

The Hygienist-led recall

I have been reading a lot recently about "hygienist based assessments" or "hygienist centred recalls" or "the way the Americans do it". In response to a couple of queries I have written long emails about what is and what isn't involved. "All things should be kept as simple as possible but no simpler". Just like that phrase, which is attributed to Einstein, most of what I have done has been learned from someone else and I try to attribute wherever I can. Let's face it stealing from one person is plagiarism whilst stealing from more than one person can be called research.

I was introduced to the multiple chair system of working in 1987 by Andy Toy in his practice in Loughborough via David Price whose name will be familiar to many. In those days Andy was using three areas to see patients, each one manned by a dental nurse, I suppose this could be called a "Dental Care Nurse" system which has been used by Paddi Lund with great success.

In 1990 I spent a weekend with Colin Hall-Dexter in his practice in Harley Street where he worked with a full-time hygienist; that coincided with a full time hygienist join me in my 8-month-old practice. I had gone to great lengths to persuade her to move to the area so I had to make this work. Fortunately she brought great practical experience from Clive Jones in Histon who worked with two hygienists.

The basic premise is that dentists should only do what only dentists can do. So if you accept that a significant number of your patients are going to need to see a hygienist on a routine basis then book their appointments in the hygienist's room and do the examination in there.

Wow that's about it really! This is how it worked.

Basically instead of 20-minute "routine" hygiene appointments, patients were booked in for 30 minutes. During that period, the hygienist takes history, updates MH etc, comes and tells me "I'm ready when you are", she returns and gets on with her hygienist "thing" and that is a whole lot more than scaling & OHA.

I would come into her surgery at a suitable moment in my schedule, slide into hygienist's seat say hello to the patient via a hand on the shoulder and have the patient "presented" to me, complaints,

comments, always mentioning if "pt. was asking about xx or we were talking about yy frequently xx & yy being wants rather than needs". I do exam, explain findings to patient, hand the patient back to the hygienist "Gertrude, would you explain to Mrs CannyBody what will be involved in xx or yy" then to pt "I'll leave you with Gertrude who can explain what's involved far better than I can."

Advantage patient hears what's proposed from two people, has a greater opportunity to offer objections and have them answered. Hygienists are trained to be communicators this takes them a bit further than just gum disease and lets them be involved in all aspects of the patients' dental care.

It ups the image of the hygienist, as they are perceived far more as a professional equal by the patient.

The patients get used to it very quickly, and (the majority) accept it readily. It utilises your time far better.

Now where does this fit in with your room? You need to allow "wander time" into your day obviously, that can be done by allowing time into longer procedures, it gives the patient a time to take a breather in crown preps (for instance), and with a good chair side nurse who can talk to the patient they hardly notice you've gone. Or you do it in between patients whilst your nurse is preparing the room for the next procedure. If you have had an exam in your room, you can leave the patient with your nurse to talk through any treatment options, go to the patient in the hygienist room, do the stuff there. When you return to your room the nurse has sat the next patient down, checked history and is ready to present them to you.

Once you have started working this way the patients are used to you appearing and disappearing and know where you are. It gives far more flow to your time instead of being restricted to the one room.

Most dentists fear that they will be seen less and will lose the patients because they are not giving them time. In fact because you are empowering your team the overall image of the practice increases, as everyone is involved in patient communication.

Sure there are hiccups along the way and there's a learning curve (the severity of which depends upon the quality of the reception / team /

preview and review)

Really this is pretty straightforward and the difficulties are mostly with the size of the team's comfort zone.