regular basis for the latest news on events, job postings, and more!

Lastly, please don't hesitate to reach out if there's anything on your mind that you would like to share or discuss with me!

All the best.



Terra Belanger



The Canadian Federation of Podiatric Medicine journal, The Canadian Podiatrist reaches over 300 cities internationally. 2500+ journals are distirbuted to practitioners and universities specializing in the podiatry field twice a year.

Join the growing ranks of important podiatrists and prestigious podiatry brands that partner with CFPM twice a year to reach their important sales and marketing goals!

### **CALL FOR CONTENT!**

Have something you want to share? Do you want to highlight an individual who is doing outstanding work?

We are currently seeking content for the Fall 2019 issue of the CFPM Journal!

### WE ARE LOOKING FOR?

Foot practitioners who have a story to tell, or a case study they want to share (ideally, this would be a "challenges, opportunities, and lessons learned" style—our readers love to hear from their peers!)

Individuals who support the podiatry space (have some expertise you would like to share? Readers want to hear from you!)

Deadline for Fall 2019 Issue: July 19, 2019

To learn more about CFPM advertising and partnership opportunities, please contact our Editor, Amanda Young at journal@cfpmcanada.ca

The Canadian Federation of Podiatric Medicine, CFPM, is a nonprofit professional organization comprising duly qualified foot care practitioners (chiropodists and podiatrists) who are committed to the code of ethics of CFPM.

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Students





### SURGICALLY CLEAN AIR

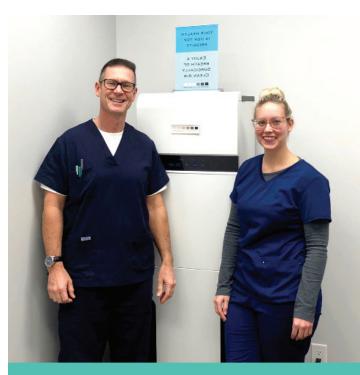
Surgically Clean Air is quickly becoming a market leader in the high-end, premium, portable standpurification industry. medical Our grade air purification systems are suited for use manv industries. Currently, dental offices. hospitals, medical labs, surgery centres, medical clinics, professional sports teams, fitness centres, commercial offices, and day care centres have made the crystal clear choice to breathe healthier indoor air.

This was Surgically Clean Air's first time attending the CFPM annual conference and the reception that we received was overwhelmingly positive. We were given the opportunity to speak to many of the chiropodists in attendance and learn about their daily procedures that lead to poor indoor air quality. According to a study by the US Department of Labor, podiatric procedures like toenail drilling, callus removal, and surgical tool disinfection create airborne bio-aerosols like fungus, bacteria, and mould making podiatry one of the most unhealthy jobs in the country. Even more eye opening, was that out of those that we spoke to, how many were currently suffering from some kind of respiratory ailment: allergic reactions, infections. chronic bronchitis, and asthma to name just a few. of these challenges that chiropodists are faced with is consistent with another medical professional dentists, who also deal with poor indoor air quality and are ranked by the US Department of Labor as having the most unhealthy job in the country,. Surgically Clean Air has helped over 10,000 dental professionals lead healthier lives while minimizing sickness and maximizing productivity and are proud to say that Surgically Clean Air is now beginning to positively impact the practice of podiatry as well.

So what reasons do chiropodists have for seeking out air purification? Here are just a few examples of how Surgically Clean Air has met their challenges head on and offered them the solutions that they are looking for.

### References

1. Kiersz, A. 'The 27 Jobs That Are Most Damaging To Your Health'. Business Insider. 2015 Nov 2. Available from: https://www.businessinsider.com/the-most-unhealthyjobs-in-america-2015-11

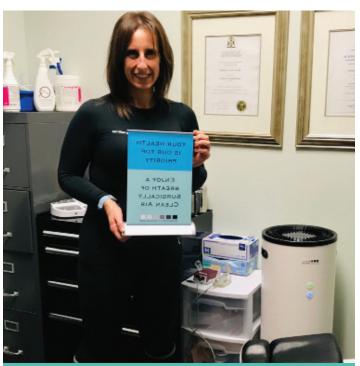


We chose to go with Surgically Clean Air purifiers because of their ability to kill airborne germs. A major concern of ours was the health risks associated with toenail drilling procedures and inhalation of fungal nail dust. We really wanted clean and fresh air in our clinic and we love how energized the air feels. It also solved our issue of dust on furniture and equipment. There is virtually no dust in our clinic." Vicki Werkman, Clinic Director, Werkman, Boven & Associates

Surgically Clean Air purifiers are able to remove particulate matter from the air as small as 0.01 microns, while most toenail dust particles fall in the size ranges of about 0.8-1.6 microns. In addition, due to their flake-like shape, toenail dust particles will remain airborne for up to 16 hours and then settle creating a layer of dust on all surfaces in the clinic.

According to the Journal of Foot and Ankle Research, many different fungal, yeast, and bacterial organisms have been cultured from infected toenails. Some of these microorganisms are known to cause serious diseases once they enter the body<sub>2</sub>. However, all Surgically Clean Air purifiers have Germicidal UV-C light that reacts with a Titanium Dioxide coated plate that creates a reaction strong enough to disrupt the DNA of viruses, bacteria, and fungus.

How well do Surgically Clean Air purifiers work at killing germs? Independent research from world renowned RTI Labs proved that a Surgically Clean Air purifier removed 99% of a serious strain of an airborne virus, bacteria, and fungus from the air in just 15 minutes.



I initially considered air purification because I really wanted to reduce the amount of dust in my treatment room, which was contributing to a very stale environment. It was important that I spend less time cleaning and also work in a place with fresh air. Since receiving my Surgically Clean Air purifier I spend less time cleaning and that allows me to do more productive things. The air also feels lighter and cleaner, and my patients have even commented on the improvements." Trina Scarrow, D.Ch., Custom Foot Clinic

We all know what the quality of air is like in podiatry clinics. We don't need to rely on science to tell us this. Every time you walk into you your facility and take a deep breath you can tell. The dust and odours are evident everywhere – even making their way into the patient waiting room. We all know what this is doing to you and your employee's health.



The challenge that made me consider air purification was definitely all the dust that I create using the drill for toenail grinding and Moore's disk on dry skin. I have always been concerned about working in these conditions for my own health and wondered about fungus allergies and lung disease. I was not sure what to do about it. The Air Quality Test that measures particles in the air of my office before and after was helpful to convince me that the unit works. I like the fact that I know it also kills bacteria, viruses and fungus even though dust is my main concern. It makes me feel happy to know that I have done my best to promote wellness for my patients and myself." - Laura Lee Kozody, B.Sc., D.Ch.

Purchasing or leasing a Surgically Clean Air system could be the smartest investment you make this year. It will show your staff how concerned you are about their health and show your patients how forward thinking you are. It will increase productivity and decrease sick days, reduce odours and patient anxiety. But most of all, it will rescue you, your staff, and your patients from your toxically hazardous environment.

My wife and I run our chiropody practice together and the biggest Clean Air was worrying about the harmful effects that chiropody air quality has on our lungs. It's also very important for us to provide a healthier environment for our patients. My receptionist would a layer of dust surrounding her workspace and she was sneezing a lot. Since getting our air purifier, the dust is gone and she is no longer experiencing any allergic reactions. I no longer have to worry about dust and unhealthy air. It gives me peace harmful effects of chiropody on our health." Jonathan Tomines, D.Ch., Mississauga Foot Clinic



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The Canadian Federation of Podiatric Medicine
2019 Exhibitor Prospectus
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### WHY SHOULD I ATTEND?

### Increase visibility and brand recognition to MANY potential buyers:

Take advantage of the opportunity to showcase your products and services to an audience with a common goal to foster the development of safe and effective products and therapies for patients.

The CPM conference hosts approximately 250 delegates from across Canada from a diverse range of professions related to foot care. Our conference caters to all members of the office, including front and back of house steff.

Chiropody students from the Michener Institute are invited on Saturday to tour the exhibitor hall and mingle with the exhibitors. This will give you a chance to meet the upcoming graduates in chiropody and future buyers.

This event accelerates the opportunity to connect to clinics, foster connections and create leads to follow up with after the conference.

### Ample time to deliver that PERFECT pitch

The conference program schedules ample time for conference delegates to visit the exhibitor hall to provide plenty of apportunities throughout the conference for exhibitors to network and build connections with potential buyers.

### Activities created with YOU in mind.

The CFPM conference executes an exhibitor passport activity to assist with generating foot traffic for exhibitors. Delegates must retrieve signatures from every booth on their exhibitor passport to be eligible for the exhibitor door prizes which are distributed during the awards ceremony.

### WHAT IS INCLUDED?

- Each booth fee includes one 10x10 booth, one skirted 6' table, 2 chairs and registration for one representative.
- Exhibitors are welcome to attend complimentary all social events as special guests of CFPM.
- All refreshments, meals and social activities are included with registration.
- This year's CFPM conference will host a reception on November 8th to celebrate the 20th anniversary of the association, come help us celebrate this exciting milestone!
- Company recognition on digital, print promotional materials and conference APP.



### **HIGHLIGHTS!**



huge success!

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\*HANK you to all speakers, attendees, sponsors and exhibitors who helped

make the 19th Annual CFPM Conference a

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2018



19

**SPEAKERS** 



**EXHIBITORS** 

CONGRATULATIONS to Vicki Werkman and Tina Rainville for winning the Education Award in recognition of their contribution to the advancement of Podiatric assistants in Canada. We would also like to congratulate Dr. Cesar Mendez in recognition of his contribution to the advancement of Podiatric education in Canada.

## A BIG CONGRATULATIONS TO OUR EXHIBITOR AWARD WINNERS:

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### **TESTIMONIALS**

"As always, great, professional conference."

"It was a lot of fun!"

"My thanks to the CFPM for yet another successful event"

"The networking opportunities, after conference events and lectures were great"

"I enjoyed the round table discussion with other assistants/receptionists"

## THE FOUR PILLARS OF MARKETING

Here is some good news: There are only four places from which patients can come to you and they are:

- The Internet.
- Medical and non-medical referral sources that surround your practice.
- Your own list (database) of people who know you, like you, and trust you.
- The Community through advertising or other marketing efforts you undertake.

That's it. There is nowhere else from which patients will come to you. Should be easy right?

More good news: While it isn't that easy, it can be organized easily which makes the process of growing your practice through good marketing much easier.

Patients can only come to you from one of four places so the marketing plan we've used at Top Practices since 2007 is The Four Pillars of Marketing.

### THE FOUR PILLARS OF MARKETING



None of these pillars is more important than the other.

Successful marketers understand this and use all four pillars to their marketing advantage. A trap people often fall into is to fall in love with one pillar and focus all their marketing efforts in that single pillar. In fact, many companies who offer their

## BY REM JACKSON CEO Top Practices

services to medical practices seem to believe that marketing on the internet is all there is to marketing.

To be sure, internet marketing is ever more important in your marketing mix and its very effective, but it isn't all there is to professional practice marketing. Understand this one vital concept and you will outperform anyone, anywhere, anytime no matter how big their budget is.

### THE FOUR PILLARS

### PILLAR #1: THE INTERNET.

Marketing online has become much more complex in recent years. Google works hard to maintain the integrity of their marketing algorithm so you continue to use it. It's a remarkable feat and something for which we should all appreciate. They have not only kept searches high quality, they continue to improve it. They do this by making it extremely difficult to trick it. They even tell us how to follow their best practices and get the best results, but this has caused online marketing to become complex. You should not try to do this yourself or have a family member who understands HTML coding do it for you. Search out a quality digital marketing company to help you get this right. Your patients shouldn't treat their lower extremity issues themselves, right? You went to school for that. Why try to become an expert in online marketing. Have the experts work with you on the following areas:

- 1. A website that is optimized for search.
- 2. Local search results that put you at the top of local searches.
- 3. Your entire social media footprint.
- 4. Strategies to generate phone calls or online scheduling.

The internet is a wonderful resource and has changed everything, but use it well and your results will soar, use it poorly and you will join the ranks of millions of businesses who are frustrated by lackluster or zero results.

## PILLAR #2: MEDICAL AND NON-MEDICAL REFERRAL SOURCES THAT SURROUND YOUR PRACTICE

The three most important words in marketing are nurture, nurture, nurture.

When you first opened your practice, you had lots of time and very few patients so you did what every professional does, you went out and introduced yourself to everyone and anyone that you could.

You didn't like it very much. You had no preparation for it and if you're like most chiropodists you aren't well-suited for it.

But everyone in business, every professional, needs good quality relationships that send them high-quality referrals. And the only way to get those referrals is to ask for them.

This is an essential business growth activity and since you don't have the time or inclination to do this you need to hire a shoe leather marketer to do this job for you. I call this shoe leather marketing because the person who does this job will wear out the leather on the bottom of their shoes in this job. This person out in the community meeting people as they make the visits to medical and nonmedical referral sources on your behalf. When you find the right person for this job you will see your referrals grow and grow.

## PILLAR #3: YOUR OWN LIST (DATABASE) OF PEOPLE WHO KNOW YOU, LIKE YOU, AND TRUST YOU

The number one asset you have in your practice, other than yourself and your well-trained staff is your list of people who know you, like you, and trust you. This list is one of the most important pieces of your marketing efforts because everything you do, everything you talk about, work on, think of, implement, and innovate is designed to support this marketing pillar.

Your list (also called your database) is composed of these parts:

- Your active patients.
- · Your inactive patients.
- Your really inactive patients.
- All of your referral sources.
- Your medical and non-medical referral sources.
- Everyone who has ever requested any kind of information that you offer to the market.

Regular nurturing educational communication to this list is the most important marketing activity you can pursue. Email them regularly, mail them information, lead them to your website to get more detailed information about their concerns. When you understand and execute in this pillar you can keep your practice healthy, thriving, and profitable for life.

### PILLAR #4: THE COMMUNITY THROUGH ADVERTISING OR OTHER MARKETING EFFORTS YOU UNDERTAKE.

Advertising, sponsorships, speaking engagements are not dead and you should consider these "broadcast" opportunities, but only if they are designed to direct interested people to your well-designed website and internet properties to learn more and get more information. Nothing is worse than paying good money to send someone to your online presences only to be disappointed and look for another practice that they believe can help them. Pillar #4 is just as important as the other three, but only execute here when Pillars 1, 2, and 3 are well done and working for you.

Marketing your business should become fun. It should always be profitable. If you understand what good marketing looks like and if you have the mindset you will need to persist you will have more fun, more money, and more freedom than you ever dreamed your profession could bring to you, your family, your staff, and your patients.



REM JACKSON is the President and CEO of Top Practices, LLC, and the leader of the Top Practices Master Mind Group. Top Practices is a company dedicated to helping podiatrists reach their professional and personal goals by building their "perfect practice". He is a Fellow of the AAPPM. He is also the recipient of the AAPPM President's Award for 2012. Rem can be reached at rem@TopPractices.com. You can find out more about Top Practices marketing and management programs at www.TopPractices.com

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## A MULTIDISCIPLINARY APPROACH TO TOTAL CONTACT CASTING (TCC)

IN A PRIVATE CLINIC SETTING

### BY ANDREA DICROCE

Despite being the gold standard in diabetic foot ulcer (DFU) offloading for over a decade<sup>1</sup>, total contact casting (TCC) is seldom used across the province of Ontario.

Funding for TCC has improved but challenges still remain, with respect to funding but also with respect to training, educating, referrals and compliance.

In the private sector, Chiropodist Lisa Ahlberg and Certified Pedorthist Jordanna Jones began offering total contact casting for patients with non-healing diabetic foot ulcers who arrived at their BioPed clinic in London, ON. The patients' success has been incredibly impressive. You may have heard Jordanna speak about the success of their program, at the recent Wounds Canada conference (November 2018) in London, ON. Their abstract was entitled, "Multidisciplinary approach using Total Contact Casting (TCC) to aid in healing Diabetic Foot Ulcers (DFUs) in a private clinic setting." The poster presentation

highlighted the need for a multi-disciplinary team approach in treating patients with DFUs, but also spoke to the benefits of specifically having a Chiropodist and Pedorthist collaborate.

Partnerships between Pedorthists and Chiropodists in Ontario have been historically rare but have been increasing over the past decade, and in some clinics, such as BioPed, it has become commonplace. Both the Pedorthist and the Chiropodist work together to examine patients' biomechanics and gait, and choose a suitable treatment plan for offloading the bony prominences or areas of high pressure or friction.

In high risk patients, such as those with DFUs, a collaborative approach to lower limb care has been well proven in literature. Most importantly, when regular wound debridement is coupled with appropriate offloading, patients with DFUs will heal, assuming



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nothing else has been missed – such as an infection, vascular insufficiency or a nutritional deficiency. Jordanna presented three case studies at the November Wounds Canada conference.

The three patients included in the presentation had long standing DFUs on their heel, MPJ and hallux respectively. All have pedal deformities such as forefoot/rearfoot varus, hallux rigidus, forefoot/rearfoot valgus, and/or Charcot foot. All patients had sought care from other qualified professionals in solo practice. One of the patients had two DFUs that had been present for 7 years, which did not heal using other off-loading treatments. Treatment at BioPed included weekly TCC application, coupled with callus and wound debridement, and the use of absorptive and antimicrobial dressings. Complete wound closure occurred for 2 of 3 individuals (3rd patient is almost healed) within 3 – 4 weeks. Once healed, each patient was fit with custom orthotics and orthopaedic footwear.

Casting for orthotics should occur before the application of the final TCC to ensure a smooth transition once the final cast is removed. The private clinic ensured that communication with the patients' team of doctors, nurses and surgeons continued throughout the treatment

process. Finally, the patients continue to be followed despite wound closure to ensure appropriate offloading is maintained, as well as regular skin and nail care are achieved.

Successful results date demonstrate to that multidisciplinary approach to DFUs using serial wound debridement and TCC application, paired with a seamless transition to offloading devices, as well as appropriate footwear and foot care once healed, can result in a timely DFU wound closure and hopefully prevention of recurrence. The collaboration between two different lower limb clinicians was an integral part of the treatment and in our opinion, a key factor in the success of each case. Additionally, regular communication between the private clinic and the primary care physician/community nurse/surgeon were paramount to ensure that a patient centric circle of care was best achieved.

#### References

1.Total Contact Casting for Neuropathic Ulcers: A Lost Art? Robert M. Greenhagen, DPM, Dane K. Wukich, MD. The Journal of Diabetic Foot Complications, Volume 1, Issue 4, No. 2.





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CFPM ASSISTANTS
TRAINING PROGRAM

Train your assistants to become the star that you know they are. You can help more patients more efficiently with a well-trained podiatric assistant. Your assistant can train from home or office. Get your podiatric assistants certified.

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- Office conduct and liabilities.
- History taking, charting, progress notes and physical exam.
- Anatomy of the foot commons podiatric problems.
- Basic biomechanics.
- Dispensing of footwear and orthotics.
- Padding and strapping.
- Instruments, equipment, supplies and sterilization.
- Chairside assisting.
- · Medical emergencies.
- Diabetic foot screening.
- Along with the course there are many new workshops added to the CFPM conference for assistants to go along with the course material.

The CFPM is proud to offer such a comprehensive and exclusive program to our members and their assistant members.

Please email questions to assistants@cfpmcanada.ca.

### REQUIREMENTS TO TAKE THE COURSE

- Registrant must be an assistant member of the CFPM and actively employed by a Chiropodist or Podiatrist member of the CFPM.
- High school diploma (a grade 12 biology credit is ideal).



- To be eligible to write the exam, the student must have worked as a podiatric assistant for a minimum of one year.
- Must have current First Aid and CPR certification.

### TIMELINE TO COMPLETE

Two plus months (must write exam at conference within 23 months of registering for program). At the end of each chapter are questions to be completed. Please have your employer or colleague mark your chapter questions and record the completion date and grade. This information will be required to be handed into CFPM at the time of the final exam.

### RECOMMENDED ADJUNCT WORKSHOPS

- Hands on training or workshops are recommended to be completed at conferences prior to writing the final exam.
- Passing grade on final exam, examination date for first intake of registrants is at the CFPM conference in November 2018.
- Must attain a minimum of 80% to pass.
- Maintaining Certification.
- After certification 14 hours of continuing education in a 2-year cycle.
- Must be an assistant member of the CFPM and must be actively employed by a CFPM member practitioner.
- Must maintain their CPR certification.

### FOR MORE INFORMATION VISIT

https://www.podiatryinfocanada.ca/Certified-Podiatric-Assistant-Training 23

## SECRETS OF SUCCESS: \$OMEONE ANSWER THE PHONE!



Think every call made to your office seeking an appointment actually becomes an appointment? Think again. Yes, worthy/costly marketing strategies will attract calls to your office; however, all the marketing in the world will be for naught if prospective callers are not converted into patients. What? Why does this happen? One very simple reason is, receptionists not properly trained are asking every question except the one that closes the deal.

Today's patients have certain expectations when they call a doctor's office. Especially when searching for a new doctor. They expect efficiency and expediency, a knowledgeable staff, friendly attitude, outstanding customer service and a smile because, yes, callers can tell if their listener is smiling. And their first impressions start with that phone call. If it fails to impress, or misses an opportunity to provide what is expected, savvy callers will continue to shop. And as the doctor, moving from treatment room to treatment room, away from front desk activity, you may never know.

Sadly, training staff on phone etiquette is embarrassingly lacking especially when it comes to what to say, not say, prompted scripting (prepared scripts for common questions) and professional phone delivery (tone and attitude) etc. These skills are not recognized with as much seriousness as they should. Many doctors see "front desk experience in a medical office" on an applicant's resume. Is the presumption, therefore, that they know how to properly and professionally handle the phones? Never take this for granted. Remember, assume is an acronym.

A more in depth discussion, to include role playing, should be a part of every applicant interview. This applies whether they are being hired for front or back office, since job sharing is typical in podiatry offices. Once hired, new staff members should be required to have phone desk training. Actual training. Training that involves covering all office activities, i.e., putting patients first, protocol/policy, HIPAA, a telephone voice, scripting, phone handling, podiatry conditions and terminology. Taught to recognize emergent,

urgent, and routine conditions, professionalism, diffusing angry patients, screening calls, proper scheduling, time management, answering critical questions, etiquette, establishing rapport, and a basic understanding of what callers are looking for. The telephone is a practice's lifeline and a careless or half-hearted "learn-as-you-go" teaching approach will certainly result in lost patients. And, to repeat the obvious; many of these new patients you will not even know you've lost. Trained employees work smarter.

Consider the patient who wants info about their insurance coverage. If you were to overhear how staff responds it might be surprising. When the caller asks, for example, "Does Dr. Pod accept my insurance?" and your staff answers with a simple, "no" the caller would likely thank them, hang up, and check with the office down the street. In fact, any time one hears, "Thanks for your information, I'll get back to you," you have pretty much lost that patient. We have all made that very decision/comment when we fail to get desired results. It is the kiss of goodbye.

about the podiatric shopper who asks, "How much does your doctor charge for a pair of orthotics?" If your staff is in fact instructed to quote fees (or fee ranges) over the phone, they should stick to a pre-written script vs. "winging it"; a script that acknowledges the caller's question and at the same time promptly moves the conversation towards the exceptional care they will receive. "Mrs. Jones, that is a good question; one I might even ask if I were in your shoes." (If it is your policy, here is where you might offer an approximate/range fee, stating also that it would depend on the type of orthotic needed.) Continue without hesitation..."Now, besides our fees, Mrs. Jones, what else are you looking for in a podiatrist?" – a lead-in to highlighting the benefits of your practice. Reinforce their response with an inspiring, "Well, you have called the right place!" followed by advocating for the doctor and the practice.

It's important for staff to maintain control of the conversation so they can focus on more positive information and close all appointment-seeking conversations with a defined proposal, "I have an opening tomorrow afternoon at 2pm. Is that convenient?" On each encounter, make every effort to be in control, not controlling. Polite, not demanding. Energetic, not hyper. Friendly, not friends.

Finally and from a litigious standpoint, it is critical that staff avoid answering questions dealing with or offering medical advice. I've heard it. I know it happens. This is perceived as practicing medicine for which they do not have a license. Their response to ANY medical question, therefore, should always be, "Mrs. Jones, that is a question that the doctor will have to answer for you...and (s)he can only do that after (s)he's evaluated your condition". Staff should then move immediately into offering an appointment. Of course, the seriousness of the complaint must be determined; emergencies require immediate care, suggest a suitable time for a routine visit. Do not diagnose!

Nine out of every ten offices have varying degrees of "operator error" regarding telephone skills and it comes with a great loss! Lost revenue, lost professional respect, and lost patients.

Hello, is anybody there? Still think "winging it" is a good idea?



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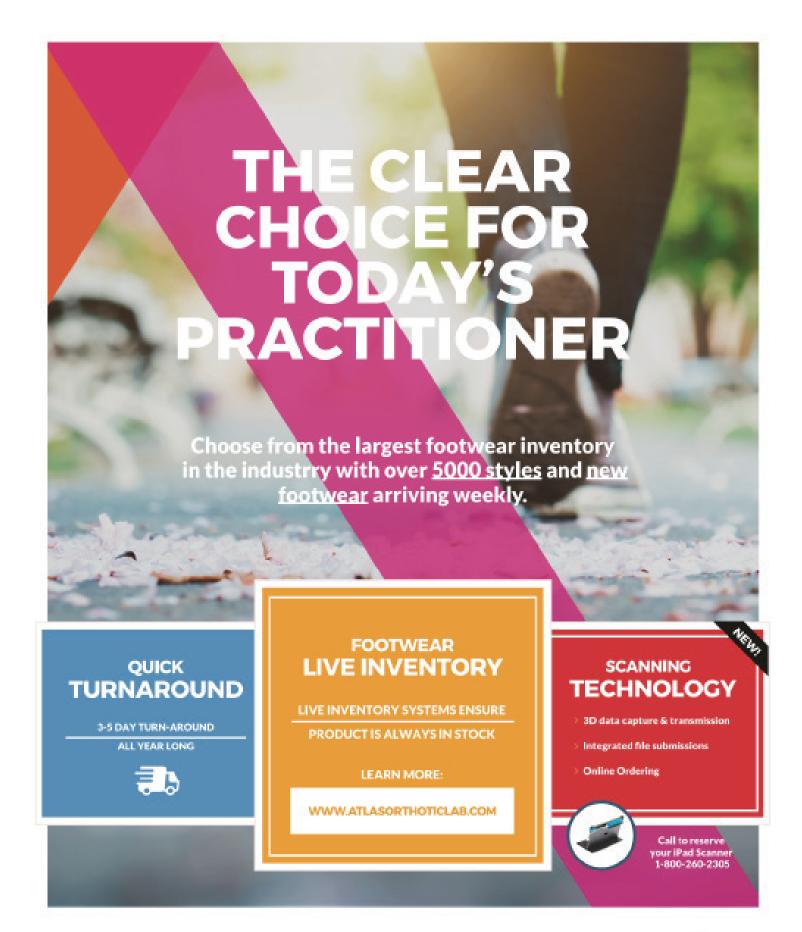
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