Pre-Clinical Conversations and Co-Discovery

The most important part of a hygiene appointment is the first few minutes in the chair for what I call the “Pre-Clinical Conversation” No patient bib, no gloves, no mask. Eye to eye, knee to knee in an effort to both connect with the patient and also see “where the patient is today.” I invite many open ended questions such as:

- Tell me what has changed for you since the last time we got together?
- What, if anything, would you like me to pay special attention to today?
- What is most important that I know about you in order for us to best work together today?
- Before I bring your chair back, please tell me what you know about your oral health and what I may see when I look. (It’s amazing how much patients know and how much we think we think they don’t know.)

Prior to bringing back the chair I also like to ask the patient how they may want information if I have any new findings. I tell them that I want to help them learn as much as they want about their mouth and remind them that all choices about if/how to proceed is always up to them. I value a relationship based on the patient being in control at all times and my role being one of their advocate to help them achieve their goals.

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"A view from the other side"
At the NP appointment, my hope would be that long term goals were either established, or the idea of long term goals was introduced. Part of the role of the hygienist is to be attentive to the patient goals, and/or help create them. If goals are not clear it is presumptuous to move patients too quickly into treatment. Dentistry that is “sold” will often times turn into no shows, cancellations, or failed financial agreements. Dentistry that is planned together based on values and desires will result in long-term happy patients that show up and pay with gratitude.

Do your best to learn what is important to the patient, what values help drive their decisions, and then help them understand their choices. While I love the idea of going through conditions, consequences, and options, I would always include an awareness piece that highlights what is healthy and stable. It is imperative that the patient feels good about possibilities rather than being shamed into treatment.

Questions that can be used with intraoral pictures: I would always preface a conversation using photos saying that: “first I want us to want to pay attention to what is healthy and what you like about your mouth. Then, we can explore what you may want, or what could be different. Remember, the purpose of using photos is first simply to see where you are, and then to see where you might want to go. Every choice is yours, and my job is to make sure that you understand the benefits and consequences of those choices.”

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