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Practice Management Articles



Hygiene Exam Management - Prompting the Dentist

- Lisa Philp, TGNA

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While every practice differs in vision, personality, emphasis, and demographics, all have common “stressors” that prevent or block optimal performance. A common “stressor” and challenge that many practices face, is the juggling of multi provider schedules while trying to fit in multiple hygiene exams throughout the day.

The hygiene exams are interruptions that can cause chaos and “running behind” for everyone. This chaos creates negative stress that inevitably affects the ability of a dentist to properly assess, diagnose and treatment plan day to day dentistry that fills his restorative schedule in the future. This chaos is best overcome with the development of a consistent process to review the oral health and build relationship.

An average “recall, hygiene ” check should take approximately three to five minutes of Dr. time in the hygiene room. In order to achieve this, it is vital for a system for smooth transfer of the information gathered by the hygienist in the 45–55 minutes she has spent with the patient to the dentist in a short time frame of a few minutes.

The system that we have developed is called “Prompting the Dr.” Prompting the Dr. is a concrete, routine way for a hygienist and a dentist to communicate clearly out loud in front of the patient. It allows the dentist to maintain uniqueness of diagnosis and treatment plans while receiving patient information in the same way and order every time. The result is an establishment of a succinct dialogue between two dental professionals in front of the patient, will naturally make the patient more secure in regard to the treatment they are receiving and demonstrate a high level of trust between both providers.

It is imperative that the dentist is never left alone with the patient in hygiene. The hygienist may feel tempted or inspired to begin preparing their instruments for the next patient and leave the dentist alone with the patient. If the dentist goes it alone, there is a strong likelihood that the patient will be questioned or the same information will be repeated, thus insulting the patient’s intelligence and giving them the appearance of lack of communication.

The prompting system begins when the Dr. enters the hygiene operatory. Be sure to state the patient's name, so the dentist can be reminded of who is sitting in the chair. Once gloves are on, begin with the first step of prompting--personal information review. Relay something personal that the patient shared or disclosed about their family, occupation or what they do for recreation. This ease's the approach and builds immediate connection between the dentist and patient.

e.g. Dr., Mrs. Smith just returned from a two-week vacation in Mexico

Next, is the second step of prompting which is a Medical History review. Provide a general medical health statement that encompasses a review of the patient overall wellness and medical concerns. Areas to cover may include information such as medications, systemic diseases, risk factors or hospitalization.

E.g. since Mrs. Smith's has developed early onset diabetes that she controls with diet. No other changes noted

The third step is the patient's soft tissue/hygiene status. Communicate a hygiene conclusion, of whether the patient is health, disease or maintenance status. If the patient has active disease, state the case type by name, Gingivitis, Early, Moderate or Advanced periodontal disease. Be sure to emphasis the patients recommended interval of hygiene visits to reinforce the importance of their next visit.

(Practices that have not instituted a structured periodontal disease management program will struggle with this technique)

E.g. "Mrs. Smith's periodontal examination indicates she has signs of Early Periodontal Disease. I have recommended upon your confirmation that she return for half-mouth gum therapy. This would involve 3 one hour visits with the first two being 7-10 days apart and the third 4-6 weeks later to assess her healing. (re-evaluation)."

Once the soft tissue is confirmed, it is now time to move to the fourth step of prompting, the hard tissue review of restorative conditions. This is most effective when the dentist begins in the same quadrant each time and follows a sequence. If the beginning point is the upper right, review each quadrant with speaking out loud anything suspicious that the dentist needs to check, see or evaluate. Examples of these conditions may be large fillings, discolored margins, fractures, crowding, missing teeth etc...

E.g. "Dr. beginning in the upper right quadrant, could you please assess the missing tooth?"

Once the dentist has assessed this area and told the hygienist what to document, they are then guided through other areas of the patient's mouth. Try to keep things moving as quickly, but efficiently as possible while writing in the chart what was diagnosed.

An example of how to move the dentist along is: "Dr.,moving to the upper front teeth, Mrs. Smith doesn't like the color of teeth and was asking me about whitening her teeth."

It is important for the hygienist to never say out loud in front of a patient that they didn't see anything; this makes it uncomfortable for the dentist if they see something to be addressed.

By this point, it is important for the hygienist to begin to bring the exam to closure and find out if there are any further conditions that the Dr. would like documented. This can be asked “Dr., is there anything else you would like me to note for Mrs., Smith”

Note**the patient may request to know what the treatment options are, before you are finished and interrupt your exam process. This is a risky trap to fall into, so the best approach here is tell the patient that once the diagnostics have been reviewed in completion, you will discuss the treatment solutions or options.

If the treatment plan is simple and involves one tooth or quadrant treatment, ask if the patient has any further questions and exit the room so the hygienist can transfer them to the financial/treatment coordinator to explain insurance and financial arrangements. If the treatment plan is complex or involves many different options, the dentist lets the patient know they will need time to “work up” their case and invite them back for a separate consultation.

Help the dentist exit the room gracefully and allow them to return back to their restorative patient. Simply say ‘thank you Dr. Jones,’ and give them a window to get up, say good bye and move on.

If everything goes according to plan, not only will the patient be impressed by the smooth transfer, they have heard about their oral health more than once and you appear as a cohesive dental team. Managing the time spent in a hygiene exam, having the hygienist take responsibility for identifying suspicious restorative conditions will reduce negative stress caused by disorganized exam sequence. As long as you’re covering all of the ground that you need to during the exam by keeping the dentist active, removing professional jargon to keep the patients involved, then you will definitely be on the right track to a smooth flowing hygiene check.

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