Revisiting our protocol

As research and thinking develops, practice protocol should effectively be updated to reflect the changes, says Mhari Coxon

Having returned to our practice from a wonderful summer break refreshed and ready to improve our patient care, we all met for our staff meeting.

Over the past year, our attendance at various CPD meetings, GSK Talking Points for example, has led us to want to expand our oral health assessment and advice for new patients and patients with difficulties. We like to examine our protocol annually to update according to research and recent thinking. We feel we need to extend our prevention protocol.

A great loss

This year has been a sad one for prevention, seeing two of my heroes in the periodontal world losing their battle with cancer, so our thoughts go to the families and friends of Graham Smart and Bernie Kieser. But the brilliant message they spread lives on. And that message is that without good oral hygiene at home, all the surgery and root planning in the world won’t save your patients’ teeth. Our scaling skills are secondary in importance to our motivational skills.

A case in point

This was proven once again to me today, when I saw a patient for his full-mouth debridement.

He had not attended for over 20 years, had advanced periodontal damage, was a smoker and had accepted the inevitable tooth loss. In June of this year, Kimberly and I worked with him to develop a good split brush technique and supported the single-tufted brush with some chlorhexidine gel. We gave a cursory explanation of what was happening, with a view to seeing the patient two weeks after to tailor a programme, take diagnostics and plan his treatment.

For one reason or another, the assessment and advice appointment did not happen for six weeks. The difference in that patient’s mouth was amazing. He could see that his actions were responsible and his motivation was high. We charted all recession, pocket depth and mobility, fine tuned his cleaning technique and made plans to debride the mouth prior to review with our dentist.

Again, for one reason or another, we did not see the patient for debridement until very recently. One of the very wobbly teeth had parted company with its owner, otherwise again the improvement was amazing. Most of the mobility had stopped, pockets had reduced by up to five mm and the tissue was incredibly healthy looking. We used the desensitiser Sensitrol to reduce discomfort, light anaesthesia where necessary, and carried out a full-mouth debridement using mainly ultrasonic instrumentation.

The review outcome

The patient then moved to be reviewed by our general dentist and our oral surgeon. Only two of the five teeth scheduled for extraction now needed to be removed before implant restoration could begin. The patient, the oral surgeon and Philip all sung my praises. But, let’s be honest, who did all the hard work? Not that I mind taking credit if you want to give me it! I am still working on the smoking cessation with him and, if I succeed there, then I will feel I earned their praise.

Gaining information

And so we decided we wanted to send our new patients away with a health assessment questionnaire to fill in and bring with them for discussion with our oral health adviser, Kimberly. We also decided that some people may only need one session focused solely on prevention, others might need more. We are refining the protocols and targets to allow clarity for both patient and clinician.

This questionnaire would allow us to accumulate information and introduce the ethos of prevention to our patients. It is not intended to replace the interview process, but complement it. We want to use it as a motivator, updating it and showing the improvement to the patient.

It helps to look at the motivation protocols for patients

It can also be used as a risk assessment for diabetes, heart disease, obesity, addiction, stress; nutrition; all of which are relevant to dental health and should therefore be looked at and noted.

Having a documented protocol for the team can really help to keep continuity in advice for a patient and help to keep the focus on prevention in the practice. Setting up a protocol is not as hard as it may seem.

Setting a protocol

• Have a meeting to discuss opinions and beliefs of all staff regarding preventative advice. You might be surprised how different your thoughts
• Find research to support the suggestions of the team, or to discount them
• Look at templates available online for inspiration
• Try to make the forms easy to read. Making all questions answer ‘yes’ if the answer is a positive to health or no if it is a negative to health can make it easy to see at a glance the patient’s weak areas
• Instil the importance of prevention in the whole team; believing in what you are saying to a patient is half the battle
• Review the protocol regularly as part of your practice audit to maintain standards

The difference this can make to your practice can be dramatic. And the thanks and praise from the patients is always nice too!

About the author

Mhari Coxon is a dental hygienist practising in Central London. She is chairman of the London British Society of Dental Hygiene and Therapy (BSDHT) regional group and is on the publications committee of its journal, Dental Health. She is also clinical director of CPD-forDCP, which provides CPD courses for all DCPs. To contact her, email mhari.coxon@cpdforcp.co.uk.

Clinical 23

Zhermack Innovations

hydrasystem Reduced impression voids in A-Silicone

hydronise Hyper-hydrophilic A-Silicone

e10® Clear glass used as a matrix for temp. composite veneers

hydrogum-5 5 day stability alginate

For more details contact Zhermack UK 07870 690811 or email uk@zhermack.com