

Reflections

The art of consultation

Kulwant S. Bhangoo

Chief of Plastic Surgery, Mercy Hospital, Assistant Clinical Professor, State University of New York at Buffalo, New York, USA

Address for correspondence: Dr. Kulwant S. Bhangoo, 4 Cazenovia Street, Buffalo, New York - 14220, USA. E-mail: drksbhangoo@aol.com

ABSTRACT

Sophisticated marketing and practice-enhancing strategies can help bring patients to a surgeon's practice. However, the ability to retain these patients and also convert the consultations into surgical procedures depends on the art of consultation. This very important aspect of clinical practice is seldom taught in the medical school. In this paper, the author discusses many aspects of the art of consultation, which he has learned in his practice over the years.

KEY WORDS

Advertising; consent; consultation; documentation; marketing; office décor; photography

INTRODUCTION

In the recent past, there has been a surge in marketing of medical practices. Many advanced and sophisticated techniques have been used to advertise and promote surgical practices.^[1,2] These include the print media, the internet and other means of advertising. Whereas these strategies can attract patients to clinical practice, the ability to retain these patients and convert consultations into surgical procedures depends on several factors. One of the most important factors in this regard is the art of consultation.^[3,4] In this paper, many aspects of consultation, which are not usually taught in the medical school, will be discussed.^[5]

PRECONSULTATION

Many things can be done to prime a patient before the actual consultation. This starts with the initial call by

a patient to the office for an appointment. The initial encounter of a patient with the receptionist over the telephone is important. This can decide whether or not the patient will make an appointment for a consultation or not. The person who takes that first call should, therefore, be very well versed in all aspects of the practice. The receptionist should be able to determine what the patient desires. Many patients will ask for brochures about the prospective procedures. It is important to have a brochure and medical information on each type of service that the practice provides. This can be mailed to the patient if they so desire. These brochures should be tastefully made and provide information about the physician, his credentials and his affiliations with various professional organizations, any awards and accomplishments, as well as information about the procedure that the patient is contemplating [Figures 1 and 2].

THE RECEPTION ROOM AND WAITING AREA

It is important when a patient encounters the receptionist that the patient should have privacy. The receptionist's location should be designed so that the other patients in the waiting room cannot hear the conversation between the patient and the receptionist. The office staff should be very courteous and interact

Access this article online	
Quick Response Code: 	Website: www.ijps.org
	DOI: 10.4103/0970-0358.138936

very politely with the patient as soon as they walk in. It is always helpful for the staff to talk to a physician before the actual consult. During the initial encounter, the staff or the receptionist can gather very important information, which can be transmitted, to a physician before the actual consultation. The staff can alert the physician as to the personality of the patient, what they are expecting and also any unusual red flags that may be detected prior to the actual consultation.

The décor of the waiting room is also very important [Figure 3]. It should be tasteful and not opulent. Very expensive furniture and carpets and other accessories can have a negative impact on the patient. The patient may feel that a significant amount of their fees are being used in decorating the office if the décor is very extravagant.



Figure 1: Procedure pamphlets

DISPLAY OF DIPLOMAS AND TESTIMONIALS

Most patients like to learn as much about their physician as they can before the actual consultation. To that end, it is recommended that if there are any diplomas, awards or medals then these should be displayed [Figure 4]. Patients are very impressionable when it comes to what they see in print. If there are any testimonials by patients, [Figure 5], or write-ups in newspapers, these should be tastefully exhibited [Figure 6]. Display of certificates of participation in conferences will demonstrate to the patient that the physician is up to date with the recent advances and academically oriented [Figure 7].

It is also important to ensure that the patients do not wait for unduly long periods of time before seeing the physician. This tends to irritate the patients and the consultation then starts off on the wrong footing. In surgical practice, new patients who are coming in



Figure 2: Brochure with practice and doctor's information



Figure 3: Waiting room

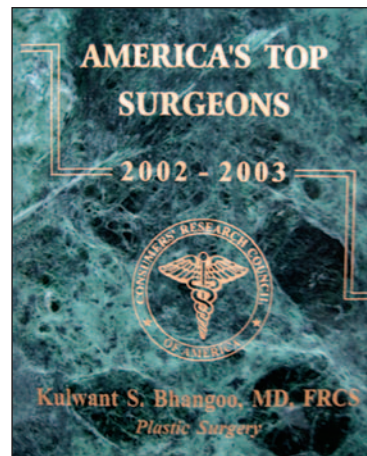


Figure 4: Example of an award displayed throughout the office

Dr. Bhangoo,
I want to express my deepest gratitude and appreciation for your wonderful care. I highly value the fact that you carefully listened to my desires and diligently gave me exactly what I asked for. You truly are an artist! I realize that I was pretty, but I thank you for your patience, it has paid off! I also want to acknowledge that you have the best staff in the world. It was truly a pleasure working with you!
Regards, Maria

Figure 5: Patient testimonial



Figure 7: Display of certificates

for surgery should not be exposed to those patients who have just had surgery. The immediate post-operative patients are frequently bruised, swollen and uncomfortable, and this can be off-putting to a patient who is coming in for a consultation for a surgical procedure.

USE OF VIDEOS AND BROCHURES

While the patients are waiting to be seen, it is sometimes useful to have them review videos of the procedure that they are contemplating. It is also important to display other videos of the services that the physician performs. This can be an important marketing tool in introducing the patient to the type of procedures that the physician has to offer. Any books or publications that the physician has authored should be displayed [Figure 8]. This has a very positive bearing on the patient's impression of the physician before the actual consultation. It is also useful



Figure 6: Newspaper article

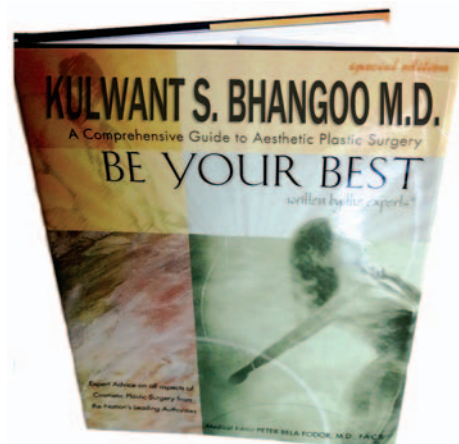


Figure 8: Physician book publication

to display any photographs that the physician may have had with renowned celebrities [Figure 9].

TESTIMONIALS

In surgical practice, particularly in plastic surgery, many patients will request to see pictures of previously treated patients.^[6] Therefore, it is important to have these readily available as compiled albums [Figure 10]. It is

very unimpressive if the physician and his staff have to scramble for pictures when the patients ask for them and if they are not readily available.

It is important to have a list of patients who have had successful outcomes and who are willing to talk about their surgeries with other patients. Many patients will seek to talk to other patients to find out what their experience about the proposed surgery was and also their impression about the physician and his staff.

If any of the staff members have had any surgical procedures and they are willing to disclose that, this can be a very important and effective testimonial to the physician.

DRESS CODE

It is extremely important for the physician to dress appropriately [Figure 11]. The patients almost always notice the physician's attire and all the accessories that the physician is wearing. A well-dressed physician will always command more respect than one who is dressed in a shabby manner.

By the same token, use of very expensive accessories, such as watches and jewellery, can have a negative impact.

OBSERVERS AND OTHER ATTENDEES IN THE CONSULTATION ROOM

Sometimes there are persons in the examining room other than the actual physician. These could include students, interns, residents, fellows, and sometimes visitors from other centres. It is important to inform the patient about the presence of these attendees and to get the patient's consent. The presence of students, interns, residents, fellows, and sometimes visitors from other centres is a positive attribute to the consulting physician as it denotes that the physician is academically orientated and is held in high academic esteem. These observers should be told to exercise appropriate demeanour and refrain from interrupting and making comments and suggestions during the consultation. Questions should be deferred and asked in the privacy after the consultation and not in front of the patient.



Figure 9: Doctor with celebrities



Figure 10: Before and after patient photo books



Figure 11: Physician dressed appropriately

THE CONSULTATION

When consulting with a female patient, it is very important to have another female in attendance, such as a nurse [Figure 12]. It is also important for a male physician not to undress a female patient. Instead, one should ask the female patient to undress her — self or ask the nurse to undress the patient. This is because sometimes the manoeuvres during undressing can

mistakenly be interpreted as inappropriate gestures by the patient.^[7]

During the consultation, it is important for the physician to be at a higher level than the patient. This denotes authority. Furthermore, it is important to make eye contact with the patient during the consultation. It is important to touch the patient very gently. This denotes the compassion. The physician should listen very carefully to the patient. By being a good listener, the physician can frequently pick up important information and also some red flags that are critical in determining whether or not to operate on a patient. One should be aware of patients who are critical of other physicians or who are very profuse in their praise of the consulting physician. Furthermore, be very cautious about patients who are very demanding.^[8] It is also important to assess the degree of the patient's concern as it relates to the extent of the deformity. Patients whose concern is far in excess of their deformity can be very difficult patients. This was aptly described by Mark Gorney in the so-called Gorney Graph.^[9] [Figure 13].

Touching the patient gently denotes a gentle nature and also encourages an affinity as far as doctor-patient relationship is concerned. A physician's attitude should be warm, relevant and personal. It is a good idea not to get too involved in personal and social issues when consulting with a patient.^[10]

The physician's approach should be unhurried. It is important not to give patients a sense of urgency. Sometimes patients wait for a long time to get an appointment with the physician and then also wait for a long time in the waiting room before the actual consultation. If, at the end of all of this, the physician dismisses them in a hurried manner, it can have a very negative impact on the patient.

MEDICAL RECORDS

It is very important to document the consultation in as much detail as possible. It can have very profound medical — legal implications. If a physician can draw, this is a very positive attribute because patients love physicians who can draw. This is particularly true in plastic surgery where it denotes an artistic aptitude. Making drawings in the chart also denotes that you have taken the time to discuss the issue with the patient in

detail and at length [Figure 14]. This is important when it comes to drawing the length and extent of the scars of the proposed surgical procedure. The physician who can draw manifests an artistic aptitude and the patients appreciate it, especially in the specialty of plastic surgery.



Figure 12: Female nurse in the room with physician and female patient

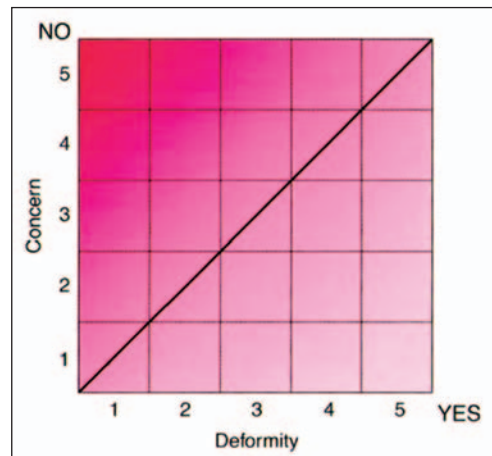


Figure 13: Gorney graph

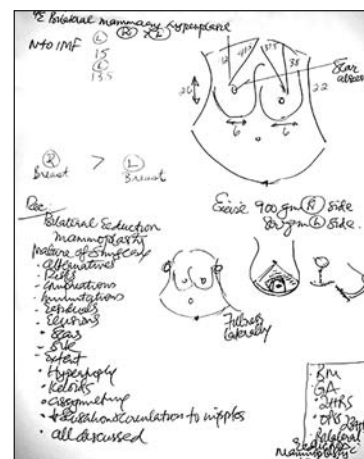


Figure 14: Drawings inside patient chart

Note should be made of any special events, such as occasions which the patient may mention in passing during consultation. These include birthdays, anniversaries, and special achievements of their own or their children or relatives. These should be recorded separately and not be made a part of the medical records. When patients are seen at a later date, sometimes years later, then a reference to these documented events can be made to the patient. This will immediately impress the patient who does not expect you to remember what they stated months or years ago about themselves.

PHOTOGRAPHIC DOCUMENTATION

In some practices, such as plastic surgery, taking pre-operative photographs of patients is extremely important. This is also important in other specialties such as dermatology. The patients tend to forget very quickly what they looked like as human memory is short-lived. Many times the pre-operative photographs are important in dealing with dissatisfied patients. They are also of immense medical — legal importance. It is, therefore, necessary to explain to patients the need for taking photographs. Many patients demand photographs of other patients, and this can be used as an argument to justify taking their photographs. Many times patients have pre-operative deformities about which they are not aware. This is particularly true in situations such as breast asymmetries or facial asymmetry. The patients frequently become acutely aware of these occult asymmetries or deformities after the surgery as they tend to scrutinize their face post-operatively and may blame the surgeon. Preoperative photographs can prove the pre-existence of these deformities.

As indicated earlier, it is important to have albums of pre- and post-operative photographs of different procedures available at the time of consultation as many patients will demand to see them. This is particularly true in the specialty of plastic surgery [Figure 10].

DIGITAL IMAGING

In plastic surgery, digital imaging is used by some physicians. By this method, the physician can demonstrate to the patient what they will look like after surgery; however, digital imaging is not a true depiction as it is two-dimensional and can sometimes be misleading. Furthermore, the patients tend to fixate on the image

that was shown to them in the office pre-operatively. If the surgical outcome is slightly different from what was shown to them pre-operatively, this can lead to disappointment in spite of a successful surgical outcome.

MULTIPLE PROCEDURES

Sometimes patients will request a consultation for multiple procedures. This should be discouraged because it has been shown that these patients have very low retention of what is told to them during the initial consultation. This is because many times the patients are nervous and inattentive.^[11] The retention rate ranges from between 25% and 30%. It is, therefore, important, especially for a surgical procedure, to have patients come back again before surgery so that the issues can be reiterated. When patients ask for a consultation for multiple procedures, they can sometimes get confused with regard as to what was said to them about each procedure.

THE PRESENCE OF MULTIPLE PEOPLE DURING THE CONSULTATION

It is important to have only one or two relatives of the patient present in the examining room at the time of consultation. The presence of many people in the consultation room can make the patient uncomfortable. Furthermore, there is a tendency for the on-lookers to interject questions, interrupt the physician and sometimes make inappropriate comments. It is, therefore, important not to have many people present during the consultation. This sometimes can result in misinterpretation and confusion. It is, therefore, important, especially for surgical procedures, to have the patient come back again before surgery so that issues can be reiterated. When patients ask for a consultation for multiple procedures, they can sometimes get confused with regard as to what was told to them about each procedure. It is, therefore, advisable to have the patient consult the physician for only one procedure per consultation.

It is important not to have a consultation with more than one patient at the same time. This can sometimes result in misinformation and confusion.

FINANCIAL ISSUES

It is important to discuss the financial issues with the patients frankly and in detail prior to surgery. The financial

issues should be very specifically discussed either by the physician or by the physician's staff. Personally, the author prefers not to discuss finances with the patients, but has the patients discuss it with a staff member. All issues should be very clearly documented to avoid any ill feelings later. One copy of the financial sheet should be given to the patient, and one kept in the patient's records. The policy should also be formulated and discussed with patients about what the financial implications would be if they needed to have revisional surgery.

With regard to revisional surgery, the financial issues include the cost of the surgery itself, anaesthesia, charges for the operating room and if any implants are required. These should all be clearly discussed with patients at the time of the consultation with particular emphasis on financial issues regarding revisional surgery.

INFORMED CONSENT

Informed consent is a very important part of the consultation. It is extremely important to discuss with the patient the nature of the proposed surgery, alternatives, risks and possible complications. This should be documented in the patients chart. A printed consent form detailing the possible complications is reviewed with the patient signed by the patient and witnessed by a staff member other than a physician.

This document is invaluable from a medicolegal standpoint in the event of litigation in the future.

DISAGREEMENT AMONG STAFF

If there is a disagreement among the staff members including the physician, it should never be voiced in front of the patient. Such disagreement can have an adverse effect on the patient's confidence in the practice. Furthermore, if cited in court of law in the event of litigation, it could adversely affect the physician.

BODY DYSMORPHIC SYNDROME

Body dysmorphic syndrome is emerging as a bothersome issue, particularly in plastic surgery. These are patients who have a distorted image of their own body. It is very important to recognize these patients during the consultation. These patients' concern about their deformity is far in excess of what it should be. Frequently

the patients do not have any deformity, but express concern about it because they have a distorted image about themselves. The classical example is a patient who is anorexic and feels that she is overweight.^[12]

By the same token, the patient who feels that all of his or her social problems are the result of facial deformity, such as a large nose or a receding chin, should be dealt with using caution.^[13]

RED FLAGS

Beware of patients who have excessive concerns that are out of proportion to their deformity. Furthermore, beware of patients who are excessively talkative because they are not listening to what you are saying. Beware of patients who are inattentive and who interrupt you when you are talking and explaining things to them.^[11] Patients who are unkempt are usually not compliant as far as post-operative instructions are concerned. Patients who are excessively demanding can be difficult to manage post-operatively. Patients who are critical of other physicians and who condemn other doctors should be treated with caution. Likewise, those patients who indulge in over-praising the physician should also be treated with some reservation. Beware of patients who bring in magazines and pictures of movie stars and models and want to look like them after the surgery. Most times these pictures are morphed or photoshopped and impossible to reproduce surgically.

MEDICAL — LEGAL IMPLICATIONS

During the consultation, especially on a patient who has had previous surgery and is dissatisfied, it is important to be very careful about any comment that a physician makes about the results. Any comments that are made during the consultation can be taken as a derogatory statement of the previous surgeon's work. Sometimes even facial expressions, such as raising an eyebrow, can be construed by the patient as an indication that the physician is condemning another surgeon's work.

It is very important to get fully informed consent when performing any surgery. The patient should be appraised of the nature of the proposed surgery, alternatives, risks, complications and limitations. The informed consent should be witnessed by a member of the office staff.

DOCUMENTATION

The need for detailed and accurate documentation during the consultation cannot be overemphasized. Documentation is important from a medical standpoint in that, if a patient returns at a later date, it will help get the details of the treatment, or the procedure done. It is also important if the patient gets to be treated by another physician who will need to know exactly what treatment the patient had. Its importance for medical — legal purposes cannot be overemphasized. If there is a trial for malpractice, accurate documentation can become a vital part for the defence. What is written in the chart takes precedence over any hearsay testimony. Of all issues with regard to the consultation, the most important factor is accurate and detailed documentation.

In summary, possessing academic knowledge is very important, but the ability to convey to the patient that the physician possesses that knowledge and has the aptitude to use, is also important. This is usually conveyed during the consultation.

REFERENCES

1. Haeck PC. Improving the evaluation and management of the ambulatory and office-based surgical patient. *Plast Reconstr Surg* 2009;124:4S-5S.
2. Iverson RE, ASPS Task Force on Patient Safety in Office-Based Surgery Facilities. Patient safety in office-based surgery facilities: I. Procedures in the office-based surgery setting. *Plast Reconstr Surg* 2002;110:1337-42.
3. Hutchison RL. Patient selection caveats. *Plast Reconstr Surg* 1996;98:575.
4. Iverson RE, Lynch DJ, ASPS Task Force on Patient Safety in Office-Based Surgery Facilities. Patient safety in office-based surgery facilities: II. Patient selection. *Plast Reconstr Surg* 2002;110:1785-90.
5. Bhangoo KS, *The Art of Consultation. What is Not Taught in Medical Colleges!* Bangalore: Prasaraga, Rajiv Gandhi University of Health Sciences; 2011. p. 31-9.
6. Physician's Guide to Cosmetic Surgery Overview. Available from : <http://www.plasticsurgery.org/for-medical-professionals/re-and-education/publications/physicians-guide-to-cosmetic-surgery/physicians-guide-to-cosmetic-surgery-overview.html> [Accessed May 10, 2014].
7. Plastic Surgery for Teenagers Briefing Paper. Available from : <http://www.plasticsurgery.org/news/briefing-papers/plastic-surgery-for-teenagers.html> [Accessed May 11, 2014].
8. Pendleton D, Hasler J, editors. *Doctor-Patient Communication*. London: Academic Press; 1983. p. 293.
9. Daniel RK. *Mastering Rhinoplasty: A Comprehensive Atlas of Surgical Techniques with Integrated Video Clips*. 2nd ed. Heidelberg: Springer; 2010. p. 354.
10. Horton JB, Reece EM, Broughton G 2nd, Janis JE, Thornton JF, Rohrich RJ. Patient safety in the office-based setting. *Plast Reconstr Surg* 2006;117:61e-80e.
11. Knorr NJ, Edgerton MT, Hoopes JE. The "insatiable" cosmetic surgery patient. *Plast Reconstr Surg* 1967;40:285-9.
12. Goldwyn, Robert M. Blaming the patient. *Plast Reconstr Surg* 2004;114:Suppl:28.
13. Goldwyn, Robert M. Someone out there loves you. *Plast Reconstr Surg* 2004;114:Suppl:51.

How to cite this article: Bhangoo KS. The art of consultation. *Indian J Plast Surg* 2014;47:167-74.

Source of Support: Nil, **Conflict of Interest:** None declared.