Okey...so this is my last column for 2012. And I decided to indulge myself. I am putting out a request to you all to make one small change in your practice for a huge impact on the oral health of the nation. Many of you will know of my slightly obsessive desire for every practice to disclose every patient at every oral health visit. The impact of the clear visual for the patient is such an important way to improve someone's home care routine and help them to maintain the motivation that they require. Take a picture and print it out for them, or even use their own phone, and you have a reference for them to return to during the gaps between visits. Keep score simply so they can see a record of years of scores and use it to motivate and monitor them throughout their life. One simple thing has so many positive results.

It still frustrates me that I see patients in their 50s who when I explain I will use a dye to show where they find hard to clean say "Oh yes, I had that done at school." How can we be getting it so wrong? What happens when we get out in practice that stops us from remembering the basics for patient care?

So...I thought I would give you some solutions to the common barriers that stop people from implementing this powerful motivational tool in their practice.

Patients don't want it
Like anything new you are bound to meet a little resistance. The longer the patient has been coming, the more resistance is likely. It is quite easy to defuse this.

Write to them – send a letter saying how much you are looking forward to seeing them at their next hygiene session. Explain that to help you help them better you will be putting a simple dye on the teeth (reinforce – don't worry it all comes off when we polish you at the end of the session) to show where they find hard to clean. It would be really helpful if they bring what...
they normally clean with without them so you can help them get the best out of their home routine. Feedback from patients in practices where this has been implemented has been very positive.

Lack of time
Time is the most common reason people give for not being able to disclose. I am glad to say that I can provide a solution even for someone who is restricted heavily by appointment times.

Get the patient to do it
Have some of the cotton bud disclosing solution and a laminated instruction card at reception then send them off to the rest room to do the job for you. The patient will have a look for certain while there so you end up with a patient in the chair ready to listen about advice in your short appointment.

It costs too much
It is actually a very inexpensive thing to implement and the patient will start to view their healthy mouth differently. In fact, in practices were we implemented this, we saw an increase in the uptake of non essential dentistry. It seems the patient was much more likely to choose aesthetic treatments such as whitening or straightening if they were more interested in their oral health. So, for a very small investment the long term ROI is high.

I don’t have a hygienist in my practice
That is not a barrier to this. This type of interaction can be carried out with great results by a dental nurse trained to deliver oral hygiene advice. Patients actually quite like that the dental nurse can’t put anything sharp near them and find it easier to be honest about their habits, or lack of them, with a dental nurse. What is interesting is the amount of job satisfaction the dental nurse carrying out the disclosing and advice feels from providing this service which can be charged for where appropriate to bring more profit in to the practice and a better wage for the trained nurse.

The other benefits
The other benefits we have seen in practices that have added this as a standard service is an improvement in oral health product sales, increased recommendation of friends to the practice and more positive feedback in the patient questionnaires.

Patients are often more open to longer sessions of periodontal treatment and the costs involved when they have more awareness of their health. Referring to a specialist can be easier to recommend and more accepted.

Furthermore, CQC will like you for it and the worrying trend for periodontal related litigation cases will not be a worry for you and your practice.

Go on, try making a small change in your practice and measuring the bigger impact it will have on your patients. You won’t be disappointed.

About the author

Mhari Coxon has 20 years’ experience in dentistry, working as a nurse, receptionist, oral health advisor and ultimately hygienist in a variety of practice environments. She is passionate about her profession. At present, she works as Senior Professional Relations Manager for Philips Oral Healthcare and clinically as a hygienist in central London. From Chairing the London BSDHT for 5 years, and working as an MDD, Mhari excels at motivating and co-ordinating a team and utilizing skills, developing leadership and developing self-efficacy in members. Throughout her career Mhari has developed hygiene protocols and plans in practices which have continued to be used with great success. Mhari is Clinical Director for CPDeDCP Ltd, a training company offering motivational and interactive development courses to the dental team. A keen writer, Mhari is on the Publications Committee for Dental Health, the British Society of Hygienists and Therapists (BSDHT) Journal, has a conversational column in Dental Tribune and writes articles for many other publications and online sites. As a speaker Mhari has presented regionally, nationally and internationally for many groups including Talking Points in Dentistry, the British Orthodontics Society Specialist group, the BSDHT, the BDA, the British Society of Anterior Dentistry, Hygienists and Therapists (BSDHT), the BDA, the British Society of Anterior Dentistry, Hygienists and Therapists (BSDHT), and many others. In 2008 she was the Pride Awards hygienist of the year, and was highly commended in 2010, 2011 saw her placed 15 in the Dentistry Top 50 most influential people in the UK.

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