

by irene woodall, ph.d.

Let's get rid of the 'C' word in our vocabulary

The sign outside her operatory said, "The Cleaning Room," and pictured next to those words was a caricature of a uniformed and capped dental hygienist holding a mop.

She thought it was cute.

My reaction was instant distaste.

Apparently this dental hygienist saw herself as the person who "cleans teeth" and who is satisfied with that functional definition.

A clearer perspective

I saw that sign about eight years ago, and while I knew my reaction was negative at that time, today I have a clearer notion why.

The obvious reason is that showing a hygienist with a mop is antithetical to presenting dental hygiene as a profession. Dentists do not take kindly to being compared to workers drilling into boards, and surgeons would not position themselves holding a saw. The dental professionals typically guard their image by presenting themselves in a dignified way that does not worsen or feed the public's unfortunate stereotypes of our work.

Another reason I reacted negatively, is that for each of us who see ourselves as people who "clean teeth," it puts us that much further away from professionalism. It keeps us from the logical choice of adopting and implementing a full range of responsibility and care.

In the 1960s when "expanded functions" was the phrase we debated and tried to define, we were told by some that hygienists were not candidates for new functions because we were too busy cleaning teeth. They would rather create another profession unencumbered by state law and the backlog of "prophys" than consider redefining our role.

Setting ourselves up

We, for the most part, agreed with that and settled for the continuing stream of recall appointments that has driven many of our members to roles outside of clinical care. Settling for this narrow role has set us up for the continuing challenge of preceptorship. Why would anyone need two or more years of formal education to clean teeth?

It certainly is difficult for dentistry to see dental hygiene as a thinking, responsible profession if what we do all day is scale, polish and reiterate the mechanics of brushing and flossing. Is that why so many leaders in organized dentistry are totally baffled by our push to make dental hygiene's entry criterion a four-year degree? Are you baffled by it? What we

do in our lives defines who we are. If our definition is tied to procedures we will be seen as technicians even though we may protest.

Don't you find the term "cleaning" to be a weak descriptor for what we do even if most of our time is spent scaling and polishing? I would rather think of it as periodontal therapy or continuing periodontal care or even as a prophylaxis. The term "cleaning" makes our efforts sound like a cosmetic procedure — a nice frill the dentist provides in his or her office. We clean up the teeth for the dentist so the real therapy can begin. We do what the patient wants — to feel clean. We polish teeth even though it has no discernible therapeutic benefit.

Are we missing something important?

The patient calls to schedule "a cleaning" and the front desk schedules it. Then we do it. Sometimes we do it even when the patient needs other dental hygiene care. But if we are busy cleaning we may miss the signs and symptoms, and what they really need slips away until some calls for another "cleaning," when we may miss it again in our zeal to remove calculus and stain. Isn't this how people end up in a periodontist's office after decades of so-called preventive care at the general dentist's office?

With the patients defining their appointments with us as a "cleaning" it is no wonder they balk at the idea of a complete assessment during that time. A head and neck examination, blood pressure measurement and a complete periodontal evaluation do not fit their definition of a cleaning. So why should they expect it or want it? "Just clean my teeth. That is what I am here for" will likely be their response. Try moving in new approaches under the rubric of a cleaning and you are certain to generate confusion and resistance.

Over the past 10 years or so of editorials, you have probably determined that I firmly believe that dental hygiene is likely to undergo enormous change. The very fundamentals of clinical practice are being challenged and revised by solid research. These changes suggest that the era of the routine prophylaxis is coming to a close. Replacing this routine is the challenge and opportunity to integrate a wide variety of dental hygiene approaches to care based on individual need and not on the rote assumption the patient needs a cleaning.

To prepare ourselves, our patients and our entire dental team for the rapid evolution, we need to stop defining what we do as "cleanings." Call it "dental hygiene care," "assessment and prevention," "preventive periodontal care," "supportive periodontal care," "continuing care," or "comprehensive

dental hygiene care," but let's stop using the "c" word.

Don't say the 'C' word

Start by banishing the word from your own vocabulary. Ask the front desk personnel, the assistants and the dentist to help you select a different word. Discuss the reasons with them. Hold your ground on establishing the dental hygiene appointment as more than a time to scale and polish. Introduce, one by one, the new changes that are helping us become better than we are — and that are more inclined with our commitment to provide the best care for our patients — not just the traditionally expected care.

It will be a major step for us if we can change just this one thing in our lives. We can make the "c" word the inside joke we share. It can take on the gentle prodding that we gave one another about using the term, "girl," to describe grown women. Just as grown women are taken less seriously when they see themselves as girls, our care will be seen as less than it is and less than it can be if we call it a "c _____."



Irene Woodall, Ph.D. is senior consulting editor of RDH, a position she has held since 1981.

Looking ahead to the year 2000

What does the future hold for dental hygiene?

- Will hygienists be allowed to practice independently in every state?
- Will a four-year baccalaureate degree be required for everyone?
- Will frequent mandatory testing for HIV and hepatitis B be required of the entire dental staff?
- Will all hygienists be able to break free from the standard 45-minute appointment and tailor them to each patient's needs?

These are important issues today, but will they be issues tomorrow? How can change be made?

The future of dental hygiene will be the focus of the December issue. We want you to tell us what you think the important issues will be in the 21st Century. We'll publish your ideas along with your peers' in the December issue.

Send your name, address and phone number where you can be reached during the day. Include a photo, too, either of yourself or with your office "family."

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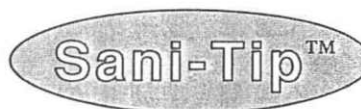


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