

BOARD FORUM: BRIDGING THE GENERATION GAPS

Have you had any challenges working with individuals that belonged to other generations? How can you handle such challenges productively?

John Fezza, MD: I find the older generation is more apt to work harder with less complaints and lower expectations. They exhibit solid work ethics and have good manners. These Baby Boomers are more respectful and gracious, while the Millennials and Gen X feel more entitled and don't always want to put the time or commitment in to achieve a goal. The notion is true that the Baby Boomers "live to work," meaning they are involved in their jobs and save their money. The younger generations "work to live," meaning they use their jobs to fund their lifestyle and spend their money at the expense of saving it.

That being said, I feel a particular personality type is more important than generational gap differences. I can find the right fit for my practice in all generations.

Adam Schaffner, MD: Older employees not raised in a high-tech society affording immediate access to information tend to be more patient and tolerant of delay while being more resistant to change. However, they may be slower to learn and use new technology. Older employees are trained on technology they must use and not on technologies that are not essential to their job.

Younger employees rapidly embrace and utilize new technology but are intolerant of delay. In addition, younger employees sometimes lack judgment, which comes from experience and personal interaction. This results in the need to counsel younger employees to use social media appropriately and not use cell phones inappropriately, for example.

Jason Emer, MD: As an employee, I have faced challenges with regards to social media and internet marketing. Those seeking cosmetic treatments—especially Millennials—are looking on the web and social media sites/review sites (e.g., Yelp/RealSelf) to find patient reviews, see before and after photos, procedural videos...They want to feel they under-

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stand the physician, their philosophy and expertise, and personality even before coming in the door. My previous employer had an issue with Internet social/media marketing, and lost out on the ability to capture new business. I started my own practice that is heavily focused on patient experiences, customer service, quality care, and customized treatment plans for aesthetic services that reaches all age groups and caters to those seeking innovative, honest physicians who are social media active.

José Raúl Montes, MD: Since the start of my practice, I have had employees from different generations, ranging from 21 to 67 years old. Thus, I can affirm that my staff has been able to successfully work together, notwithstanding the difference in generations.

Advances in technology have made it necessary to strategize training in order to impart proper use of new programs and/or state-of-the-art equipment, thereby generating productivity efficiently. Even though technology could be a challenge for some generations, everyone has welcomed it.

Shannon Humphrey, MD: As a GenXer myself I have had some conflicts with Millennials. While Millennial employees are resourceful and keen to find a new solution, they also want it all right away! As a GenXer, the traditional hierarchy tends to resonate and also the concept of "putting your time in."

Like any conflict, the best way to handle it is head-on with open communication. At times I found it helpful

to acknowledge the generational conflict to move beyond it.

Do you see any differences in the ways that patients of various generations interact with you?

Dr. Fezza: The main difference is that older patients ask questions and listen. Younger patients often tell me what they want, and they don't listen as well. Social media has molded younger patients. Younger generations have less respect for doctors and are influenced by reality TV shows where drama is prevalent.

Younger patients are more demanding and often tell a doctor what to do based on a video they saw on social media. They are more likely to desire a change in appearance to resemble a celebrity, while older patients desire more youthful appearance.

Dr. Emer: Interestingly, I have patients of each generation finding me online and seeking a physician that is trend-setting, unique, and innovative with regards to cosmetic treatments...but more so, they are looking for someone personable, caring, and who provides a high level of customer service. With that said, the younger patients use online reviews, before and after photos/videos, RealSelf.com, and Yelp much more frequently than the older generations, and this is how they choose the physicians they go to.

However, once in the office they all want the same thing: high quality care, honest expert opinions, great service, and results.

I find that many of the older generation love a young innovative physician who is up-to-date on the newest technologies and latest techniques, where the younger patients are looking for someone who can provide preventative treatments with a natural non-fake look and develop the personal relationship with trust that will continue on long term.

Dr. Schaffner: Older patients tend to be more cautious, want to take more time to digest information and consider their options. This may mean taking weeks following an initial consultation before committing to undergo a surgical procedure. In part, this is frequently due to the patient having multiple consultations to obtain various opinions and recommendations.

Younger patients tend to be more impulsive and are less reluctant to "pull the trigger." If they like what they see and hear, they are happy and ready to move forward. They are used to getting things done quickly and often take the same approach when making a decision about aesthetic plastic surgery.

Dr. Humphrey: Baby Boomers in the cosmetic derma-

tology practice are the most enthusiastic, interested, and open. They like to gather as much information as possible and consider their options. This has shaped my approach for this generation; I love to help them understand all of the options available and cultivate a long-term plan to look and feel their best.

Dr. Montes: Ten years ago, my clinic consisted mainly of patients over 50 years old. Today, I have a much younger, diverse group. Given that they are attached to technology, the "Millennium" generation (≤ 34 years old) wants rapid results. Therefore, they have a tendency to be less conservative regarding aesthetics and are more driven by the first experience.

Generation X (35-49 years old) tends to be a little more committed, to a maintenance program than the other generation. "Baby Boomers" (50-70 years old) have more concerns about a treatment's safety and efficacy. Moreover, the inclination is to undergo a less invasive treatment.

Do patient expectations vary by generation? How do you manage expectations?

Dr. Montes: Regardless of the generation, patients expect more because they have access to the latest information in terms of treatments. For that reason, they visit our clinic with high expectations and anticipate obtaining the same (if not better) results in comparison. In order to retain a high patient satisfaction, it is important to establish a customized facial rejuvenation plan in line with the patient's expectations, wherein the result of each treatment reflects a natural and refreshed look for the patient. I try to over deliver and under promise.

Dr. Emer: I find that especially in my area of Los Angeles, patients have a very high level of expectation. I try not to use the words "perfect" or "cure" and try to use "improve," "enhance," to keep realistic expectations. The issue is that patients are seeing cosmetic physicians more as service providers than medical experts and this sometimes devalues the procedure. I try to make the treatment about the experience and skill of the physician as well as the customer experience, rather than anything financial. I set expectations and discuss with patients the desire to develop long-term relationships with open communication and trust rather than a procedure-only driven practice...I think younger patients are more internet savvy and need to have expectations more set, as to avoid poor online reviews/social media circumstances.

Older patients seem to be more about direct communication if dissatisfied (or vice versa) and are often easier to please with direct compassionate care.

Dr. Fezza: I screen my patients to assess their expectations. If they are not realistic, then I don't treat them. The consult is a time for patients to assess their doctor, but also a good time for the doctor to screen potential problem patients. Social media and reality TV shows have sometimes instilled unrealistic expectations in results or recovery times. The consult is a good time to clarify any misconceptions.

Dr. Schaffner: All patients want as close to perfection as possible, regardless of age. Most realize this is not possible. Some still expect it, even if they realize it is not possible. It is incumbent upon the doctor to recognize when a patient may not have realistic expectations in advance of the procedure to avoid having a patient who cannot be satisfied even with an outstanding result. Patient education is of paramount importance to this process. Discuss treatment options in terms patients can understand. Depending upon the patient's background, the depth of explanation and terminology used will differ between patients. Show before and after photos of the range of results and duration of the recovery process—not just the best before and after photos after all is healed. Answer questions honestly. Offer for patients to speak with other patients who have had that procedure performed by you. Undersell and try to over deliver. If you feel uncomfortable about treating a patient for any reason, do not treat that patient.

Dr. Humphrey: When a patient expects too much I see this as a failure in my communication, or a failure to screen out patients with unrealistic expectations. Many patients may walk through the door with many unrealistic expectations but after some open and clear communication, this can be corrected. I don't think high expectations are seen in any particular age or generational group, I think it's more a function of personality. I think managing satisfaction is part and parcel with setting realistic expectations. If the expectation is set realistically, a patient will decide if they will or will not be happy with such an expectation and will make a decision to proceed or not. In my experience the vast majority of patients are happy and I believe that's because we spend lots of time at the beginning exploring their concerns, reviewing treatment options, and setting realistic expectations.

Is training for aesthetic physicians “keeping with the times”?

Dr. Montes: Being that today there is more technology available that allows procedures with lesser side effects, it facilitates keeping up with the times. The communication nowadays is quicker and access to products and treat-

ments is better. We focus on patient education...I have been continuously training since the beginning of my practice. I have been afforded the opportunity to teach and learn among the best in the industry. This has provided a liaison amongst professionals who are willing to share their experiences with treatments that work in their practices.

Older generations tend to resist to changes, whereby I welcome new products, treatments and technology. I have been a participant as well as contributor in forums that are dedicated to making available to our patients new FDA-approved products, providing a variety of options, depending on their treatment plan, especially for those interested in lessinvasive procedures.

Dr. Fezza: Aesthetic training is keeping up with the times. Cosmetic knowledge is more accessible, and the sharing of this knowledge is more prevalent. Medical societies have improved training in the aesthetic arena, and there is an ever-increasing fund of CME educational activities. The days of secrecy between doctors are over. Prominent doctors in the aesthetic field commonly share and exchange knowledge. This elevates the practitioners around them and enhances their status as thought leaders.

The wonderful part of aesthetic medicine is that it is constantly evolving and improving. It is truly a fascinating and dynamic environment, and doctors need to stay current to remain relevant. Advisory Boards composed of experts are essential in relaying current concepts and providing improvements to keep doctors informed.

Dr. Emer: A lot needs to be changed with regard to training. There needs to be much more cosmetic and aesthetic skin care training in residencies and fellowships. There also need to be business development courses and practice management training to prepare physicians for procedural practices. My generation has much less autonomy in training, which has limited how much they learn and know, how confident they are performing procedures and surgery, and how future learning is influenced.

Dr. Schaffner: Training for aesthetic physicians varies depending on the initial training the physician received and the education received following the completion of formal training. Even amongst aesthetic experts in plastic surgery, facial plastic surgery, oculoplastic surgery and dermatology, training differs. This is why multi-disciplinary conferences are so valuable. Video via the web and at conferences has greatly enhanced the educational experience. We can learn the best from each other to benefit our patients. The focus must continue to be on improving safety and efficacy while minimizing downtime. ■