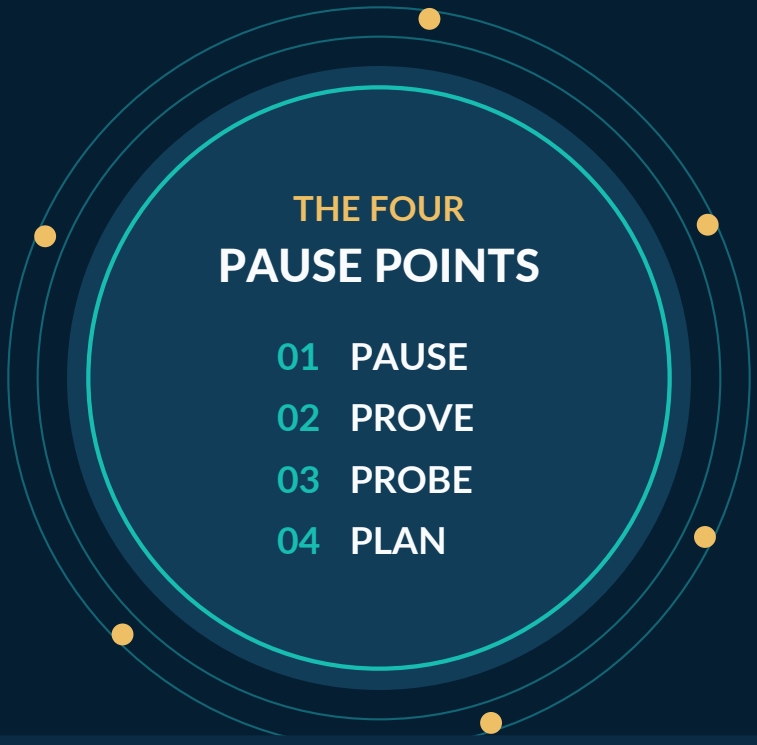
BUSINESS OF AESTHETICS
Your Success Matters!

FREE PRACTICE RESOURCE / CONSULTATION TOOLKIT

THE NON-RESPONDER RESET KIT

When a patient says, "I did everything, but nothing worked,"
your next move should not automatically be another procedure.



A PRACTICAL RESET IN 4 MOVES

01 PAUSE	02 PROVE	03 PROBE	04 PLAN

INSPIRED BY A BUSINESS OF AESTHETICS CONVERSATION WITH

Sonja Landtrachtinger

Founder, NARI SKIN | Creator of the Skin Proof Method

01 / START WITH THE REAL PROBLEM

The costly reflex: treating disappointment.

A disappointing outcome can reflect an unmet expectation, a clinical concern, a communication gap or a combination. The first job is to find out which - before proposing more care.

THE QUESTION TO ASK YOUR TEAM

Are we investigating, or simply escalating?

5-MINUTE TEAM READINESS CHECK

- [ ] We know what the patient expected and when they expected it.
- [ ] We can compare the baseline with today using appropriate evidence.
- [ ] Our clinician screens for safety concerns before discussing more treatment.
- [ ] We can ask about routines and context without diagnosing by appearance.
- [ ] We have a clear follow-up owner and a documented next step.

One guiding rule: The patient deserves an honest review, not an automatic upsell or an unsupported explanation that "stress caused it."

02 / PAUSE / THE DECISION MAP

Before the next procedure, take this route.

Use this as an operational conversation guide, not as a clinical diagnostic algorithm. The treating clinician owns the assessment and any clinical decision.

THE PATIENT SAYS:

"I'm not seeing the result I expected."

01 SAFETY FIRST

Any symptom, complication or concern needing prompt clinical review?

YES / CLINICAL PATH

Escalate to a qualified clinician promptly. Follow clinical protocols; do not defer evaluation for a coaching conversation.

NO IMMEDIATE CONCERN

Continue with a documented review of results, expectations and the patient experience.

02 PROVE

What do photos, notes, timing and objective findings show, and what remains uncertain?

03 PROBE

Ask about expectations, experience and relevant routines with permission. Do not infer stress from appearance.

04 PLAN

Agree on an appropriate clinical plan, communication fix, follow-up or referral. Name an owner.

03 / PROBE / THE CONVERSATION CARD

What to say when "nothing worked."

Print this page for your consultation room. The goal is to lower defensiveness, learn what matters and be precise about what happens next.

01 ACKNOWLEDGE

"Thank you for telling me. I can see this is disappointing, especially after the time and money you have invested."

02 DEFINE THE GAP

"What result were you hoping to see by now? Which part feels different from what we discussed?"

03 REVIEW THE EVIDENCE

"Let's look at your starting point, what we did and what we can observe today. I want to be accurate about what has and has not changed."

04 EXPLORE CONTEXT WITH PERMISSION

"Would it be okay if I ask about anything in your routine or recent life that might be relevant to your experience? You can skip any question."

05 SET A REAL NEXT STEP

"I don't want to recommend something else until we've reviewed this properly. Here's who will follow up, and when."

Never say: "You're just stressed" or "this always works." Acknowledge uncertainty and route clinical questions to the responsible professional.

04 / PROVE / PRINTABLE WORKSHEET

One patient.
One honest review.

Use a non-identifying case reference when working outside your approved patient-record system. Keep clinical records in your secure practice workflow.

DE-IDENTIFIED CASE ID

REVIEW DATE

PATIENT-DEFINED GOAL

BASELINE FINDINGS / TIMELINE

CURRENT FINDINGS / TIMELINE

WHAT THE PATIENT EXPECTED

WHAT WE CAN ACTUALLY CONFIRM

THE MOST IMPORTANT UNKNOWN

DECISION CONTROL

- [ ] Safety concerns reviewed by a qualified clinician.
- [ ] Next step, owner and follow-up date documented.

05 / PROBE / ASK, DO NOT ASSUME

The whole-person conversation map.

Sonja's story invites a wider conversation. This BOA worksheet translates that idea into neutral, consent-based questions, not stress-typing or diagnosis by appearance.

A RESULTS

01. What difference matters most to you right now?

02. What has improved, stayed the same or worsened?

B EXPECTATIONS

01. What were you expecting at this stage?

02. Where did that expectation come from?

C CONTEXT

01. Would it help to discuss relevant routines or recent changes?

02. Anything affecting your ability to follow the agreed plan?

D EXPERIENCE

01. Where did the process feel unclear or rushed?

02. What support would have made this easier?

BOUNDARY THAT PROTECTS TRUST

Do not infer cortisol levels, psychological diagnoses or causes of poor outcomes from skin color, smell, facial lines, occupation or body language. Ask respectfully; record only relevant, volunteered information.

06 / TEAM / CALM BY DESIGN

Is your clinic adding friction to the visit?

Sonja described changing her practice environment and slowing down to focus on the individual. Use this audit to reduce avoidable friction without assuming that atmosphere treats a clinical condition.

RATE EACH TOUCHPOINT / NEEDS ATTENTION, OK, OR STRONG

	FIX	OK	GOOD
ARRIVAL Our greeting sets a clear, unhurried tone.	☐	☐	☐
PRIVACY Sensitive conversations are held discreetly.	☐	☐	☐
LIGHT + SOUND Lighting and sound are comfortable and adjustable.	☐	☐	☐
PREFERENCES We ask about music, scent sensitivities and comfort.	☐	☐	☐
PACE Patients have time to ask questions without pressure.	☐	☐	☐
HANDOFF Front desk escalates complaints without diagnosing.	☐	☐	☐

MY ONE CHANGE THIS WEEK

Team check-in: Ask staff what makes appointments feel rushed or difficult, then choose one practical change together.

07 / PLAN / THE MICRO-TEST

A small change.
A measurable follow-up.

Treat 14 days as a communication and process check-in, not a promise of clinical results. Follow-up timing for symptoms or complications must follow clinical judgment.

PICK ONE LOW-RISK PROCESS CHANGE

Examples: a clearer expectation summary, a clinician-approved home-care recap, a scheduled progress review, or a calmer consultation handoff.

OUR 14-DAY PRACTICE TEST

WHAT WILL WE CHANGE?

TEST OWNER

REVIEW DATE

DAY 0
Baseline

DAY 7
Check-in

DAY 14
Review

WHAT WILL TELL US THE PROCESS IMPROVED?

Ideas: percent of complaint cases with documented next step; follow-ups completed on time; clarity rating after consultation.

08 / MAKE IT REPEATABLE / THE 30-DAY RESET

Turn patient trust into a team habit.

One month. One repeatable workflow. A good reset is consistent even when the founder is not in the consultation room.

WEEK 01

LISTEN

Review recent "nothing worked" conversations. Identify missing records or unclear expectations.

PROOF / A baseline case audit

WEEK 02

DESIGN

Agree on safety escalation, case review and the five-line script. Assign team responsibilities.

PROOF / One-page handoff standard

WEEK 03

TEST

Pilot the worksheet and one calm-visit improvement with appropriate cases.

PROOF / Case reviews and feedback

WEEK 04

REFINE

Review results with the clinical lead. Keep what worked, correct friction and set monthly review.

PROOF / A signed-off workflow

THE RULE: The next step has an owner, a reason and a date.

BUSINESS OF AESTHETICS
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FROM A BETTER CONSULTATION TO A STRONGER PRACTICE

Your patient experience deserves a growth strategy.

When the way you evaluate, communicate and follow up improves, your marketing should reflect the same trust-building experience - and reach patients who value it.

YOUR COMPLIMENTARY MARKETING STRATEGY MEETING

- Identify gaps in your current digital visibility and patient journey.
- Focus on attracting better-fit, higher-value inquiries.
- Outline practical growth priorities for the next 12 months.

SCAN TO BOOK

BOOK YOUR COMPLIMENTARY MSM

businessofaesthetics.org/msm

Educational resource inspired by a BOA conversation with Sonja Landtrachtinger. Not medical or mental-health advice. Follow your professional scope and clinical protocols.