

Rising Expectations for Today's Dental Hygienist

Throughout the past several years, advances in science and technology have affected all types of businesses, including the dental industry. Over past ten years alone, the developments that have occurred in dentistry have surpassed those of the entire history of our profession. These changes have had a wonderful impact on the diversity of services that we offer our patients.

One of the significant changes occurring within the dental profession directly affecting today's dental hygienist is the impact of communication and case acceptance that is *expected* to occur for the patient in the hygiene chair. Hygienists have never before had a role so important in affecting the case acceptance of their patient's *comprehensive treatment plan*. As hygienists, we have the background to pull from to stay abreast of new advances in technology and science. We have all had course work in patient education. However, many of us have not had the opportunity to study advances in the *Science of Communication*.

A common obstruction to clear communication is the assumption that the communication we deliver is received and understood in the same way that we deliver it. Webster Dictionary's definition for the word *assume* is, "to take for granted, to suppose to be a fact." Throughout The JP Institute's 25 years of coaching dental offices, we have discovered the main assumption that the dental hygienist makes is that she/he has patient case acceptance. The JP Institute has developed a structured process for case presentation skills utilizing the *Science of Communication* that eliminates assumptions. The process will refine and enhance your communication and case presentation skills thus dramatically increasing patient case acceptance.

You feel satisfied and confident as your patient leaves your operatory. You believe that you just presented your most eloquent case presentation, which reviewed the patient's incomplete periodontal, restorative and aesthetic procedures, and you still completed the patient's hygiene appointment on time! You feel very assured of case acceptance.

As the treatment coordinator reviews the treatment plan and fees with your patient, your patient seems hesitant and says that she needs to think about it. This unexpected encounter leaves you to ponder... what went wrong? There is not much else the treatment coordinator can do except to put the patient's file into the treatment pending file while determining the best time to follow up.

As a proposed checklist to your case presentation skills, please review the following to ensure patient understanding for value of the pending procedures:

Connect with your Patient The best case presentation skills have been defined by many different authorities and in several different formats. The faculty of The JP Institute believes in, and coaches their clients in, a structured process that provides a format to review and refine case presentation skills. Ask yourself...did you connect with your patient? Did you really listen to the patient during your social graces at the beginning of

the appointment? Did your patient say they were under a lot of stress? Did they say they were going on vacation or to a special event? When you are presenting your case of pending (or newly discovered) treatment to the patient, did you relate to the patient some of the variables that may affect their health and their decision regarding the urgency of their treatment being completed? Remember, if the patient's treatment is already pending, there *was already not enough current value for the patient to move forward with the scheduling of that treatment.* So we really need to connect. One of the best ways to say I care is to really listen. Bringing in communication from what the patient already told you is current going on in their life is the first step to connecting. Seventy percent of all case acceptance comes from passion, and compassion should lead your passion.

Visuals – Visuals – Visuals I say visuals, and you say time management! Understandably so!! Everybody has another good idea of what else you could put into your treatment time with your patients that would make the appointment just a little bit more wonderful. Be assured, The JP Institute has been in the trenches with hygienists for our entire 25 years of business, and we address time management within everything we put into the magical hour with patients. Visuals are worth the time it takes you to present them. The best case scenario with the use of visual support, is to pre-determine your logistics of how to use your visuals and which ones to use, and have them out and available to you to expedite the appointment time.

- The first visual is to have the highest priority of the treatment pending up on the monitor before the patient comes in the hygiene room. This is just a part of the room set up.
- The second visual is today's intra oral camera tour. This should be the second intra oral clinical screening you should do. (The first is the oral cancer screening).
- The third visual is the co-diagnosis visual. Show the patient what you see in the mouth, (restorative, aesthetics, and periodontal) and then on the monitor to confirm the findings or to show additional deflections.
- When you set the patient up to review your clinical findings, use a pamphlet, or visual aid (Visual four). This is third party documentation of your clinical findings. It is important to individualize the pamphlet to the patient's findings. It is great to draw, or circle what is pertinent to personalize the patient's problems right on the visual.
- Visual number five is great if you have a Casey System to have the patient review as you document in your chart..
- Visual six: If you happen to have any of the work that has been presented in your own mouth and it is easily visible, show the patients your work. This works especially well if it is cosmetic treatment. If you have before and after pictures of your own posterior or anterior work, combine the two visuals. The dental team member is the best testimonial the patient can have to prove the trust in the doctor's work.

- Visual seven: When the doctor comes in to provide the exam he/she will review visually on the monitor or in the mouth from the verbal synopsis the hygienist gave the doctor.
- Visual eight: After the doctor's exam the hygienist will review the doctor's diagnosis with the patient and the take home pamphlet or brochure with the patient again to visually and verbally confirm the patient's understanding and value of the treatment presented.
- Visual nine: When you transfer the patient to the treatment coordinator giving them a brief synopsis of what is next, hand the brochure or pamphlet to the treatment coordinator, not to the patient. The treatment coordinator can use the personalized pamphlet to review the case financially with the patient.
- Visual Ten: The treatment coordinator will give the patient the brochure as well a personalized treatment plan and investment options sheet.

After ten different visuals, you are probably thinking that our promise to time management is short lived. We can assure you that with properly diagnosed hygiene services (not providing periodontal therapy at supportive or preventive appointments) you will have the appropriate time to effectively use your visual support for your patients.

The ultimate goal of the hygienist is to provide the best level of care for patients. The time you spent with your visual support will provide the patients with the best opportunity to understand *why* the treatment will best support their overall dental health, immune system, self-esteem and well-being.

There is a learned art to mixing ***Open Ended Questions*** throughout the delivery of your discovery and case presentation to your patients. There is no way around it, we all must practice the delivery of our case presentations until the open ended questions feel just as natural as our 'other' styles of communication. Weaving open-ended questions into your case presentation, also saves you time. Check in with the patient, and check out how they feel about the communication thus far:

- H: Mary, Can you see the fracture line on these teeth? (Visual)
P: Yes, I can.
H: How do you feel about fractures that size?
P: Are they large?
H: Yes, they are large enough for the toxins to seep under your fillings and cause a great deal of destruction to the teeth. Do you see the hemorrhage around the margins of these fractured teeth? (Visual)
P: Yes, I see that.
H: The bacteria that catches along the fractures above and below the gum line is causing that infection. Every time you chew and swallow some of that bacteria can enter your blood stream affecting your entire immune system. Does that make sense?
P: Yes, that does make sense.
H: How do you feel about getting the necessary treatment to bring these teeth back to their original structure?

P: I would like to do that, but how is it done?

H: Mary, before I explain the advances in dentistry to restore your teeth, the first thing doctor will want to do is get your gum tissue back to health. There is enough hemorrhage in your gum tissue that the supportive therapy appointment today (periodontal maintenance) will not be enough to eliminate the infection. During your Risk Assessment Survey we identified you to be under moderate stress. Many times when my patients are under stress, especially if it has lasted over a period of time, a smaller amount of the bacteria can cause more of inflammation. Then because the margins of the fractured fillings are so rough and harboring the bacteria the inflammation develops into an infection. Because you are such a great patient and you keep your supportive therapy appointments regular, it should only take me one to two periodontal therapy appointments to get your gum tissue back to health. Now let's review the superior restorations that are available with modern dentistry to restore your teeth back to their original structure. (Begin to review visually with a brochure, pamphlet or your Casey system. Visual) Does the treatment make sense?

P: Yes.

H: Do you see why it is so important to combine the periodontal treatment with the restorative treatment?

P: Yes, I do.

H: Mary just for a moment, let's switch gears to something fun. I was excited about you coming in today because I wanted to talk with you about some of the great cosmetic procedures that doctor has provided his/her patients. I have seen the doctor complete so many wonderful cases on my patients, I couldn't wait to show you some of the things doctor could do for you. I know I am presenting a lot to you today, but since you told me about your 25th anniversary party coming up, I got even more excited about what doctor could do before your party. May I take just 2 minutes to show you some of these advanced cosmetic procedures?

P: Sure.

H: Let me show you a case that was similar to your teeth before she got her cosmetic work done. Here is the before and here is the after. Isn't it beautiful? (Visual)

P: Wow, that looks great. This was what her teeth looked like before?

H: Yes. Dr. _____ does amazing work. **That is why I chose him to do my work.** When the doctor comes in for an exam we can discuss possibly combining the restoring of your fractured teeth with some cosmetic treatment. How does that sound? The doctor may choose to sit down with you and provide a consultation appointment so together the two of you can decide exactly what you would like your teeth to look like and not be rushed. Also if you do the treatment all at one time we can make sure we schedule you at a time that will not interfere with your work and get the treatment all done in two to three visits? What time frame works best for your work schedule? Lunch time or possibly before work?

P: I think my lunchtime would work.

- H: Great. Let me go ahead and provide your supportive therapy appointment today, and the doctor will confirm the diagnosis and what treatment plan would be best for you.
- P: How much will all of this cost?
- H: I am not sure until the doctor does the complete diagnosis. The advanced procedures the doctor provides are \$1200 per tooth. From what I see with your smile make over and the fractured teeth there are 16 teeth involved.
- P: Holy cow that is a lot of money.
- H: It is a significant investment, however, it is an investment in you and your health, both in your mouth and your entire immune system, and the results are fantastic! Most of our patients choose one of our financial partners to work with and they can make it really affordable with low monthly payments. If we could assist you in making your treatment affordable, would this be something you would like to do for yourself?
- P: Yes, if I can afford it.
- H: I know you said you were really excited about your 25th anniversary party. Wouldn't it be great to take this smile (pointing to the after picture) to the party? Most of my female patients say it is like having a face-lift. It can take ten years off your looks due to the changes in what is called your vertical dimension. (The hygienist then demonstrates what vertical dimension is). I understand finances are of concern, but I've seen Julie work out some great financial options for our patients. She is the best at working with our financial partners. Pretty exciting, isn't it?
- P: Yes, it is! Wow, she looks great.
- H: For now Mary, just sit back and relax, while I complete your supportive therapy today, and I will let Julie know you are interested in looking at our financial options.

Up to this point the hygienist has connected with the stress the patient told her about at the beginning of the appointment. They also talked about her work schedule and her 25th anniversary coming up. Visuals were utilized throughout the appointment. Open-ended questions were weaved in throughout the case presentation engaging the patient in the possible treatment.

Within the case presentation the next significant part of the process is two-fold:

- 1. Let the Patient Choose their Own Level of Health***
- 2. Present Total Treatment while Still Leaving the Treatment Open for the Doctor to Diagnose the Full Treatment Plan.***

During the case presentation the hygienist suggested a possible consultation with the doctor, but left the next appointment open in case the doctor feels like it will be an easy treatment plan and just wants to go ahead with treatment without a consultation. The hygienist also spoke about the full case and asked leading questions to define if this was a treatment that the patient would be interested in. (Is this a treatment that you would like to do for yourself?)

The next critical part of the process, and expected of today's dental hygienist, is to provide a complete verbal synopsis to the doctor of what you discovered, what treatment possibilities were discussed, and what the patient's feelings are about the treatment and whether or not she was interested in moving forward.

Hygienist Verbal Synopsis to the Doctor

As hygienists we know of the numerous times that patients listened to us, but until the doctor came in to confirm the diagnosis the patient was not 100% convinced of the need for the treatment. A complete and thorough verbal synopsis that the hygienist provides the doctor is crucial to the next stage of case acceptance.

When the doctor enters the room the monitor should show the images of the teeth with the most significant fracture lines. With a split screen into quadrant images, the hygienist has also captured a picture of the bleeding upon instrumentation around those fractured fillings, as well as whatever is the most significant change that will occur from cosmetic dentistry. For example, overlapping teeth, or a gummy smile, etc. The images that are up greatly facilitate the framework for the doctor's exam. Remember the doctor is coming from another patient (or two) and must instantaneously connect to the patient in the hygiene chair. Whatever we can do to provide that connection both visually and verbally will help to expedite the doctor's exam and communication to the patient. An example of a verbal synopsis from the hygienist to the doctor would be as follows:

- D: Karen, what were your clinical findings today?
- H: Mary's oral cancer screening was negative. There were no changes in Mary's health history; however, during her risk assessment we identified Mary to be under moderate stress from work. Periodontally, Mary observed with me the hemorrhage around teeth #'s 2, 3, 14, 15, 30, and 19. We reviewed the treatment you had previously diagnosed in those areas. We discussed the rough edges of those fractured fillings harboring the bacteria and the toxins being the cause for the infection in the gum tissue in those areas. We discussed Mary moving forward with the restorations to bring those teeth back to their original structure as well as one to two periodontal therapy appointments to make sure we achieve perfect tissue before you begin the restoring the teeth. She understands that is necessary to achieve the best clinical results. Mary is also interested in combining the posterior restoration of her mouth with some anterior cosmetic work. We discussed the possibility of 10 veneers. As long as we can work this into her budget, Mary is very interested in moving forward with both the posterior and anterior work. She loves the idea of not having to take off work and getting the work done in as few appointments as is necessary. I also talked with Mary about the possibility of a consultation with you before you begin treatment if you feel like that is necessary.

If you have chart notes written out or something that gives the doctor a visual roadmap of what you just said, it will be much easier for the doctor to follow and confirm your recommendations. All of the communication during your verbal synopsis was for the

doctor, however, it was for the patient to hear again as well. It is a lot of information for the doctor to remember all at once, yet very important to hear. The doctor would then provide the exam; confirm the diagnosis and SIT THE PATIENT UP AND REVIEW THE TREATMEN PLAN with a confirmed treatment plan.

The next part of the process is to ***Obtain Closure of the Treatment Prior to Any Financial Arrangement.*** You need to know if the patient is really ready to move forward with treatment or one of two things will occur. The patient will make the appointment and then cancel, or the patient will go through the process of the financial arrangement and say they will call you when they are ready to move forward with treatment. The following is a sample of the doctor's communication:

D: Mary I would like to review with you the treatment plan that I feel would best serve you, but first of all I want to find out your level of commitment to the treatment. As long as we can offer you an option from our financial partners that meet your budget, are you ready to move forward with the treatment?

P: Yes, but do I really need all of those teeth to be fixed?

D: Yes. I know Karen showed you the fractures and explained the urgency in restoring your teeth. What about the number of teeth to be fixed concerns you?

P: I guess it's just that I am not used to getting that many teeth worked on all at once. Will it hurt?

D: Mary, I can assure that most of my patients do not have any discomfort during the procedures. You may experience some slight discomfort for the first few days after your treatment, but it is nothing more than Tylenol can handle. So how does that sound?

P: Sounds good.

D: Do you need to discuss this with your husband before you commit to treatment?

P: Yes, I really need to discuss this with Jim.

D: Karen let's schedule a consultation with Mary and Jim to review Mary's treatment plan and to prioritize the treatment that Mary and Jim feel comfortable with. Mary I know you are going to love your new smile, and as for the back teeth, well they are going to love you. Those fractures can really cause you a lot of pain and additional destruction of the teeth and gums as well as your jawbone support. Let's schedule some time to discuss the treatment so you feel great about moving forward. Fair enough?

P: Thank you Doctor.

H: Doctor, do you want Mary to go ahead with the Periodontal Therapy in the meantime?

Remember the two of you are a case presentation team. If either the doctor or the hygienist misses a step in the process, one can prompt the other.

- D: Yes, Mary that is very important. You will need your gums and jaw bone support to be in the best of health prior to your treatment. Mary how do you feel about going ahead and getting started with the Periodontal Therapy?
- P: That would be fine.
- D: You are in great hands with Karen. I would like you to schedule our consultation with you and Jim within the next week if possible. I do not want any more destruction to occur within those fractured fillings. Would that work for you?
- P: I am sure we can work that out.
- D: Great. I will see you then.

The next most important part of the process is the absolute necessity for the hygienist to review the pending treatment during the periodontal therapy appointment(s). Bring up the fractured teeth again on the monitor and the gummy smile, or overcrowded teeth or whatever the reasons for the cosmetic concerns. Ask the patient if she had a chance to speak with her husband about her treatment. Find out what happened. Address any additional concerns – of course using visuals!

Repetitive Communication

It is the hygienist's responsibility to continue to review the restorative and aesthetics within the structured process of the Science of Communication each time you see the patient. Each communication time is not as long; however, it is our responsibility to continue to communicate as long as the patient says they are still interested. The hygienist's expertise is stimulating the desire for the patient to move forward with treatment. Her/his confidence increases as the patients schedule their treatment from the hygiene operatory.

In surveying how many times it takes for the average patient to say yes to treatment it is an average of three hygiene visits, *if the hygienist is dedicated to reviewing the process of the Science of Communication each time*. This is a very important point to the whole advanced communication process. In this article during the case presentation scenario we did not get case acceptance today. However, the process was very different than the style of patient education that is common during a hygiene procedure. There was enough stimulation of desire for the patient to move forward and make a commitment to the consultation appointment with the doctor. The treatment coordinator is now scheduling an appointment with the doctor and all of the decision makers for the treatment to be accepted versus the patient going into the treatment pending file. The hygienist also has the additional appointments of periodontal therapy to repetitively communicate. The *Science of Communication* is a fun process once you learn the skills and both you and your patients will reap the benefits of the successful outcome!

There are many sources that can assist your refinements within the Science of Communication. It is fun to check out different styles of communication when there are several speakers at events like the [RDH Under One Roof](#), or your local dental

conventions. Dental societies and dental hygiene societies also offer different speakers that study the art of communication. As an objective to The JP Institute's Mastership Program, advancing communication skills is a key component of the curriculum. Additionally, there are courses that study personality profiles systems, like the DISC system. Using personality profiles can help you understand the different types of motivating factors that influence patient's decisions to say yes to optimum health. Continual learning from different sources will keep your communication skills fresh. Developing your own personal refinements to the Science of Communication is a journey. And the journey continues throughout your entire professional career.

Remember case acceptance = clinical results. Without the case acceptance, you cannot provide the optimum care you dedicated your hygiene career to provide. It takes practice, and changes within your routine and time management to develop these advanced communication skills.

The JP Institute is so proud of the advances within our hygiene profession, which is made up of intelligent, talented, and passionate clinicians. We applaud the professionals who have already embraced this level of communication to increase the opportunity for our patients to truly understand the amazing technology and services that are available today. For those of you that choose to embrace the advancement of your communication and case presentation skills...a whole new world will open up for you. Enjoy the journey, it will be worth it!