# What do you mean, “It’s just a cleaning?”

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What do you mean, “It’s just a cleaning?” Where did this jargon come from? This article will discuss how we as dental professionals can turn this widely used jargon into a thing of the past. We will look at the professional definition of ‘cleaning’, what is being delivered clinically, and the cycle of communication between the patient and the clinician. These three concepts will eliminate minimizing jargon for professional dental health care.

Most hygienists agree that a cleaning consists of scaling and polishing. Some would add routine assessment of perio and restorative issues, a smile evaluation, oral cancer screening, a blood pressure reading, formal risk assessment and a live video tour of the entire mouth. Others hygienists work with dentists who employ ortho, TMJ or neuromuscular techniques, and request that the hygienist screen these areas. It appears that we are all over the board on just exactly what is included in this one-hour cleaning appointment. If *we* have such a variety of definitions, just imagine how confused our patients must be. They have no idea what to expect when they see a new hygienist because ‘all hygienists do it differently’.

In the CDT 2005, The ADA (American Dental Association) defines an adult prophylaxis in the following way: “Removal of plaque, calculus and stains from the tooth structures in the permanent and transitional dentition. It is intended to control local irritational factors.” (1) Okay, the first sentence is very clear. But the next sentence seems to muddy the water a bit. “It is intended to control local irritational factors.” To really be able to outline a clear definition of a cleaning, let’s look to the language itself for some definitions. First, we’ll define *control:* to limit or restrict the occurrence or expression of somebody or something, especially to keep it from appearing, increasing or spreading. Now *local:* typical of, or only found in, a particular area, not covering a wide area or the whole. Next let’s define *irritation (al):* a painful reaction, especially an inflammation, caused by an irritant. Now *factor:* something that contributes to or has an influence on the result of something.

Now let’s restate the definition incorporating the definitions of the words themselves. An adult prophy is that procedure which removes plaque, calculus and stains from the tooth structures, for the purpose of limiting the occurrence or spreading of periodontal disease, in a particular area (not the whole mouth).

What if my patient has generalized disease activity and needs more? What if my patient has several areas of inflammation but not generalized? What risk factors have to be assessed? What clinical data must be collected? What parameters qualify the patient for the next level of care? What do I do for this patient today if they choose to come back for more treatment? These are just a few of the questions going through a hygienist's mind during the screenings included in today’s routine prophy. In only moments, hygienists

must gather enough data to make a co-diagnostic treatment plan and choose a treatment path for this patient. In order to choose the appropriate treatment path we must know the patients' current periodontal condition as well as areas of risk and health history factors. How can this process be made simple, precise and quick?

To determine the appropriate treatment path, The JP Institute suggests incorporating five screenings into the first 15 minutes of every recall or continuing care and every perio maintenance or supportive periodontal therapy visit. However, before you begin including these screenings with your routine visits, it is critical to ensure the entire team has a grasp of the benefits of each screening being delivered by the hygienist. The hygienist themselves must also be able to communicate the value in each of the five screenings before providing them for each patient. One hygienist I know, who has benefited from in-office coaching with The JP Institute says it this way:
*" Hi Sue, it's great to see you today! Before I get started with your cleaning, I wanted to let you know that because of the science and research indicating a connection between your mouth and the overall health and wellness of your body, Dr. Brown has asked me to include five screenings for you today. Let me tell you what they are and how they benefit you. I'll be doing a Health History review and asking a few more family history questions since we know genetics also play a role in the mouth body connection. I'm also going to do a Blood Pressure Screening because the American Medical Association changed the guidelines in 2003. Next I'll be providing you with an Oral Cancer Screening, we do this for all of our patients. I will be checking the outside of your head and neck and the inside of the mouth. I will walk you through each step as I check for any abnormalities from side to side. I don't expect to fine anything, we rarely do. Then I will do a Restorative Screening using our intra-oral camera to be sure all of your dentistry is serving you well and finally I'll do a Periodontal Screening. This is where I will measure the pockets. You will remember that 1-3mm is normal and healthy gums don't bleed. Keep in mind these screenings are being included because the research indicates a mouth body connection. If you don't have any questions, let's get started."* (The introduction to the appointment takes about 1 minute)

Two very important things have occurred during this short but vital introduction. The patient's paradigm has shifted, and now she is thinking, "Wow, this is not just a cleaning anymore!" Our patient has had her first experience with a new paradigm for a cleaning. It is likely that in the patients' past experience she has had each of these screenings provided for her. It is doubtful however, that the patient actually perceived the appropriate value for the service performed, unless the hygienist set the stage by building value, listing each step and engaging the patient all along the way.

By utilizing an introduction, the hygienist has clearly laid out a plan for the patient and herself. There is no question as to what is expected in today's visit, why it's being done and what the benefits are. Why is this so critical for the hygienist? Time management! Adding in this step will help you better control your appointment time. By mapping out for the patient exactly what you are going to do, you have given yourself permission to do it. So once the introduction is complete, proceed directly with the five screenings. They might go something like this:

*"I'm going to start with your blood pressure. Go ahead and hit the start button. Have you had any changes in your health or any serious illness, hospitalization or surgery? Do you have a family history of cardiovascular diseases such as high blood pressure, stroke or heart attacks, diabetes? How would you rate your stress level? What do you do to lower your stress? Do you use any type of tobacco products? Are you taking any prescription medications, over the counter medications, any herbal or nutritional supplements (You could uncover a TMJ or Neuromuscular pain issue or gain insight as to the level of nutritional health) Are you having any problems with any of your teeth, sensitivity to sweets, biting pressure, hot or cold? Tell me what you do on a daily basis to take care of your teeth and gums?" (This question gives the patient a chance to brag on what they actually do instead of admitting what they haven't been doing).*

Record the blood pressure reading on a card with the 2003 guidelines printed on it for the patient's reference. Each of the remaining screenings must be delivered with a narrative. During the oral cancer screening, explain which lymph nodes you are checking and why. What muscles you are palpating and why. Why are you pulling out their tongue, etc? Make each of these steps as important to the patient as they are to you…and they are important since despite aggressive combinations of surgery, radiation therapy, and chemotherapy, the 5-year survival rate for oral cancer is poor (African Americans: 35%; Caucasians: 55%) (2,3).

Following the oral cancer screening is the restorative screening. In speaking with dentists all over the country, the number one criticism of their dental hygienist is that they don't use the intra-oral camera and discuss restorative options enough. Every dentist I know expects his or her hygienist to do a thorough restorative co-diagnosis prior to the recall exam. Using the intra-oral camera effectively and quickly begins by being very familiar with your equipment. Please take the time to ensure proper hands on training. No team member will pick up a piece of equipment and use it on a patient if they are unsure of themselves and or the equipment. Once you can use it with your 'eyes closed', daily implementation for each and every patient is a snap. Simply place the camera on the opposing arch, with the lens viewing the teeth in the opposite arch and follow the arch form. You should qualify for the patient what you are doing. Try this:
*"Sue, I am going to use the intra-oral camera so together we can see how well all of your existing dentistry is holding up. I am going to place the camera on your lower right molars. You will feel the camera on your lower teeth, however, we're actually viewing the upper right molars. Can you see the large black filling? Do you see the cracks on the side of the tooth? Do you see the large gap between the tooth and the filling?"*
And so it goes as the entire mouth is toured with the patient's involvement. Using a four-image format on the monitor go back and select two of the teeth with concerns and capture those images. The key is do not tell the patient they need something fixed. Let them own that they have a problem. We'll get to the solutions in a couple of minutes. If the patient asks you a question about a particular tooth, it is appropriate to put off the answer since you have incomplete information and the patient is lying on their back. You might say, *"That's a good question. Let me finish the screenings and answer that in a moment."*

All that remains is the periodontal screening. Engaging the patient in the process by telling them:*" I'll be doing your periodontal screening next. I am going to call out some numbers, remember that1-3 mm is normal. I want you to remember your lowest and highest reading. Also remember that healthy gums won't bleed and in a healthy mouth this will not hurt."* Proceeding with the screening at this point includes spot probing and calling those numbers out loud. This is for the patients' reality not the hygienists'. Next, check the tissue response or gingival index. Esther Wilkins describes it like this, "The col area is not keratinized and is vulnerable to bacterial invasion. Plaque control of the area is of great importance because most gingival and periodontal infection begins in the col area. Use a probe stroke for bleeding evaluation. The probe is inserted a few millimeters and moved along the soft tissue pocket wall with light pressure in a circumferential direction." (4) This procedure, *in addition to probing*, is used to assess the severity of disease, if present, based on color, consistency and bleeding. Taking two intra-oral camera pictures of the patients' tissue response is critical. This gives the doctor the opportunity to see the tissue response and gives you a great visual aid for patient education.

Upon completion of the five screenings you now have sufficient data to proceed with your *dental hygiene diagnosis.* The ADHA, American Dental Hygiene Association states the following: "The formulation of the dental hygiene diagnosis is a vital component of the dental hygiene process of care. Dental hygienists practicing collaboratively with patients and other professional members of interdisciplinary health care teams are prepared to analyze and synthesize patient assessment data as part of the diagnostic process. The dental hygiene diagnosis provides the foundation for the development, implementation and evaluation of the dental hygiene treatment plan. In order to provide comprehensive quality oral health care, it is the professional obligation of dental hygienists to formulate a dental hygiene diagnosis." (5)

In order to *quickly and effectively* communicate the patients' current condition and suggested treatment two things must happen. The patient needs to be sitting in a good communication position. Upright with nothing in their mouth and the clinician should rid themselves of barriers (masks, gloves etc) and sit eye-to-eye and knee-to-knee with the patient.

Review the screenings, using visual aids, in the order you performed them...typically health history, blood pressure, oral cancer, restorative and perio. Restorative *always* gets talked about before Perio, otherwise as hygienists we end up in *Perio-land*. Don't laugh, you know it happens! In fact we see it with our doctors everyday. They come in our room for a recall exam and stay 20 minutes in *Restorative-land* talking about implants or whatever. So don't disappoint your doctors. Get in the habit of discussing restorative needs first followed by periodontal issues.

Once you have discussed recommended treatment and asked if the patient is interested in treating the problem(s), answer any remaining questions and signal for the doctor exam. Now you have a perfect opportunity to help the patient with their home care *before* you recline the chair and clean their teeth. Most patients can benefit from the use of a power

toothbrush such as Sonicare Elite by Phillips Oral Health Care since it comes close to reproducing the acoustic turbulence of an ultrasonic scaler. Allowing the patient to sit up and participate in home care engages the patient in the experience resulting in better retention and follow through.

Including the five screenings consistently in each recall or maintenance visit delivers high quality professional care while increasing the patients' perceived value. Keep in mind implementing new protocols requires clear expectations, procedures and goals and should be discussed with the entire team to ensure everyone is on the same page. When we incorporate clinical excellence, clear protocols and good cycles of communication instead of saying 'just a cleaning' patients will be heard to say '*what* a cleaning'!


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5. ADHA, Dental Hygiene Diagnosis Position Paper, June 2005