

Banging your head against a brick wall?

Do you ever wish patients would own their problems, take your advice and do something about their disease? Laura Horton helps you master the art of co-discovery

I first learned about co-discovery many years ago and was amazed by the interaction and feedback from patients. The dentist I worked for at the time was determined to deliver a wow-factor new patient examination, and co-discovery did just that.

Learning from him, I made it my mission to look deeply into the examination process and see how co-discovery techniques could be used to gain a greater understanding of how the patient feels, while at the same time educating them.

Ever since I undertook my oral health education qualification in 2002, I have been astounded by how little the public knows about oral health and, as a result, educating patients has become one of my core values.

I now take these techniques not only to dentists' examinations to give them impact, but also to hygienists.

What is co-discovery?

Co-discovery is all about watching the patient's response while you educate them, at the same time as performing your assessment of their gum health.

The simplest tool that you can use is a good-sized hand mirror. Many people

use intraoral cameras, but a mirror is easy to use and it doesn't take any extra time to show the patient what is happening in their mouth.

Ideally, when you are assessing a patient at the start of the appointment, you need to explain what you will be assessing before you start treating. Provide the patient with a hand mirror at this point and confirm that your nurse is going to call out the key areas that you are assessing.

Using a six-point pocket chart (6PPC) as an example, you could just say to the patient: 'I am now going to do a six-point pocket chart,' and get started.

The benefit of having a nurse call out to you is that the patient will hear this first from the nurse, which allows you to repeat and elaborate. This means that the patient has definitely heard what you are about to do, as it has been stated twice. There are many stats out there about how we take in information. It's suggested that we only take in 9-10% of what we hear, so repetition is a good way to give patients a greater chance of taking in what you are saying.

Imagine now that your nurse states in layman's terms the 6PPC: 'Can we now start the detailed assessment for the gum

health, looking at six areas around each tooth?' As a hygienist, you state yes you can, repeat what you are doing in layman's terms directly to the patient, and then explain why. The patient won't just be sitting there listening to numbers being called out and wondering what on earth you are doing. They have heard it twice in terms that they can understand, and they know why you are doing this.

Why?

Never forget the 'why?' – that is what patients are always thinking...

Why are you assessing their gums in such detail? Why do they need to know? Why are these scores important?

You cannot underestimate the value of using this technique. While you are assessing and calling out the scores, your patient might be thinking: 'Dear me, I have a score of all eights around that tooth. That's not good.'

The major benefit of co-discovery is that patients will own their problems. You are on your way to having your patient take responsibility for his or her problems – and then take action!

Where and when?

Every problem that you find as you go

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around the patient's mouth should be shown to them there and then. Show them, explain the problem and describe what the long-term effect will be if it is left untreated.

Show them: To educate is to show your patient the problem. You may find in some areas of the mouth that the intraoral camera is very useful at this point, but do not worry if you do not have one. You can show your patient almost every area with a good hand mirror.

Explain: While ensuring that they can see (and can hear you), confirm what the problem is. Be honest: is this mild, moderate or severe?

The long term: Again, be honest and confirm what may happen if this remains

this way. Are they at a high risk of losing this tooth?

Avoid information overload!

At this point, most people will jump into explaining the solution that they have, but my advice is to pause. Let the patient digest the problems before you give them all the solutions.

Move your chair around and ask the patient emotion-based questions:

- Have they noticed this before?
- Has anyone made them aware of this in the past? (A great question if they are a new patient)
- Do your parents have all of their teeth?
- How do you feel about this?

Make sure you are actively listening to

them and do not interrupt – just listen to their answer.

This is where you find out how committed they are to their oral health. Some may say: 'I am not bothered about losing teeth. However, the majority will be concerned. Let them know you can help them and will go through all the options at the end of the assessment.

The next step is to repeat for every problem. Do not worry that the patient may feel upset or deflated. For many, this will be the first time they have been made aware of exactly what is happening in their mouth and they do need time to digest this.

Offer the solutions

Once you have taken all the records and have educated them through co-discovery, sit the patient up and present the solutions to them. They will not only own their problems, they will see there is something that can be done to help them and, importantly, they will feel reassured.

The long-term benefit for the patient is that they take ownership of their mouth and are then much more committed to their oral care at home. You will see big improvements at each visit, as they finally see why they need to use floss! **DH&T**

Co-diagnosis steps to take in order for patients to own their problems

- Don't use jargon – speak in layman's terms so that your patient can understand
- Repeat – and then elaborate on what your nurse calls out to ensure the patient has definitely heard you
- Remember that patients are always wondering why you are doing what you do
- Show the patient, using a hand mirror or intraoral camera, every problem you find in their mouth
- Explain what the problem is and what they can do to help in the long-term
- Pause and let the patient digest all of this
- Ask the patient questions about the problem and listen to them
- Only after all of this should you present the solutions.



Laura Horton has worked in dentistry for more than 15 years and is passionate about treatment coordination, business and team development. In 2008 Laura left her full-time practice management role and began working with dental practices to help them successfully reach their true potential. To find out more about Laura visit www.horton-consulting.com.