Dynamic Chiropractic

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# Treatment Room Introductions and the New Associate

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When a doctor accepts an associate in his office, there are no guarantees as to the outcome of the relationship, regardless of pre-contract conversation, similarities in technique, or the way the two of you part your hair. What takes place during the first six months can be the best experience for all, or a relationship you would love to bury in the back yard.

Let's take into consideration that the two doctors complement one another in their professionalism and are attempting to create an atmosphere which is comfortable for their patients. Let's also assume that there is a mild difference in technique and attitudes, but not so noticeable that patients feel out of place when one doctor accepts the temporary responsibility of the other doctor's patients.

Let's further assume that the two doctors we are speaking of have worked together for many successful years. Exactly what type of contract, seminar, technique, religion or luck will bring two or more doctors like this together? Well, for any of you who have a successful associate or a partnership that is rock solid, you can easily answer the above question. The answer is trust, concern, willingness to share, honesty, and above all, integrity.

If we go back to the beginning of all the successful doctor-associate relationships, we will see the basic rule for the success of the new doctor in an established office, and that is the proper introduction of the new associate. This simple task will dispel a multitude of suspicion by the long-term established patients toward the new doctor and in turn give a view of him as an accepted member of the office.

Let's now examine the modes of a comfortable atmosphere for the senior doctor, new doctor and patient, as well as the procedures which will develop mutual trust.

Anyone in business will gladly tell you that a proper introduction can set the entire tone of a luncheon or a business conference. Introductions in the office not only need to be performed formally, but also professionally. The senior doctor may feel that his patients will accept the new doctor without a formal introduction. Many of his patients have probably been faithful for years. However, failing to perform the simple courtesy of a formal introduction could offend a majority of these patients. They may wonder why they were not important enough to meet the new doctor who will be accepting the periodic responsibility of their health care.

Here are some helpful suggestions that should alleviate the tension of introducing the new doctor to daily patients in the treatment room.

1. Introduce the patient to the new doctor. The person being honored (the patient) has her name mentioned first.

2. With practice, after meeting and observing several patients, the new doctor should begin to project to the patients an attitude of concern which will allow him to be readily accepted by the

patients, as well as placing the senior doctor at ease to treat his patients and not worry about his new presence in the treatment room.

3. For the senior doctor, this introduction and observation time becomes a serious meeting. For the new doctor, cautiousness is foremost on his mind, and for the patient, uncertainty. Customarily the patient and senior doctor have, in the past, occupied the treatment room all to themselves. Now there is a third person being thrust into this inner sanctum reserved previously for many years to two people -- not three. The patient should not be made to feel as an outcast or alone. Immediately after the proper introduction the senior doctor should assume the conversation as follows:

Senior Doctor: "Mrs. Smith, I would like you to meet Dr. *****. Dr. *****, Mrs. Smith."

(Normal courtesies exchanged).

Senior Doctor: "Mrs. Smith has been a patient here for ten years. She was originally treated for low back injury. Due to the instability produced by the injury, Mrs. Smith will be treated periodically to relieve occasional pain and muscle spasms."

With most patients, the senior doctor will be on a first name basis. But that is not so for the new doctor, using Mr. is a must. Calling this patient by his first name would not only be rude but will be unsettling to the patient.

After the introduction, the senior doctor presents a short past history of the patient. This should include original symptoms, diagnosis, and x-ray evaluation. This will no doubt impress the patient that the senior doctor has retained specific details about his history. Depending on the senior doctor's rapport with the patient, he can continue to speak to the new doctor about only the patient's condition, or move into the next phase of conversation.

Senior Doctor: " Dr. *****, Mrs. Smith is an avid gardener. You should have seen the photos she brought in of her first prize tomatoes. Mrs. Smith (or the senior doctor may choose to use the patient's first name) tell Dr. ***** about those tomatoes that won a prize."

While the patient is talking, the senior doctor goes about his way like one of Santa's elves busily performing the task of putting Mrs. Smith's records back together as the tomato story and the treatment comes to an end.

4. During the time the senior doctor is treating the patient, the new doctor should be in possession of the new patient's folder. This will allow the new doctor to review the patient's past history and present care. A word of caution to the new doctor: Do not, I repeat, do not rattle through the patient's folder while the doctor is treating the patient. Any extraneous noise at this point becomes greatly amplified due to personal yet serious tone of this meeting.

5. It would be advisable for the new doctor to direct all questions concerning the patient's past or present treatment to the senior doctor, not the patient. This is not to imply that you are trying to talk above the patient or exclude them. On the contrary, the new doctor is allowing the senior doctor to substantiate past and present symptoms and to recall, for the new doctor, any changes which had taken place in the patient's condition. Also, the new doctor should never imply by the question being asked as to why the senior doctor had failed to perform a specific treatment on the patient six months ago which would have cured them. If the new doctor has any questions such as this, they should be reserved for a private moment between the doctors.

During the introduction and treatment of the patient, the new doctor should not attempt to assume any form of leadership. His quiet observations and physical presence will be enough of a message

to the patient that he belongs.

As the patient prepares to leave the treatment room, the new doctor should attempt to perform one or more of the following courtesies:

A. Smile politely during hello and goodbye.

B. Hand the patient's folder to the senior doctor so he can write his notes about today's treatment and then he will hand it to the patient.

C. Open the door for the patient leaving.

These acts of courtesy should not be viewed as an act of servitude from the new doctor, but instead an expression of respect to the senior doctor, who has worked with this patient and has gained their trust over the years, and secondly because it's just good old common sense.

Remember, if this meeting of patient, new doctor, and senior doctor is handled improperly, the patient may feel offended in a treatment room that had previously been a comfort zone. However, if the senior doctor makes a courteous and professional attempt to properly introduce the new doctor to the established patient at the initial meeting, then it is quite probable that a future relationship can be formulated.

If this initial introduction is handled as well as possible, it is quite likely that the patient will perceive one or more of the following statements:

A. The senior doctor trusts the new doctor.

B. The new doctor has reviewed my file with the senior doctor.

C. There appears to be a harmonious union for concern here and I feel the senior doctor has made a good choice by accepting Dr. ***** to associate in his practice.

Let's be realistic. All of these procedures I have mentioned may not always be accomplished at each patient introduction. But if even a partially modified version of the introduction scenario is achieved, it should begin to lay the foundation for a good future rapport between the new doctor and the patient.

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