

Those Annoying Hygiene Exams

Dear Dianne,

I have two full-time hygienists in my busy practice. Recently, one of my hygienists came to me on the verge of tears. She related to me that the daily stress of always running behind schedule because of having to wait on hygiene checks was wearing on her physically and mentally. She did not threaten quitting, but I suspect if I don't do something about this, she will leave. I don't want her to leave, as my patients love her and she is a competent clinician.

One of the most stressful parts of my day is keeping up with hygiene checks. Sometimes I feel like I am literally running to stay on schedule myself and keep up with my hygienists' demands for a timely check.

Can you give me any advice on how to relieve this stress and keep my hygienists on schedule too?

Needing Help in North Carolina

Dear Needing,

This sounds like a situation in which the schedule is controlling the practice, rather than the practice controlling the schedule. Busy-ness can be a full to overflowing schedule that gives a secure feeling, but it can also cross into a kind of frenzied stress that leads to hopelessness and burnout. What you need is a close examination of scheduling protocol and better time management.

For some doctors, just keeping *one* hygienist checked is a chore. I have observed doctors who are so focused on what they are doing that they are oblivious to all but the most obtrusive summoning techniques. Some doctors view hygiene checks as a necessary nuisance, and they often do not see a problem in keeping hygiene patients and hygienists waiting while they complete what they are doing, nonclinical or clinical. Hygienists view this as subtle disrespect (it is), and turnover is common in such practices.

Nevertheless, hygienists do not understand the demands on doctors when schedules are packed. They have their own universe to contend with, and striving to do everything they must do in hygiene appointments, maintain high quality, and stay on time is their reality.

Keeping two hygienists checked presents an additional challenge to you. My advice is to lighten up on yourself and slightly expand the time you specify for your own restorative procedures. Nobody knows your practice speed better than you do, so be realistic in how much time you direct your scheduling coordinator to allow for procedures. A simple time and motion study can help determine how much time you actually use (vs. what you think you use) for your most performed procedures.

We know that dentistry is not an exact science and some procedures take more time than expected. Still, that should be the exception.

If your practice sees a lot of emergency patients, block some emergency time in your daily schedule. I recommend the first 30 minutes directly after lunch. Working in too many emergencies can be a schedule wrecker, so your schedule coordinator should be trained properly to recognize what needs to be seen today, vs. what can wait.

Another schedule wrecker is when you decide to do additional dentistry that

continued on page xx



Dianne Glasscoe

Glasscoe is a speaker, consultant, and writer for the dental industry with more than 30 years of experience. She is CEO of Professional Dental Management, Inc., in Frederick, Md. You may reach her at (301) 874-5240, dglasscoe@northstate.net, or visit www.professional.dentalmgmt.com.

continued from page xx

was not originally scheduled. Try to avoid this temptation except when there is actually time for additional work. Keeping already scheduled patients waiting because you veer from the schedule and add work will make patients think you disrespect their time.

Without having observed your practice in motion, I can offer some tips to keep hygiene on time from my experience with other practices.

① Instruct your hygienists *not* to wait until their hygiene appointments are finished to summon you. Rather, they should seat patients, update medical histories, get blood pressure readings, take any necessary radiographs, do tours of the mouth and intraoral and extraoral exams, record needed chartings, and then summon you. This gives you 20 to 30 minutes to get there. When you appear in the doorway, your hygienist should say to patients, "Here's Dr. ___ to check you. I'm going to stop long enough for your exam, and then we'll finish."

The compromise is that you may not examine completely scaled mouths, and hygienists have to interrupt appointments. Nevertheless, the advantage is that hygienists will not be kept waiting inordinately and will not keep patients waiting.

② When you break away from your patient to do a check, check more than one hygiene patient when feasible.

③ If a patient presents with heavy, soft debris or plaque, instruct your hygienist to polish first because such debris can impede your ability to deliver a thorough exam.

④ Hygienists should summon you as unobtrusively as possible. Every patient likes to feel as though he or she is the only patient you will see that day. So when the patient in your chair hears that you are being pulled away to see somebody else, he or she might feel that you are

not giving your full attention to him or her.

⑤ Do your exam as expeditiously as possible. Be gracious and friendly, but refrain from carrying on chit-chat conversations that tie up hygiene rooms and cause hygienists to run behind. Hygienists should draw your attention to any areas that have been identified as restorative or pathological needs.

⑥ All clinicians — do not place patients upright until you are ready to dismiss them. When a patient's chair goes up, it signals that his or her appointment is over and it is time to leave. It can frustrate a patient to wait in a treatment room for an additional 10 to 15 minutes while a clinician attends to paperwork or other things.

A good exercise for you and your scheduling coordinator is to discuss scheduling inequities that cause stress in your practice. If your scheduler is not aware of the stress in the clinical area, there's no opportunity for improvement. Provide specific examples of days when the schedule has been optimal and when it has been overbooked and frenzied. Empower your scheduling coordinator to engineer the day. Make sure that he or she understands that clinical people experience stress when patients are improperly scheduled. Then, empower him or her to make necessary schedule adjustments to relieve stress.

Do not allow your schedule to control the practice, but rather, empower your scheduling coordinator to control the schedule within the basic guidelines you have stipulated.

You have probably heard the definition of insanity — doing the same things and expecting a different outcome. So, adjust your scheduling techniques to improve your overall flow of patients and reduce stress.

**Best wishes,
Dianne ■**