Put an end to hygiene abuse!

By David Lindow, CPBA

N o matter what area of the country I am in, in no single topic dominates my initial question and answer period more than the relationship between hygienist and doctor. For dentists, our main intent is to put our patients on a path of wellness. Too often our self-limiting belief system gets in the way of what we need to accomplish either in business or in our personal life. My intent is to help dentists attain an excellent workforce and develop their hygiene team. The hygiene team is a dentist’s partner. They are patient care providers. They are to be held in high esteem and praised for the work they do.

In the 1960s many dentists did not even have a dental hygienist as a provider in their office. During the early 1970s and with the rise in dental benefits plans, the hygiene department was looked upon as a lost leader and as a dispensation or rudimentary understanding of how important early treatment of periodontal disease was, we simply tolerated that until we could do full quadrant restorative dentistry. In the late 70s and early 80s, many offices employed the assembly line prophylactic mill, churning out prophyl after prophyl in a day.

No wonder so many hygienists of that time span suffered from occupational injuries or were just flat burned out due to the sheer volume of patients and the short amount of time to try to treat them.

The standard of care has evolved into a comprehensive exam, a circumferential periodontal exam, a radiographic exam, as well as a comprehensive oral cancer screening. Were all these around from the 1960s? Yes, and thankfully the profession has embraced them to a much greater extent. So much has been written now about the modern day hygiene department, including periodontal therapy, systemic influences of periodontal disease, etc. It is important, however, to understand that we must allow the hygienist adequate time to gather data, take accurate radiographs and provide dentistry by providing a shared diagnosis. Along with this, the patient needs to be involved every step of the way. Hygienists need to be prepared to use dental education and use the intraoral camera without exception in order to gain treatment acceptance from that patient. Fifty minutes is the absolute minimum that each recare patient should be allotted. The more technology that the office possesses for the hygienist to use will then expand the appointment time to sixty minutes. The investment in that extra time will pay huge dividends in case acceptance. It is important to place the hygiene team on a pedestal and recognize that their contribution to the office is key to, and the true backbone of, any thriving dental practice.

Act in a timely manner

There are two ways to determine if you are allowing your hygienist to reach his or her full potential in the office. If you are frustrated by the lack of cohesiveness in your hygiene department, look at the way patients flow into the practice. Do you provide a prophylaxis at the New Patient Comprehensive Oral Evaluation? Are you expecting the hygienist to perform hygiene services, radiographs, discuss treatment options and develop a relationship built on trust? Or do you educate your patients to expect that the hygienist is a therapist who is committed to assisting the patient to a much better quality of life and longevity?

Remember, when the dental chair is laid back the relationship can be lost if there was little foundation placed. Obviously someone on a tight schedule cannot accomplish this.

Doctor, do you find yourself "running behind on a daily basis"? Does your administrative team have the skill or ability to schedule you properly? When a hygienist cannot stay on time because of a tardy doctor, the entire scheduling mechanism and team morale can really sag. Always discuss your schedule with your hygiene and administrative teams each day at your morning huddles. You are having morning huddles, right? (More on that in a bit.)

If you can get to the hygiene room before the end of the appointment time and perform the periodic exam, go for it! Ask your hygienists if they would mind you arriving for the exam prior to the end of the hour, and discuss this at your morning meeting. Believe me, you will have very happy hygienists. Please stay on time!

Agree to co-diagnose

We all know that the dentist is the diagnostician for the office. Having said that, it is important that the hygienists share their concerns with you since he or she just spent fifty-plus minutes with the patient. Do you throw the hygienist under the bus when she or he shares those concerns? Or do you work as a team to assist the co-diagnosis process with the patient? Make sure your hygienist has an intraoral camera at her disposal as the bare minimum for patient education and promoting the excellent dental care you provide.

Do you have an established periodontal therapy program in your office so the hygienist is not being asked to perform scaling and root planning procedures or periodontal procedures under the guise of a prophylaxis? Doing so opens your office to kinds of liability, from insurance fraud to malpractice. Patients with periodontal issues need more time and your office should be committed accordingly. Encourage your hygiene team to take their peri “game” to new levels. Send them to continuing education as much as possible in order to keep your practice on the cutting edge of comprehensive hygiene care.

Encourage a sense of ownership

Dentists, you should view your hygiene teams as having a “mini practice within a practice.” If you do not meet with your hygiene team in the morning to prepare for the day, how can you expect to act as a prepared, professionally committed team? There is a reason that almost all dental consultants establish a morning prep meeting as their number one priority to improve the office. It is also important to consider as a team to carefully selected continuing education so that the team is expanding their horizons and continuing to sharpen their skills in all aspects of patient care.

All of you must be on the same page and share a common treatment philosophy that you shape, nurture and lead with. Please compensate your outstanding hygienists. Give them golden handcuffs. Appreciate the tremendous contribution they provide in moving your patients to a path of wellness. Make sure to compliment your team in front of patients. Make sure you give them feedback both positive and negative in a professional manner that provides a safe environment for the hygienist to hear it. Catch them doing something right! Allow the hygienist to give you feedback as well. Patients do not like to see a revolting doing something right. If you follow these simple steps, you will be on a path of wellness for your office. A positive working environment benefits all.

Dr. Lindow began his dental consulting career with a national consulting company in 1998, and then founded Lindow Leadership Consulting & Coaching in 2005. David lectures nationally and has shared his business/clinical expertise with over 300 offices for the past 6 years. His vast knowledge of the industry encompasses restorative, esthetics, implants, orthodontics, periodontal therapy programs, oral surgery, communication styles, practice expansion and evaluations, and business building. Dr. Lindow has authored a chapter, along with several other national consultants, in the book “Power Practices — Part Two” as well as several articles in leading dental journals. He is a Certified Professional Behavioral Analyst (CPBA) and a member of the Academy of Dental Management Consultants, the Speakers Consulting Network, the American Dental Association and the Michigan Dental Association. You may contact Dr. Lindow at:

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