

WOMEN IN FACIAL PLASTIC SURGERY: NETWORKING

By Cynthia M. Gregg, MD

As a member of the Women in Facial Plastic Surgery Committee, I was invited to share my experiences with networking.

After leaving academics, my first exposure to the private practice arena was in Nashville, where I participated in an organization called Tennessee Women in Medicine (TWIM). This organization was started by a small group of female physicians in private practice in Nashville and grew to incorporate both female physicians and PhDs from the medical and scientific communities of Nashville including Vanderbilt University. Tennessee Women in Medicine held quarterly dinner meetings usually hosting nationally recognized speakers. A particularly memorable meeting for me featured Christiane Northrup, MD, an author and practicing obstetrician/gynecologist who spoke on balancing her career and family life.

I opened my solo practice several years ago in North Carolina. Shortly afterward, I started meeting with several other local female physicians for lunch and these gatherings continue on a regular basis. The group includes the physicians and their office staff and the specialties represented include plastic surgery, dermatology, ophthalmology, dentistry, and gynecology. We meet quarterly for lunch and discuss both medical and business issues with topics ranging from medical innovations to marketing strategies. We occasionally include women from non-medical businesses that provide services such as printing, banking, interior design, and marketing.

One aspect of academic medicine that I miss is the availability of formal and informal consultations among different specialties and sub-specialties. In academics, this included both formal interdisciplinary conferences and informal "curbside consultations." The relationships developed with the other female physicians provide a similar avenue for both patient referrals and informal consultations.

As a female solo practitioner who is also a wife and mother, my opportunities to socialize with other professional females often seem limited. I look forward to our meetings as a regularly scheduled opportunity to meet with other women who find themselves in a similar situation.

I highly recommend starting a similar group in your area. Begin by contacting female physicians and plan a lunch or dinner meeting. Schedule the first meeting several weeks if not months ahead to accommodate everyone's busy schedule. ■



DO'S AND DON'TS: PERS-

By Paul E. Kelly, MD

Marketing for the facial plastic surgery practice has evolved from little time and effort spent, to investments of significant resource. Advertising which was once considered taboo among physicians has now become a necessary process, especially for the younger physician initiating his or her "elective" plastic practice. As an effort directed by the Academy's Public Information Committee, a regular column will present marketing strategies, in honesty and sincerity, used by committee members that have been either helpful, hurtful, or with no reward. I hope to offer my personal strategies used in both the saturated market and in the market where exposure to the world of facial plastic surgery was limited.

One's efforts are generally directed toward specific goals, with the primary goal of growing a practice through recruitment of appropriate patients that can afford your services. There are many methods to accomplish this task with your own specific environment dictating which will be most effective.

As explained by my mentor Russell W.H. Kridel, MD, whether practicing in a large city or in a small community, distinguishing yourself as unique is perhaps the most vital component for any successful bid for new patients. Joining the masses, however, should not be discounted because of its ability to provide name recognition among consumers. While advertising with the masses in either the newspaper or local journals may not lead to a significant number of new patient consults for the surgeon, he who splits his efforts especially early on in his career between ENT and facial plastic work may find great benefit in establishing his label as a facial plastic surgeon through this marketing technique.

When opening in a new community, I have found that a four to eight month blitz of the local paper and a few advertorials in free journals to be very effective in "joining the group." Failing to do so in a saturated market such as a big city, may find you with more time than patients in your initial set-up phase.

Even more effective in generating new patient consults was offering an educational CME seminar to the OR nurses on, *Advances in Facial Plastic Surgery*. A captivated audience allowed me to digress, albeit briefly, to explain how my training course is clearly superior and focused, as compared to those who don't specialize in facial procedures. Never underestimate the referral power of the nurses in your hospital or operating room—they are frequently queried about who to see for elective surgery. Be on your best behavior in the OR from day one, educate and teach during your cases, and provide the OR

