

Who is responsible when the hygienist's appointment book has gaps?



By Dr Michael Sernik

Occasionally a dentist will put the blame for gaps in a hygienist's appointment book solely on the shoulders of the hygienist.

It is human nature for them to have this point of view because it absolves them of any responsibility in the situation.

The extent to which many dentists prepare the patient for a hygienist visit is something like this: "You've got a bit of a gum problem. They're inflamed because you are missing out on cleaning some areas properly, so I'd like you to see the hygienist. She'll clean things up and show you how to look after things. OK?"

With this introduction, it is little wonder why patients aren't motivated to turn up to the hygienist appointment.

Even when patients do turn up, their willingness to take on a hygienist's recommendations (brush more/better, floss, come in for regular visits) will depend to a large degree on how the dentist prepared the patient for the visit to the hygienist visit.

The patient's level of interest and motivation in their hygienist visit can definitely be improved if the dentist is a more highly skilled communicator.

As a hygienist, you need to know what constitutes a well-prepared patient. If not, you will not be able to give useful feedback to the referring dentist about the effectiveness of the dentist's preparation of the patient.

On what objective basis do we rate the dentist's effectiveness in preparing a patient for a hygiene visit?

When dentists speak to patients, what do you think they focus on...?

- a) The cause of the problem?
- b) The signs of the problem?
- c) The treatment necessary?
- d) The deleterious consequences of not treating the problem?

Let's have a look at the example given above.

Quite often, time is spent discussing (a) the cause of the problem "You are not brushing as well as you need to...you are missing a spot here when you brush... see all of this build-up...this is because you are missing these areas when you clean".

Sometimes the patient is told (b) all about the signs and symptoms of periodontal disease. "Your gums are swollen and bleeding".

Many dentists just tell patients (c) what needs to be done and then expect that this should be sufficient motivation.

"I need you to brush and floss" ...or.... "I want you to see the hygienist"

When I ask dentists and their teams, "what does the average dentist tend to concentrate on?" most people will say (c), the treatment necessary.

What do you think would motivate the average patient the most - a, b, c or d? While all of this information is useful for the patient, my experience has been that the information that is most influential in driving a patient to seek a solution to the problem is (d)...the deleterious consequences of not treating the problem.

Once the patient truly understands that their oral condition is actively in a state of decline, and also has a clear vision of how they will look and feel when the disease 'end-point' is reached, the conversation takes a different direction. At this point the patients themselves will begin to drive the process of getting a solution to avoid the unpleasant outcome.

A hygienist can ask a simple series of gentle questions that can help them understand whether the patient knows where they are heading if no intervention/treatment occurs. Something like:

"I'm just curious, what is your understanding of why exactly you are here?"

[Important note: When you read any of the scripts (above), they can easily be read in such a way so that the effect could sound arrogant or patronising. This is the danger of writing any scripts. They can very easily be misinterpreted. We must always be empathic, nurturing and gently curious rather than interrogatory.]

This article has not touched on *how* the dentist should help the patient understand these deleterious consequences. Nor have we touched on the *feedback communications skills* involved in setting up non-confrontational dialogue between the dentist and the hygienist. These skills should be learnt by all team members and are the subject of numerous commercially available training programs.

If the hygienist's schedule is looking toothless, it is probably due to a number of factors. The hygienist definitely has a role to play, as does the front desk, and both need to ensure that they are at the top of their game in their interactions with the patient. However, it is also important to realise that the dentist plays a major role in preparing the patient for the hygiene visit.



If the dentist has created sufficient concern in the patient's mind regarding the consequences of their disease progression, we are then left with the lesser 'challenge' of helping a motivated patient solve their problem.

It becomes equally important for all clinicians to understand the issues, and focus on the deleterious consequences of lack of treatment, rather than just on what treatment they deem necessary.

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