



I JUST HIRED A NEW ASSOCIATE. NOW WHAT?

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Bringing on a new employee may be the best decision you ever made or s/he could become your biggest cause for reflection. If only you'd been more upfront about your expectations or had done a thorough background check. *Modern Aesthetics*® magazine's pros offer advice on what to do to make sure your next hire is a keeper.



PERFECT MATCH

Solo practice is a concept that has a short lifespan in the current state of medicine in general. The costs of running a thriving practice are too high to bear the whole burden on one physician's back alone. It is not a scalable model anymore when a laser can cost \$200,000, and you may need to build and run your own accredited operating suite. We see more and more solo practices across specialties selling to or joining group practices, private equity-backed chains, or hospitals. Group practices are flourishing, and more doctors who have been on their own are looking to join a group to avoid the excruciating overhead.

Bringing on a new associate can be a cause for celebration, or it could turn out to be your worst nightmare. The secret to success often lies in choosing the right culture fit for the practice on both sides and then setting honest expectations from the outset to avoid misunderstandings. This is particularly important when the new associate is just starting out in practice and has limited experience of what a "partnership" will look like.

It is critical to be direct and candid about your expectations from the first conversation. Think of this as a business relationship as well as a personal relationship. You need to trust the associate's medical judgment and skills, but you may be spending eight to 10 hours a day with this person, so it's also important that you like each other.

Both parties need to do a deep dive into the others' expertise, reputation, and skills and check each other out with industry colleagues. Make sure the candidate has a chance to meet all the staff in the practice, too.

The most common complaint I hear from senior doctors is that their junior associates are not doing enough to

market themselves, expect the practice to drive patients to them, and are unwilling to go the extra mile, such as taking call. These misunderstandings can break up the relationship quickly and are rooted in poor communications from the outset. Joining a practice does not mean that the new associate will be handed patients as soon as he or she walks in the door. On the contrary, most practice managers or owners have high expectations that associates will bring their own patients to the practice and be proactive in drawing new patients.

Starting early, young surgeons and dermatologists need to grow their professional brand on social media, which is the least expensive way to gain an audience. Residents know how to use Instagram already and are fluent in other channels, making this a natural medium to start with. I would also recommend that they build a website and own the URL, such as "JohnSmithMD.com" or "JSmithAesthetics.com." Reserving a URL costs pennies. When they find a home, they will be able to drive some fans and followers to their practice. It is their primary responsibil-

ity to get their name out in the market and build their own referral sources. Carrying business cards or having a digital card on their phone is helpful. As they grow with the practice, new associates will have opportunities to expand their reach as their peers refer patients to them as well.

For well-heeled physicians who are joining a group or becoming a partner in a solo practice, there are usually expectations set for them to bring at least some of those patients with them to the new practice. One way to prepare for this eventuality is to make sure your patient database is solid and up-to-date. Your email list is gold.

Finding a viable partnership situation takes time and investment. It's not like going on Bumble to get a match; it's more akin to the courtship leading to marriage. Both parties should spend some time bonding within the practice and seeing patients together before anyone signs on the dotted line.