



KIDS

Are Patients Too

Don't ignore this particular group with specialized needs.

BY ANDREW SCHNEIDER, DPM

Practice Management Pearls is a regular feature that focuses on practice management issues presented by successful DPMs who are members of the American Academy of Podiatric Practice Management. The AAPP has a forty-three year history of providing its member podiatrists with practice management education and resources they need to practice efficiently and profitably, through personal mentoring and sharing of knowledge. To Contact AAPP call 978-686-6185, e-mail aappmexecdir@aol.com or visit www.aappm.com.

unknown. In the office, you have to address the concerns and barriers to treatment of not just the patient, but the parents as well.

Building Your Pediatric Practice

If you enjoy treating children,

patients right, they will be more than pleased to send them your way.

Most pediatricians also have little knowledge of mechanical issues specific to tissues, as well as specific overuse injuries such as Sever's disease, and are also prone to telling the

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Treating children in your podiatric practice could be one of the greatest challenges you face as a practitioner. Many come to the office with a fear of doctors. If a child has never been to a podiatrist's office before, there is also a fear of the

then you should find ways to actively market your practice to reflect that niche. Reach out to offices of local pediatricians, who are generally receptive to having a referral source. The fact is that many pediatricians do not enjoy treating ingrown toenails and warts. As long as you treat their

families of their patients that the kids will just grow out of it. By forming a referral relationship with the pediatrician, you have the opportunity to educate about these conditions and show that intervention, largely by conservative means, can make a

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great impact in keeping the kids active and without pain.

Making Kids Feel Welcome in Your Practice

Even before the child arrives in

your practice, there is opportunity to orient them to your practice. Your practice website can feature videos of you discussing different conditions, including those affecting children. This would allow the child to see and hear you talk, and lead to more familiarity before they enter the office.

Some practices have even a video directly talking to children about their visit. You can see an example of such a video at <http://www.tanglewoodfootspecialists.com/video/dr-schneider-welcomes-kids-to-the-office.cfm>. Again, this introduces you to the child and starts making the visit about them, rather than a parent bringing them to see you.

Your reception room should be inviting to kids. If your practice sees a large number of pediatric patients, you may want to make an entire section catered to children specifically. If not, have some books and magazines that kids would enjoy. If you offer coffee for your patients, have some hot cocoa as well. Your office team should also be trained on how you would like your pediatric patients treated. All of these things considered, it is the interaction between the doctor and patient that is the most significant.

Inside the Doctor-Patient Relationship

When a pediatric patient enters the office, very often you end up with a “doctor-parent of patient” dynamic. This is understandable, since the parent is invested in the condition and treatment of the child. Unfortunately, it often leads the child to be a prop to be discussed and not involved in the conversation. Like any patient, the pediatric patient needs to also have the “buy in” to the treatment plan.

The first way to ensure that the child is involved with the visit is how the doctor enters the room and greets the patient and family. Just as you would greet an adult patient with a handshake and introduction, the same should be done with a child. In fact, the pediatric patient should be greeted before you greet a parent. This can be awkward at times, since the parent almost certainly expects to be greeted first; however, it sets a particular tone for the visit.

When you interview the patient, focus your questions to the child. An exception would be for kids who are too young to answer. Even in cases

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of young children, try to ask them first and turn to the parents to fill in the blanks. Even if the parents interrupt with information, continue to question the child primarily.

When it comes time to discuss the treatment plan, the child must again be the primary one involved. Discuss the treatment in detail, but in terms that the child will understand. If a procedure is warranted, be truthful about all elements, especially if there is discomfort involved. There may be more involved elements of the treatment plan that should be addressed directly to the parents. This, of course, is appropriate and necessary. After the parent understands, return to the child and ask if s(he) understood what you were discussing with the parent. If the answer is no, re-phrase the discussion in better language for the child. This way, your patient will not feel that any details are being hidden.

Small Actions Make a Big Impact

Many children are not used to having attention placed on them. Being addressed directly by a doctor will likely be a new experience from them. Some will respond easily, others may become very quiet, but all will recognize that their doctor regards them as important. You will have a connection with your patient that no other doctor has with them, which helps for compliance and future visits. You can also count on referrals from the parents, since approaching children this way is unconventional but very well received.

Of course, you should reach out to your patients' pediatrician with reports of their visit. Not only does this increase the familiarity of you and your practice, it also highlights particular conditions that you treat. If you have an opportunity, visit with the pediatrician to discuss your unique approach to treating their patients. Above all, referring doctors want to know that their patients are being well taken care of.

Pediatrics is a particularly rewarding aspect of podiatric practice. No child should be limited with pain. Po-

diatrists are uniquely positioned to keep them as active as they should be. Just a small change in your mindset and approach will lead to a surge of new pediatric patients, along with their families. **PM**



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