



## Good First Impressions Set the Tone for Good Clinical Care

■ Emory Petrack, MD, FAAP, FACEP

It has been said that first impressions are formed in the first *seven seconds* of an encounter. It's also been said that there is no second chance to make a good first impression.

The reality is that first impressions *do* matter—a lot. A family bringing a sick or injured child to your urgent care center will quickly form an impression based on assessments they may be making without even knowing it.

- Is the center clean and well-lit?
- Is the waiting room filled with seemingly disgruntled, bored, or otherwise wait-weary patients?
- Do front-line staff appear welcoming, caring, friendly—or hassled, off-putting, unconcerned?

The family's initial impression is critically important, as it can impact not only their overall satisfaction, but also the clinical care you deliver.

If a family has a great initial experience, their clinical encounter will be off to a solid start. Even if something minor (such as an unexpected delay in care or lab results) goes awry after the first impression has been made, a positive initial experience lays the foundation for a positive clinical encounter.

However, if the initial experience was not positive, the family may be in a sour mood as you begin to provide clinical care. Unfortunately, while you as the provider may have had nothing to do with the initial experience, it may impede your ability to get an accurate and complete history.

How does a family judge the quality of care their child is receiving? Unless a family member has a medical background, the family really has no way to know. They don't know if we've chosen the correct antibiotic for that otitis, or made the correct decision to use dermal glue instead of suturing.



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Instead, parents generally gain an overall impression of the clinic as a whole, which starts to form the moment they arrive. And, for better or worse, this impression may be what they use as a *substitute* for their sense of the *quality* of care you provide.

What, then, are the components of a "first impression"?

### From the Parking Lot to the Waiting Room

First is the physical facility, which begins to create the family's experience the moment they arrive:

- Is parking a hassle at your center?
- Is the entranceway clean and inviting?
- Does the waiting room make it clear that children are welcome and valued as patients?

The first step toward assuring a positive response to the last question is ensuring that the room has been child-proofed. Safety covers on open electrical outlets, for example, not only enhance safety, but also demonstrate to parents that your center is child-friendly. An accessible, visible stash of books and toys for children of varying ages sends a similar message.

### Communication Counts

After taking in the initial impression of the physical facility, the family next focuses on the second critical component of their visit: the communication that takes place.

This may involve a greeter or, typically, a receptionist. It is essential that this person sends out truly welcoming vibes. Both the words, and the way the words are communicated, need to make it clear to the family that the center is *delighted* in their choice of provider.

Expressing genuine concern about the chief complaint, or sometimes just acknowledging parental anxiety, goes a long way in establishing positive communications. The parents feel that their concerns are being heard, and the nurse and provider who subsequently see the child and family will have a much easier time.

**Ask for Help**

As we all know, sometimes the most obvious things—the things right before our eyes—are the hardest to detect; becoming aware of issues related to first impressions is no exception.

How can you tell if your clinic has issues in this area?

- At the beginning of their encounter with you, the clinician, ask a few parents how their experience has been so far. This will arm you with anecdotal information that may highlight concerns or trends.
- Develop a brief questionnaire for the receptionist to give to parents to complete while they are waiting. The results will provide data that focuses on initial impressions—before they have been “contaminated” by the rest of the visit.
- Hire a consultant, or simply ask several friends with children to come to the clinic as patients. The critical component is getting a relatively distanced, objective perspective on what the initial encounter looks like.

There is tremendous opportunity for your urgent care center to provide great care to children and families and, in so doing, to increase market share in the communities you serve.

When families experience exceptionally positive encounters, they will tell others, and pediatric volume will increase.

An essential component of creating those positive encounters revolves around how well you establish a fantastic first impression.

In her Executive Director comments for the December, 2008 issue of *JUCM*, Lou Ellen Horwitz noted that “everything speaks.” When it comes to pediatric care in your urgent care center, everything really *does* speak, and that speech is always heard through the ears of children and their parents.

Focus on improving your center’s “opening lines,” and you will soon be on your way to improving both child-centered care and pediatric volume. ■

**How are we doing?**

If you have a question or opinion to share on anything you read in this issue of *JUCM*, let us know with an e-mail to [editor@jucm.com](mailto:editor@jucm.com). We'll share it with your colleagues in an upcoming issue.

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