If you are a hygienist reading this, you understand the feeling of waiting for doctor to come into the hygiene room for the EXAM.

Have you felt Frustrated?!
Did you find yourself pacing?
Were you wondering when you would be able to seat your next patient?
Are you trying to figure out ways to save ten minutes so you don’t continue to have that bottleneck of patients waiting to be seen in your treatment room?
It seems as though the examination portion of the hygiene visit often lends itself to increased stress.
Does any of this sound familiar?

- **Doctor:** “How many times do I need to ask my hygienists to please have intraoral pictures displayed on the monitor when I enter the room?!”
- **Assistant and Hygienist:** “I want to wring that doctor’s neck!” “She/He knew I was ready for the exam and it took over 10 extra minutes to get doctor in hygiene, and now it’s taking forever to get the doctor out!”
- The patient feels the tension and a feeling of being rushed, after waiting 10 minutes for the doctor to complete a two-minute exam!
- The administrator’s neck muscles tighten as yet another patient complains about the fee for the doctor’s exam since, “She was only in there a minute, and besides, she said everything was fine!”

While there is not an easy fix to these common frustrations, there really are keys to make the doctor-patient examination more valuable and less stressful for all concerned. Warning, however, some of these concepts may take you out of your “comfort zone,” and some may require practice, in order to go smoothly and feel natural. Here is a brief look at a few strategies to create your own ultimate exam within the hygiene appointment.

**1. IT’S MORE THAN A PROPHY**

In practice after practice, hygienists are desperately attempting to educate the patient, change behavior, scale supra and subgingival calculus, remove all stain and plaque, perform and record periodontal evaluations, update radiographs, apply fluoride, identify restorative concerns, and so on, all in one appointment that lasts 40 to 60 minutes, if you get started on time!

Sound impossible? It often is. Even though most practices aren’t clear on the distinctions, the American Dental Association has done a great job defining the difference between a prophylaxis, scaling and root planing and periodontal maintenance. Ever wonder why the majority of adults have periodontal disease, yet the most common procedure provided in the hygiene department is still a prophylaxis? Perhaps it is because too often we are attempting to do too much in too little time, short of an actual diagnosis for what the patient really needs. Sometimes prophylaxis is just the beginning!
2. TIME MANAGEMENT

Time management is a challenge in any service industry where you are taking care of patient’s health needs, answering their legitimate questions, and providing treatments within a wide range of clinical conditions. In most busy dental practices, waiting until the hygienist is completely finished before notifying the doctor for an exam is almost a guarantee of running behind. Many times it is impossible for the doctor to immediately leave a tedious or technique-sensitive procedure to go examine a hygiene patient. The end-result? Everybody waits, and soon a “domino effect” takes place within the schedule.

Having a hygienist notify the doctor once data has been collected and potential treatment discussed will enable the doctor to look for a natural break in a procedure, interrupt the hygienist during his or her treatment, perform the examination, then both return to completion of their treatments. This approach requires hygienists get in the habit of notifying the doctor after the data collection and clinical discussion, but prior to beginning their instrumentation.

3. VISUALS

Patients will understand and retain information significantly better if audible and visual learning takes place together. Instead of us doing all of the talking (while working on the patient) and them doing all the listening, we should intentionally let the “pictures speak 1000 words” for us. Dental professionals have a tendency to use terms that are too technical and describe more detail than most patients really need when relying on our own verbal skills to explain the need for treatment.

Intraoral pictures, before and after pictures, educational pamphlets, radiographic pictures, etc., all assist in the co-discovery process necessary for patients to really understand and desire recommended treatment.

4. EFFECTIVE PATIENT COMMUNICATION

If ever you have been the patient in the dental chair you know what an uncomfortable position that is to carry on a conversation with someone who is seated above you. In fact, communication experts agree that as apprehension rises (as a result of someone with sharp instruments working in your mouth while lying on your back), listening ability diminishes. If you are willing to pause, sit the patient upright to describe conditions, discuss possible treatment, focus on the benefits to build value and use visuals, you will find you actually have to say less, because their ability to hear and retain information is significantly greater with the use of good eye contact and body positioning. Sitting upright also enables us to become a good listener, as patients feel more comfortable to discuss their true concerns.
5. INSURANCE

Patients all across the country tend to approach dental decisions much the same way: “If insurance pays for it, okay. If not, no thanks.” Particularly, if no symptoms are involved.

In order to have an ultimate exam experience, patient’s questions concerning dental insurance should be consistently answered with a response that educates them about insurance reality. The reality is that dental insurance really is not “coverage.” That implies something that’s complete. Dental insurance is simply assistance to help defray costs. Most patients will never look at their own dental benefits any differently unless one by one in the dental office we are consistent in spreading the message that dental insurance was never intended to be complete coverage, and therefore shouldn’t be the only factor in deciding whether or not to proceed with treatment. It is simply a supplement, and wonderful when some assistance is offered, but all dental health decisions should be based upon need and desire, not insurance reimbursement.

Having an ultimate experience does require planning and forethought and may include change for some, but the rewards of being deliberate about how we approach this important time allotment in the hygiene appointment can directly lower stress throughout the practice, increase the patient’s understanding, and most importantly, improve case acceptance to achieve optimal clinical results we desire for all our patients.

THE EFFICIENT AND EFFECTIVE DOCTOR HYGIENE EXAM

As dental professionals we are continually looking for ways to help our patients understand, believe, and accept their recommended treatment plans. As an established patient our goal is to develop a strong, trusting relationship with each and every patient. After spending about sixty minutes with a hygiene patient, we have delivered a huge amount of information. This can become confusing to the patient. Our concern as the provider is to guide doctor to quickly diagnose, and confirm the appropriate treatment at the time of examination.

Below are two compelling reasons to create a successful the hygiene handoff to the doctor at the time of the appointment and also at the conclusion of hygiene appointment.

THE VERBAL SKILLS

The goal effective verbal skills:

Improve the percentage of patients accepting more recommended preventive treatments (CAMBRA), non-surgical periodontal therapies, restorative, and cosmetic treatment.

Let’s be certain to understand a few core communication principles. From the patients ears there are two conversations they will hear simultaneously. Patients are listening to what you are saying, and they are listening to their own internal conversation. This is how they interpret and analyse what you have just said. For example, they may be listening to your
explanation of the caries risk assessment, why they need to return for frequent preventive procedures and buy a few homecare products. They may possibly be concerned about the cost, how much time, and whether it makes sense to follow through with all this nonsense. And to complicate matters, they are probably looking you in the eye nodding their head, implying they understand and accept what you have just been explaining.

Understand?! This just may be no further from the truth!

Nothing can be done about this very human condition, but we can understand it and anticipate this situation. We may be able to mitigate it if we have a conscious awareness, this can easily happen. When you believe that patients can and will go back and forth like they are on a see-saw, then you will also understand that while the patient is listening to one conversation, they may have completely missed the other part of our conversation. This is where our frustration occurs and when you know you have told the patient one or two things and they say that they never heard it. They even walk to the front desk and have no clue this is what we have been talking about the entire appointment!

What does this have to do with the hygiene handoff to the doctor? It qualifies the need to relay your information verbally in front of the patient to the doctor as often as possible. Your patient cannot hear it too many times—the more effective the communication, the greater compliance.

THE CONSTRUCT OF A GREAT DOCTOR HYGIENE EXAM

Second point is time. When you have a great doctor hygiene exam you are most likely going to be running on time. This is not only good for the dental practice but good for your patients as well.

Have a vision. Begin with the end in mind. Decide how much you will report on during the hygiene exam in the hygiene room. Exactly what will you report on during the hygiene exam? For example you will inform doctor of any changes in medication, surgeries, oral cancer screening results etc. You will discuss the patients current periodontal condition and any treatment recommendations, restorative concerns (tell doctor if this was a concern for the patient), and aesthetic concerns. You will have to structure your exam protocol to allow for any other reports to doctor about the patient and how you will handle questions about treatment recommendations, etc.

As much as possible, the hygienist needs to utilize the intraoral camera and tour the patient’s mouth to assess any restorative concerns, show lesions, plaque, supra calculus, etc. Include the intraoral pictures of areas on the monitor in front of the patient, to show doctor during the hygiene/doctor exam. This will improve the hygiene doctor exam.

The doctor hygiene exam can be very simple but always allow the doctor a couple of minutes to connect personally with the patient. (For a patient of record this should be no more than 2 minutes – MAX!) The cue to ending the personal chit-chat is when the hygienist says to the patient “Mrs. Jones, may I share our information we just discussed with
doctor?" This verbal cue works well to turn the patient over to doctor and begin the official exam. This phrase tells the patient that the conversation will end and it also allows the patient to have some control over what is happening in the treatment room.

When the hygienist has done his or her job in assessing and gathering the data and then doctor bypasses the handoff by jumping in to ask the patient questions, 3 things are guaranteed to happen:

1. The hygienist will not continue to ask questions, the doctor will be the only person to ask again;
2. Patients will not comprehend your communication style,
3. The patient will not clearly hear the information for a second time which is confirmed by the verbal handoff.

EXAMPLE: EXCELLENT DOCTOR CUE:

Doctor Goodtooth: “Mrs. Jones, I am a bit jealous to hear about your three week cruise through the Panama Canal!” (To the hygienist Peggy) “I know the two of you have spent the last 25 minutes gathering information. Peggy, (the hygienist) can you bring me up to speed on Mrs. Jones current situation?”

Note

This is just a small cue from doctor but it puts the ball in Peggy’s court to begin communicating her findings. This clue is a critical piece.

EXAMPLE HYGIENIST PEGGY TO DOCTOR GOODTOOTH:

Peggy, RDH: “Mrs. Jones is doing very well overall. Her health is excellent with no changes to her medications or health status. Her periodontal health, her gum tissue and bone levels have all slightly improved in most areas except the upper right area. These are areas 2-4 and also #6. The 5-mm pockets on the upper front teeth, around #’s 6 and 7 are now measuring at 3 mm with no bleeding. This is very good news! The one area I am concerned about is that upper right molar area, where there are still 5-mm pockets and one area with bleeding on probing. These areas have proven difficult for Mrs. Jones to floss, so I have recommended a waterpick. I also recommend that we take one more appointment to scale and root plan those teeth with the 5-mm pockets. We also talked about adding some Arestin® to those areas. She also talked to me about whitening her teeth. Of course, we wanted to check with you to see if you agree with this recommendation I made. If you do agree, she is very interested in beginning treatment as soon as possible. Mrs. Jones current restorations appear healthy to me (Restorative), however she doesn’t care for the look of the composite fillings on two of the teeth on the upper left. I looked back and those were done nearly 20 yrs ago. You can see the discoloration around teeth #’s 10 and 11. They have darkened, and she is interested in changing those. We discussed
several options, including veneers, and she’s very interested and wanted to discuss that further with you at this time.”

Note.

The important piece of information here is to always have a verbal report. The report should include a report to the dentist which includes the areas discussed in advance. Remember to always include the important assessments in your verbal report; positive or negative. This gives the patient insight to the very important health screenings the office provides at the hygiene appointment such as Medical history, medication review, blood pressure screening, caries risk assessment, xerostomia, malodour, periodontal screening exam, TMJ, occlusion, etc. Patients will recognize the optimal health provided in your dental practice and they will appreciate how thorough the hygiene appointment is. The patient leaves feeling well-cared for!

AESTHETIC DENTISTRY

I remember as a clinical hygienist, early on, I was very concerned that I was “selling” or being pushy when I would ask patients about cosmetic concerns they may have.

What I needed to learn is that as oral health care providers we never want to stop asking about ways to enhance our patient’s oral health and provide the very best care. If the patient continues to walk around with discolored front teeth, what does that say about the patient when they have an important job interview? The patient may never notice this but others who are more critical and interviewing this person for a very important executive position will subconsciously make a decision based on the person’s looks. Sad but true—today.

Patients will create deep friendships and trusting relationships with the dental team. We are the dental experts and our patient’s look to us for the best advice about their health.

CONCLUSION

Sit down as a team to create a list of the areas that need to be reviewed at every hygiene patient exam. Work backward to create a hygiene protocol that promises to gather the information in your initial interview and throughout the hygiene appointment. Outline the patients concerns, their objections to accepting treatment, understand any emotional issues, personality types, (How they make decisions) and learn how to communicate when patients have barriers for case acceptance.

Now you have my permission to relax, watch your stress level decline as you have created a successful system to add value to the patient appointment and increase the practice profits.