

How can aesthetic nurses make the initial consultation with a patient effective?

In a competitive area such as medical aesthetics, first impressions count. Ensuring that each patient's initial consultation is successful can make all the difference to the way they share their experience with others and encourage them to come back for more treatments. Leslie Fletcher shares her top tips on consulting with the aesthetic patient and recommends key questions to ask during their first appointment

Consultations undoubtedly offer the most effective return on investment for aesthetic clinics. A study conducted in an outpatient clinic setting found that patients ranked the importance of providing health-related information during a consultation second only to clinical skill (Dugdale et al, 1999). What needs to be understood, however, is that even though practitioners may not make the money in that moment, the time spent with each person is recouped tenfold with a loyal patient who shares their excellent outcomes over the years.

Before the consultation

Ask the patient to bring in a picture of themselves from 10–20 years ago. This instils confidence in the patient that the practitioner is interested in maintaining their natural look.

Ask the patient to stop taking any blood thinners, if medically possible, before the day of the appointment. This will help them to mentally prepare for getting their treatment done that day.

Let them know you like to take your time designing the face and implementing the care plan, and to plan on spending at least an hour in the clinic. This gives the patient confidence in the practitioner, and enhances excitement for the treatment.

Day of the consultation

Have the patient tick boxes on a pre-suggested 'areas of concern' questionnaire.



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This helps open up a non-threatening discussion for full-face correction during the consultation process.

Review the patient's questionnaire and photos before greeting them by name. This shows that the practitioner has done their 'research' before meeting the patient.

Sit across from the patient during the consultation. People perceive more interest and time spent while sitting down when compared to standing (Swayden et al, 2012).

During the consultation, zoom into the patient's trouble areas of a picture of a patient's face on a screen. Patients know how to hold their face just right while looking in the mirror, so using a photo gives a more objective view. Zooming into an area also isolates the trouble spot and magnifies its relevance to the patient.

During the consultation

Good questions to ask a new patient during the initial phase of the consultation include:

- ▶ What brings you in today?
- ▶ Can you share the top five things that bother you about your face, even if you think they aren't treatable non-surgically?
- ▶ If money were no object, what areas would you like to leave here this afternoon corrected?

Chances are the areas of concern can be fixed non-surgically—they just aren't aware that they can be. Additionally, even though the practitioner may have ideas, it's important to find out what the patient's design aesthetic is. What is bothering them the most? If everything else gets treated but the very thing that bothers them, they won't think anything at all was fixed.

A good question to ask during the second phase of the consultation is: Are you comfortable with me giving you some suggestions for ways to enhance your beauty?

Telling someone what needs to be fixed on their face is a hard thing to do—one needs to seek permission to do that. When conversing with them, be authentic. They need to feel as if we are their best friend with their best interest in mind.

At this point in the consultation, there hopefully is an established sense of intimacy between the patient and practitioner. Now is time to use the handheld mirror to show them what possibilities they can have with full access to your toolbox. This is a chance for the practitioner to shine. Credentialing comes mostly through education—if we exude confidence, patients will trust us for the experts that we are.

Always make recommendations by listing solutions, not syringes. For example: 'The lifting of the jowls that bother you will cost X and last 1–2 years.' To maintain credibility, do not wait until the patient's second or third visit to tell them what they really needed during that first visit.

Key points

Here are some parting reminders to help you feel more comfortable with consultations:

- ▶ Patients come to us seeking treatment—it is up to us to offer them that help
- ▶ Patients have some level of trust in our expertise or they wouldn't be there—it is up to us to elevate that trust
- ▶ Patients are aware that they will need to pay for treatments—it is up to us to put a value on this service. ◀ JAN

References

- Dugdale DC, Epstein R, Pantilat SZ (1999) Time and the patient–physician relationship. *J Gen Intern Med* 14(Suppl 1): S34–S40. doi: 10.1046/j.1525-1497.1999.00263.x
- Swayden KJ, Anderson KK, Connelly LM, Moran JS, McMahon JK, Arnold PM (2012) Effect of sitting vs. standing on perception of provider time at bedside: a pilot study. *Patient Educ Couns* 86(2): 166–71. doi: 10.1016/j.pec.2011.05.024