



Essentials for a pediatrician's office

Mirella Vázquez-Rivera¹
José Reynes-Manzur²

¹ Subdirectorate of programming and educational evaluation, Instituto Nacional de Pediatría.

² Medical Direction, Instituto Nacional de Pediatría.

The pediatrician's office should be the place parents come in search of a professional service to help them in caring for their children. There they should find: clear and expert guidance on integral prevention and monitoring their child's growth and development; precise and immediate solutions to their children's medical problems; companionship and objective advice on issues related to childcare, qualified and reputable support for managing the different issues inherent to each stage of children's physical, emotional, and social development. To achieve that the service must be of high quality and fairly compensated.

The fundamental aim of the ambulatory pediatric visit is the integral health of the child, from the pediatrician's intervention at the prenatal visit and assistance during birth, monitoring the process of growth and development, with times of acute illness or diagnosis of a chronic illness, with appropriate and timely referral to a specialist, to the time safeguarding the patient's health comes under the purview of a pediatrician. At all times this process should take a preventive and anticipatory approach, which guarantees timely recognition of health risks.

Although each doctor puts a personal stamp on his or her professional practice, it is essential that they all have documentation accrediting their training as pediatricians: university degree, professional license issued by the Directorate General of Professions, and valid certification by the Mexican Pediatrics Certification Board, because children's care should be based on solid knowledge of the field and a total command of the necessary skills and expertise, to examine the patient or perform the necessary diagnostic-therapeutic procedures with technical mastery, gentleness, sensitivity, efficiency, and ethical commitment. The pediatric patient and his/her family should also be contextualized in their demographic, economic, social, and cultural environment because pediatricians are often asked to give their opinions on the schools their patients will attend, the appropriate athletic activities, vacations, potential pets, and even some family problems.

Received: January, 2014

Accepted: January, 2014

Correspondence

Dra. Mirella Vázquez Rivera
Subdirección de Programación y Evaluación Educativa
Instituto Nacional de Pediatría
Insurgentes Sur 3100-C
Col. Insurgentes Cuicuilco
CP. 04530, México D.F.
Tel.: 10840900 exts. 1702 y 1184
mirellavazquezr@yahoo.es

This article must be quoted

Vázquez-Rivera M, Reynes-Manzur J. Lo imprescindible del consultorio de un pediatra. Acta Pediat Mex 2014;35:77-81.



Health laws in force require that a consulting room for specialized medical care, which is not tied to a hospital, have notices of operation and sanitary supervisor, which are obtained through the Federal Commission for Protection against Sanitary Risks (Spanish acronym COFEPRIS). Otherwise, when a consulting room is associated with a hospital, the official paperwork will be the hospital's responsibility. It is advisable for physicians in institutional or private professional practice have insurance for professional liability.

In the patient's clinical history it is essential to have a privacy notice — in full view of users — due to the personal nature of the information it contains. A record of patients should be kept in a clinical file, whether hardcopy or electronic, which will have to observe the minimum requisites specified in the Official Mexican Standard for Clinical Records (NOM-004-SSA3-2012).

Medical prescriptions must be duly identified and printed with the logo of the consulting room or medical group, the doctor's full name, specialist's professional license, university that awarded the degree, and full address, as well as a space to enter the patient's name and age, the date, and the handwritten signature of the prescribing physician.

In the planning phase of a consulting room it is very important to determine the intended location based on market research, evaluating the presence of other pediatricians in the area and ensuring adequate space, accessibility and comfort for patients in relation to means of transport or parking, facilities to provide access to disabled and abled patients, and — of vital importance — security of the surrounding areas.

Under Standards NOM-178-SSA1-1998, NOM-005-SSA3-2010, and NOM-016-SSA3-2012, consulting rooms must have a work area for questioning and examining patients; a waiting

room — preferably for at least 6 persons — with adequate lighting and ventilation and with integrated restrooms. It is advisable for the pediatric consulting room to have a space for children to engage in age-appropriate recreational activities, which may have safe, clean, and entertaining toys to keep children occupied while they wait for their visit. Depending on the available space, an area may be provided for drawing or other activities; it is advisable to have music, or a screen to show children's films or programs. It is important to take parents into consideration in this space, for which reason it is suggested that interesting reading material be provided. This is an excellent opportunity to display health promotion and education messages (some are available in Spanish on the American Academy of Pediatrics website www.aap.org/), although it is preferable for the pediatrician to write and design such messages himself/herself in small leaflets with relevant information, based on evidence and his/her experience, with the distinctive logo of the consulting room.

All installations must conform to the specifications established in the regulations on civil protection and NOM-233-SSA1-2003 for disabled persons; it is mandatory to have strategically positioned fire extinguishers, signage, and a strategy with routes to evacuate the premises in case of emergencies and a safe zone defined by the civil protection authorities.

By law, when a consulting room is not located in a hospital, there must be a first aid kit containing medical material and instruments (scalpel handle and blades, field clamps, toothless and toothed dissecting clamps, straight and curved Kelly clamps, syringes, and surgical scissors), a covered box for disinfectant solutions, kidney, covered swab bin, and medicines listed in the General Counsel on Healthcare catalog such as: analgesics, local anesthetic, nifedipine, glyceryl trinitrate, diphenhydramine, epineph-

rine, methylprednisolone, flumazenil, naloxone, furosemide, salbutamol, and diazepam. If vaccines are applied there must be a heart attack kit (oxygen, bag valve masks of different pediatric sizes, laryngoscope with suitable blades for children of different ages, cannulas of different gages, adrenaline, venipuncture equipment and solutions for intravenous application). It is of vital importance that the doctor be qualified and certified to perform resuscitation maneuvers.

In accordance with NOM-178-SSA1-1998 the mandatory instrumentation in a pediatric consulting room includes: stethoscope, disposable tongue suppressors, complete diagnostic kit, measuring tape, clinical thermometer, reflex hammer, infantometer and scale for infants, standing scale with height rod for older children, which must be periodically calibrated, sphygmomanometer with bracelets of different sizes depending on patient age and foot scanner. Because it is important that this instrumentation not inspire fear and anxiety in children during the examination, it is suggested to use utensils specially designed for them; for example, there are some with shapes that are familiar to them. Acquiring this kind of instrumentation will facilitate examination and keep children from experiencing stress and help them grow accustomed to it.

Under NOM-178-SSA1-1998, the minimum furnishings a pediatric consulting room must have include:

1. Desk and chairs for the doctor, the patient, and companions.
2. Examining table, preferably covered with a disposable sheet to be changed after examining each patient.
3. 4.5 cubic feet refrigerator, if the consulting room offers to apply vaccines.

It is important to be aware that Mexico has an adequate free vaccination scheme, which is applied at almost any public healthcare center, and therefore offering vaccines at the consulting room should be considered a service to our patients, to apply the full scheme if the parents wish or complete an expanded scheme to apply additional doses of pneumococcal vaccine and vaccine for hepatitis A, varicella, and the third dose of the human papilloma virus vaccine, which are not in the national vaccination scheme at present.

This service requires strict control of the temperature of the biological products stored in the refrigerator, control of shelf life to use first those closest to their expiration date. The refrigerator may not be used to store food or other items and the internal distribution must conform to the applicable international standards to ensure that the cold chain is maintained in case of temporary power outages.

4. Cabinet to store medicines, materials, and instrumentation.
5. Bin for municipal garbage.
6. Container for biological waste, for disposal of: syringes, needles, vaccine vials, and any material containing blood or considered potentially contaminant in accordance with NOM-087-ECOL-1995.

There must also be a log to document periodic actions taken in the consulting room for control or eradication of pests.

It is important to comply with all regulations. However, the key to success is organizing the consulting room, for which it is essential not to overlook the fact that the service we provide is a product for patients' parents, and therefore we need to make every effort to ensure that they see



it as an excellent, indispensable service, and above all as superior to others.

For the relationship to prosper, the visit should inspire absolute confidence in the doctor's professional competence. It is important to have support staff (secretary, receptionist, nurse, and intendant) with good appearance, proactive, who are efficient and courteous with one another, with the doctor or doctors, and above all with patients and their families.

It is recommendable that staff members be capable of resolving conflicts related to day-to-day functions (confirm appointments courteously, ensure that patients come on the date and at the time scheduled or reschedule, etc.) and the different preferences and temperaments of patients and family members, always acting in the interests of the patient's wellbeing and the reputation of the consulting room, because they are the first impression, which is of special significance.

Eighty-two percent of patients who stop visiting a consulting room cite indifference and poor attention by the doctor, the secretary, or janitorial personnel as reasons and only 9% claim to have found another doctor who charges less; thus, the importance of retaining captive patients is that the bulk of a consulting room's revenues are generated by repeat patients (80%) who in turn recommend it when they are satisfied with the service.

All administrative personnel, the secretary or assistant, nurse, and janitorial personnel should have a contract specifying salary, working hours and benefits; also, it is mandatory that the employer register them with Social Security and pay the corresponding dues. It is advisable to have staff use matching uniforms or lab coats as a mark of belonging.

From the outset, the decision should be made as to whether to work alone or in a group; the

latter alternative has many advantages, as it provides assurances based on an interdisciplinary approach with the support of peers, which improves care because, even when the patient's doctor is absent, he or she can be attended by another professional in the group, which boosts patients' loyalty because there is always someone qualified to help solve their problems immediately and effectively. Also, they can share expenses and expand their range of services by incorporating different professional profiles that address all aspects of children's health.

From a commercial standpoint it is important to maintain constant administrative control, to plan the fixed expenses necessary to operate the consulting room; ensure control of procurement; keep strict records of vaccines and closely monitor the progress of the establishment.

It is advisable to follow up on visits by constant patients, call to enquire how they are doing and remind them of dates for necessary vaccines or check-ups, as they are the consulting room's primary promotional vehicle. If the patients' mothers receive good attention they keep the same pediatrician to attend to their new children, and almost always recommend him/her to friends and family.

CONCLUSION

At times, when starting a consulting room, administrative and legal issues can be the most time consuming; however, to ensure success ethical, philosophical, and practical aspects are often the most important. It is fundamental to see the consulting room as a service. To ensure excellence it is suggested that staff members be prepared in the areas of attitude, service, and courteous treatment, which will directly impact the financial success and growth of the practice.

BIBLIOGRAPHY

General Law on Healthcare: Articles: 3, 5, 34, 46, 47, 78, 79, and 200bis.

Regulations to the General Law on Healthcare in matters of provision of medical care services.

NOM-178-SSA1-1998. Minimum requisites for infrastructure and outfitting of establishments for medical care of ambulatory patients.

NOM-005-SSA3-2010. Minimum requisites for infrastructure and outfitting for medical care of ambulatory patients.

NOM-197-SSA1-2000. Minimum requisites for hospitals and consulting rooms offering specialized medical care.

NOM-004-SSA3-2012. Clinical records.

NOM-233-SSA1-2003. Architectural requisites to facilitate access, traffic, use, and permanence of disabled persons in establishments offering ambulatory and hospital medical care in the National Healthcare System.

NOM-087-ECOL-1995 Requisites for separation, packaging, storage, collection, transport, treatment, and final disposal of hazardous biological-infectious waste generated at establishments that provide medical care.