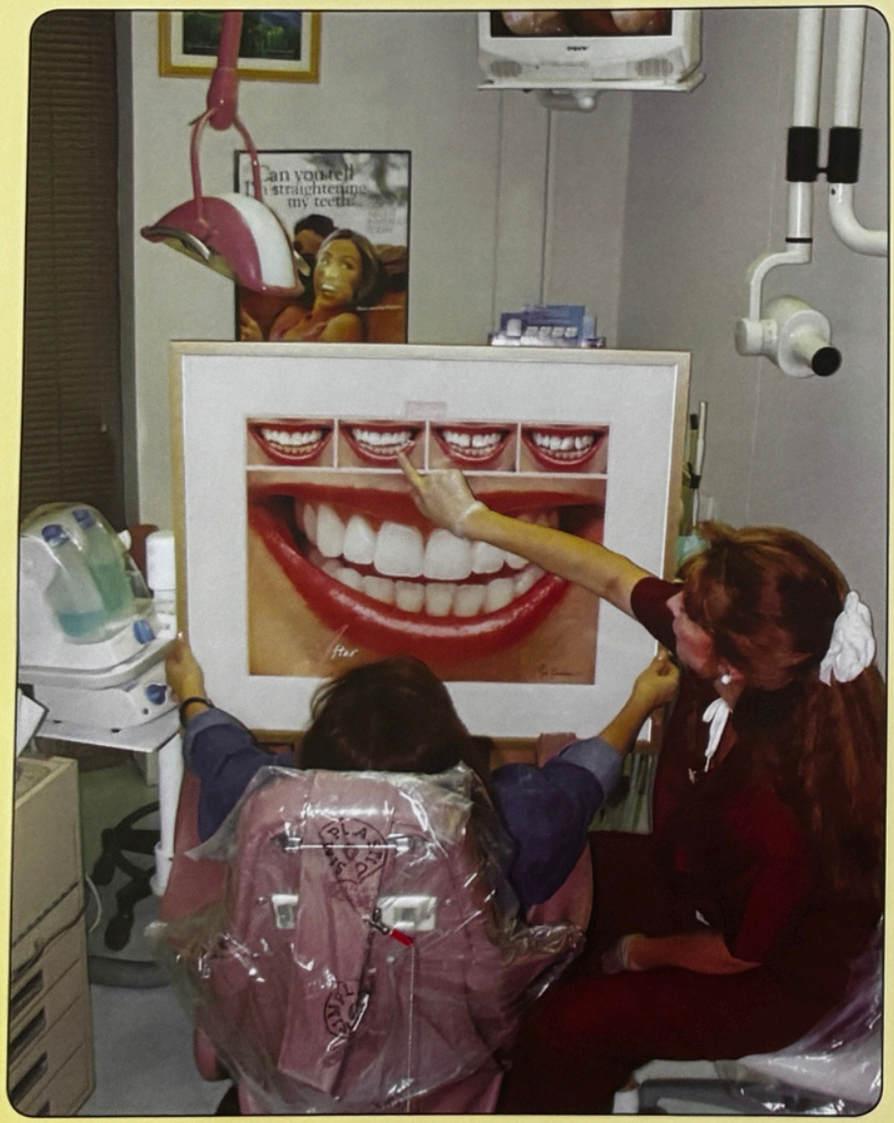
Do your hygienists $ELL dentistry?



Developing trust and rapport with patients is vitally important — for the dentist to develop.

Over the long haul, no one is more committed to your practice and financial goals than you. Invest the time to know your patients.

By George Salem, DMD, FAGD

Long ago, I received some advice from an old sage named Dr. Michael Schuster. He rather emphatically stated that if you ever plan to be wealthy, you must learn how to invest with your own knowledge. He explained that no one is as committed to your financial goals as you are.

Likewise, it is my belief that if you are ever planning to have a successful practice, you must learn how to motivate your patients to enhance their oral health and improve their smiles with your own communication skills. I submit that no one is as committed to your practice goals as you are.

Although a staff bonus system may bring the staff's goals into a more parallel relationship with yours, a dental practice will not reach its ultimate potential until the dentist develops the patient-education and motivation skills necessary to emotionally move patients to enhance their oral health. To shift this responsibility to

the hygienist — with the belief that this person is somehow in a better position to motivate patients — will only result in a diluted form of your practice's true potential.

The typical arguments for the hygienist to assume the role of "seller" go like this:

✖ The patient knows the dentist has something to gain when he or she recommends treatment. Thus, the patient will trust the hygienist more than the doctor because the hygienist's opinion is not biased by money. The alternate form of this argument suggests the dentist may not be comfortable "selling" the patient because the dentist is aware that the patient is aware that the dentist has something to gain by recommending treatment.

✖ The hygienist spends much more time with the patient during the scaling and prophylaxis than the dentist does during the oral examination. Thus, the hygienist has more opportunity to develop rapport with the patient and thus "sell." Some dentists actually believe that due to this rapport, patients will follow the hygienist if she ever leaves the practice.

✖ Dentists are usually introverts. Thus, hygienists probably have better personalities and are better able to connect with patients emotionally. In fact, it has been said in certain circles that if you find a dentist with any charisma at all, he or she is probably on the lecture circuit. (Ouch!)

✖ The dentist's time is better spent delivering dentistry. Taking the doctor's time to "sell" patients is not cost-effective.

These arguments are actually misconceptions, half-truths, and urban legends. Let me unravel the above points, one by one:

✓ Yes, the patient knows that we have something to gain by recommending treatment. So does the grocer, the automobile mechanic, the interior decorator, and the membership director at the local health club. Yet, we still purchase their services with little, if any, hesitation. Why do you think the patient feels any differently about dentists? Even if a minuscule number of patients actually feel this way, we still owe it to them to carry out a thorough examination and logical treatment plan to preserve or enhance their oral health. The worst outcome would be for these patients to simply not engage you as their dentist and move on. This event is rare indeed, and is hardly a catastrophe.

✓ I am a firm believer that the patient and the practice benefit most by the doctor investing a generous amount of time with every new patient prior to the scaling and prophylaxis appointment with the hygienist. I have written on this subject in detail, including a logical and effective protocol for the new-patient experience. When dentists avail themselves to spend uninterrupted time with every new patient so they may express their expectations, objectives, concerns, and fears, dentists quickly develop rapport, instill trust, and allay patient apprehension. I believe it is this rapport with the dentist that every patient actually prefers. When the patient has a better rapport with the hygienist than with the doctor, it is because the *doctor* has created a void in the trust continuum — and the void is filled by the next person in line, the hygienist. When I see this scenario in a dental practice, I know there are serious problems with the practice as well as problems with the practice systems.

✓ A dentist does not need to have the most effervescent personality in the region to have a thriving practice; nevertheless, it is advantageous to be at least likeable. People like to do business with people they find pleasant. In dentistry, patients simply want to know that you are a kind and caring person with their best interests at heart. You may wish to give considerable thought to how you may consistently project this image to your patients and prospective patients. I would suggest you read "*How to Win Friends and Influence People*" by Dale Carnegie; my wife recommends this book to me nearly every day, yet my practice is still doing well.

✓ Last year, I produced one million dollars of dentistry. Yet, I spent one and one-half hours of my time for every new patient's initial oral examination. My collection rate as of this writing is more than 99.9 percent. As impressive as these numbers are, I did not obtain them by delegating the "selling" to my hygienist so I could spend more time "drilling." I obtained these numbers by investing my time in establishing rapport and trust with my patients, and then educating and motivating them to enhance their oral health and appearance. As you can expect, I am convinced that my time was well spent and my responsibility for the health of my practice was indeed fulfilled.

If this alone is not sufficient, dentists should consider that in the present age, hygienists rarely spend more than a few years in one practice. A new hygienist will require a minimum of six to 12 months to even come face-to-face with every existing patient, let alone develop significant trust and rapport with them. The dentist, on the other hand, is there to stay and has the most

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to gain by consistent application of effective patient-motivation skills day-in and day-out over the course of many years. For all of these reasons, I prefer to have the responsibility of my practice's success resting squarely on *my* shoulders, with my hygienist participating in a critically important supporting role — rather than vice versa.

Just as I explained that a dental practice will not achieve its true potential if the dentist eschews his or her responsibility to educate and motivate patients, the practice's true potential also will fail to be realized without the hygienist's support in this educational and motivational process.

In my practice, the hygienist's role in supporting my educational and motivational efforts takes place during the periodic scaling and prophylaxis procedure. During this appointment the hygienist will, among other secular tasks, review with the patient any yet incomplete restorative, periodontal, or esthetic procedures recorded in the patient record. These procedures were previously determined and discussed in detail by the patient and the dentist at the initial oral examination appointment. Furthermore, the patient's next procedure is reviewed in the morning meeting among the entire staff.

Thus, the hygienist is provided with a written description of the entire treatment plan and an oral review of the patient's next procedure before that patient is seated in the hygiene operatory. Armed with this information, the hygienist can intelligently review with the patient the next treatment, the rationale for that treatment and, most importantly, the benefits of that treatment to the patient. This review by the hygienist is precisely congruent to my discussions with the patient at the initial oral examination. This is a powerful motivator for the patient, and critical to the success of my practice. As you can see by our systems, it also is very easy for the hygienist to carry this out. The ease of the hygienist's task makes it more likely to be carried out adequately and consistently. The hygienist always commends the patient for any completed treatment and compliments him or her for any positive oral health findings or improvements.

Following this, I will enter the hygiene operatory for the periodic oral examination. Once this has been completed, either my hygienist or I will end with, "Mary, just let us know when you are ready to ..." If my hygienist and I have performed properly, that is all the "selling" that will be necessary for patients to move through their treatment plans expeditiously.

I firmly believe that a dental practice reaches its ultimate potential for quality of patient care, time efficiency, and profitability by placing the primary responsibility of patient education and motivation in the hands of the dentist, with the hygienist and staff playing a critical supporting role in those efforts.

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