The sabotage of *Assisted Hygiene*

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Working in an assisted hygiene model can be productive, professionally gratifying, and fun. However, the model can be sabotaged if any of these four essential ingredients for success are missing.

In order to implement assisted hygiene in a practice, there are four prerequisites that must be satisfied. First, there must be two operatories that are completely equipped with power scalers, instruments, and anything else needed to provide hygiene services. The second prerequisite is that there must be a dedicated assistant who works exclusively with the hygienist. Third is an understanding of how to engineer an assisted schedule. Finally, the model must be embraced by everyone involved with a dedication to make it work.

Sabotage No. 1

When "Dr. Davis" heard a speaker talk about how much more productive the assisted model of hygiene was than solo hygiene, he decided to give it a try. He had three operatories in his office — one hygiene operatory and two operatories equipped for restorative procedures. One of the restorative operatories was used primarily as an overflow treatment room, so Dr. Davis thought that both he and the hygienist could use the room as needed. He reasoned that the hygienist could place her power scaler on a rolling cart and move it from room to room, as he did not want to invest in another power scaler.

The first day of assisted hygiene was a disaster, and Dr. Davis's hygienist was near tears by the end of the day. She was exhausted from the rigors of constantly moving the power scaler, instruments, and everything else she needed. The second operatory was simply too small to function as both a restorative and hygiene operatory. At one point, Dr. Davis's assistant placed one of his "overflow" patients in the second operatory, which left no room for the hygienist's patient scheduled to be seated in the same treatment room.

This caused the hygienist to run behind the rest of the day.

The assisted model of hygiene in Dr. Davis's office was doomed from the start because it violated the first principle, which is providing two completely equipped, mirrored hygiene operatories. The doctor placed his hygienist in a stressful and uncomfortable position by asking her to work in a treatment room not set up for hygiene procedures. Asking clinicians to move equipment back and forth is burdensome and frustrating! Most likely, the hygienist will resist any future efforts to practice assisted hygiene due to this initial bad experience.

Sabotage No. 2

"Dr. Moore's" practice was having difficulty keeping two full-time hygienists busy due to a decrease in demand. So when one hygienist retired, Dr. Moore decided to implement assisted hygiene rather than hire another hygienist. He hired an additional assistant to work with the hygienist, and her duties were delineated in a written job description. The hygienist and assistant learned to work together, and the hygienist found she was less tired at the end of the day. The hygienist enjoyed having help with periodontal charting, suctioning, room set-up and turnover, and all the other duties her assistant performed. The greatest advantage was the increased production. The hygienist was able to increase from an average of eight to 12 patients per day, which increased her production by about 45%.

However, the assisted hygiene model began to crumble when the hygiene assistant was pulled from her hygiene duties fairly regularly to help the doctor or his assistant. When the doctor hired the hygiene assistant, he told her that her primary duty was to assist the hygienist, but she would also be required to help with restorative procedures from time to time. Dr. Moore did not understand that asking the hygiene assistant to function in two roles was a prescription for failure.

The only time the hygiene assistant should be expected to help in other departments is if there is downtime in the hygiene schedule due to an occasional cancellation or no-show. A hygienist cannot work an assisted model alone. Dr. Moore should have considered how frustrated he would be if his assistant were absent when he needed her, only to find her helping in another part of the practice.

Dr. Moore's hygienist became disillusioned because of increasing demands on her assistant by other staff members. The hygiene assistant felt stressed and overworked from being pulled in two directions. Friction developed between the hygienist and assistant as a result. When the assistant resigned, the assisted model was abandoned.

Evidently, Dr. Moore did not respect the role of the assistant to the hygienist in an assisted hygiene model. The assistant should function as the hygienist's strong right arm to maintain flow, stay on time, keep treatment areas ready, dismiss patients, schedule appointments, take radiographs, and sterilize instruments. Further, the problems experienced by the hygienist in not having her assistant available when needed most likely jaded her against assisted hygiene.

Sabotage No. 3

"Dr. Cathcart" decided to implement assisted hygiene to meet rising demands for hygiene services in his practice. Hygienists were in short supply in his area so assisted hygiene seemed like a good solution. He had four operatories — two restorative, one hygiene, and one "junk" room that was plumbed and ready for upfitting. With his hygienist's help, he ordered the necessary equipment and instruments and hired a hygiene assistant.

The scheduling coordinator did not fully understand how to schedule for assisted hygiene.

She was told to "stagger the schedule every 30 minutes or so." Before implementing assisted hygiene, the hygienist saw about nine patients per day. However, on the "launch" day, there were 16 patients scheduled! When the hygienist saw the schedule, she nearly panicked! How on earth could she be expected to nearly double her number of patients and still provide high-quality care?

As expected, the first day was stressful due to over scheduling. The hygienist worked well into her lunch hour and nearly an hour after the day's end. She was so tired and frustrated she felt like resigning.

A little common sense regarding appropriate scheduling would have been helpful. The best advice is to start slowly and gradually build as the hygienist and assistant learn to work in tandem. If the hygienist is accustomed to eight patients per day, the first assisted day should have no more than 11 patients. As the protocol becomes established, the

hygienist can eventually see more patients. However, depending on the patient mix, an assisted schedule (in an 8 to 5 day) will typically max out at about 12 to 13 patients, possibly more if there are children in the mix. Obviously, a highly qualified assistant can perform more duties, such as exposing radiographs and polishing. With an untrained assistant, the hygienist will have to perform many duties that could have been delegated to an assistant with the appropriate credentials.

Sabotage No. 4

"Carol," the scheduling coordinator, was not happy when the doctor announced that he wanted to implement assisted hygiene. She was vocal in her opposition at the staff meeting, and she said she didn't see how it could possibly work. Carol did not like the idea of hiring an additional assistant, and she felt it would complicate her job to increase the number of patients seen by the hygienist. Carol did not like change — period.

The assistant hired to help the hygienist was inexperienced but willing to learn. But Carol projected a less-than-friendly attitude. The scheduling coordinator intimidated the young assistant, and when a job became available at a nearby office, she resigned. The schedule was thrown into turmoil, and it seemed the only alternative was to go back to solo hygiene. Carol was secretly happy to return to her familiar routine.

In this situation, the failure of the assisted model was due, at least in part, to the doctor not being enthusiastically committed to making the model work. He allowed his scheduling coordinator to sabotage the model through her negative remarks and passive aggressive attitude. If the doctor had provided more support and provided the scheduling coordinator with encouragement and direction, the model would have had a better chance of thriving.

Avoid the Sabotage

Assisted hygiene can be a win-win-win situation for hygienists, patients, and the practice if it is not sabotaged by any of these situations. Hygienists who practice assisted hygiene overwhelmingly report a more relaxed work environment by having a dedicated assistant. Patients are provided comprehensive care from the hygienist and a well-trained assistant. Also, increased production in the hygiene department benefits the practice.

If you would like to see a typical assisted schedule, send an e-mail to dglasscoe@northstate.net with the subject line "Assisted Hygiene."