

The Handshake Connection

by Eileen Morrissey, RDH, MS

Here is a question for practicing RDHs who interact daily with patients in the clinical setting. Have you considered extending your hand in greeting to introduce yourself when you first connect with the patient? I never did so in the past, but now it's part of my standard operating protocol.

Please do not misunderstand me. I have always been warm and friendly, and I routinely introduced myself to patients who did not know me. It just never occurred to me to make the effort to shake any person's hand. Six years ago, I was a part-time clinical dental hygienist in the office of a periodontist, Dr. Anthony "Buck" Di Cesare of Red Bank, N.J. He approached me one day and asked, "Eileen, what do you think about trying to shake hands regularly with patients?" We were trying to raise the service bar on our routine recall visits.

Frankly, I thought the idea was a bit weird. I had a marketing role in the practice and extended my hand on a regular basis in business interactions with those whom I came in contact. Somehow, though, I was having a problem (it's all about pre-disposed mindset) to transitioning over to doing the same thing in the clinical arena.

Thankfully, yours truly is open-minded. (Are you?) So I told Dr. Di Cesare I would give it a try. Since many patients were meeting me for the first time, I essentially had to introduce myself to every patient. I would retrieve the patient from the reception area, escort her to my treatment room, invite her to sit down, bib her, look her directly in the eye with a big smile on my face, and then proceed to shake her hand. I said, "Mrs. Smith, I'm Eileen. I'll be your hygienist today." The reactions suggested surprise, which was immediately followed by appreciation. It quickly became clear to me that no hygienists in the practice had ever done this before.

Positive energy

By the second day of the "handshake program," I was hooked. Why? Because of the phenomenal connection achieved from the instant I shook a patient's hand. You have to experience this to know what I'm

talking about. There is warmth, and then there is that much more warmth. How do I explain this? The positive energy that I normally exude travels from my heart through my hand, and connects to the patient's heart, through her hand.

If this sounds too "New Age" for you, I ask only that you try it, so that you might hopefully glean an understanding. Furthermore, it quickly became clear that I was raising the service factor up one notch. I was representing myself and the practice with a tad more polish, a little more class. In a nutshell, I was making an impression, as well as a connection. It was the best thing I could have done.

To this day in the clinical dental hygiene setting, I introduce myself to patients at every visit. And I reintroduce myself when I see them at subsequent visits. (Don't presume that because you introduced yourself once, you are automatically remembered.) And I always extend my hand in greeting to connect with them.

I present this concept to hygienists as well as all clinicians in my workshops and in my lectures. The reaction is typically this: "No thanks, not interested." Hygienists come up with every reason for why they don't need to do it. One declared that the patients in her practice are the equivalent of animals, and that her preference is to "maintain a professional distance."

Her boss agreed with her! Another hygienist said that she didn't want to touch people any more than she had to. A third dental hygiene colleague told me, "Look, Eileen, I give in so many ways. It's just not necessary for me to do anything more than what I already do." The overwhelming majority of hygienists react the way I did when I was first presented with the idea. The collective group sentiment? "I'd feel weird shaking hands. I'm just not comfortable with the idea."

Hands vs. hugs

In fairness, I'll accept the comment that came from one world-class hygienist. She said, "Eileen, I don't shake hands. I hug!"

To the hygienists who know their patients and have been seeing the same faces for numerous years, part of

continued on page 92



Periodontics

continued from page 18

Expanded-functions programs for hygienists and an increase in the overall number of dentists made some dentists very uneasy. They feared the unknown, and were squeezed by the flood of dentists in the market. They feared the potential for dental hygienists to work independently and refer patients to only the best dentists. The reaction was to tighten supervision of hygienists, replacing general supervision with direct supervision.

•**1980s** — The dental hygiene shortage became a political issue. In response, many new community college programs opened. Strangely, with a recognized shortage of hygienists, many four-year degree programs were closed during this time. Although often done in the name of cost cutting, controlling our education was seen as a way to preempt independent practice for hygienists.

•**1990s** — States began licensing hygienists by credentials, making mobility easier for hygienists and contributing to extended careers. In general, hygienists are remaining in the work force longer. The number of hygienists is steadily increasing. The number of hygienists leaving the field for other work or retirement is considerably smaller than the number of new graduates. Currently, there are 265 dental hygiene schools in the country and only 56 dental schools.

Patient Communication

continued from page 44

of tooth number 15 at the next recall visit, knowing it will not cause a fatality in the next several months! Sometimes it means lending emotional support and encouragement to this particular patient on this particular day.

Developing great relationships with our patients certainly works in both directions. They feel cared for and value the service we provide for them. We feel valued for the time and effort we put into our work every day. We can then look forward to seeing these special patients on our schedule, and look forward to meeting even more of them as our careers proceed. I look at each meeting as a learning opportunity. I have learned about the many interesting careers my patients have, medical problems and their solutions, exciting life experiences, parenting advice, and even how to make a flaky pie crust! What diversity I have discovered in my patient's lives, and wonderful things I have learned by taking just a few moments to discover who is behind that mouth.

Cappy C. Snider, RDH, graduated from Tarrant County College in 1987. She has practiced continually for the past 15 years. Snider currently practices clinical dental hygiene with Dr. Brooke Porter of Azle Dental Care in Azle, Texas. She may be reached by email at rcdlx4@aol.com.

Several dental schools closed and the others reduced enrollment. More female students are accepted each year. The pattern of employment for women dentists is traditionally part-time, which will reduce the work force of dentists in the future. In addition to a reduced work force from new graduates, retirement of the boom-time dentists who graduated in the 1970s is beginning. With fewer dental schools now than in the past, reduced enrollment and more women in the dental ranks, the number of dentists retiring or leaving the field will far outnumber new grads entering the work force.

All these facts point to a reversal, with hygienists outnumbering dentists in the near future. More hygienists means more opportunity. Half the population still doesn't receive regular dental care. Perhaps the growing numbers of hygienists will seize this opportunity. Now is the time to anticipate the change and plan for the future. What do you think the best use of our increasing numbers will be to fight dental disease even more effectively than we do now? I'm interested in your ideas.

The Handshake Connection

continued from page 46

me understands why you would feel awkward introducing yourself and extending your hand at this phase in your relationship. Still, you get new patients in your practice, and you could initiate this protocol with them. With patients you already know, if you choose, you could extend your hand as a gesture to close the visit, to thank those patients for having come in to see you that day. The point is, if you want to do this, you can find a way to make the handshake connection a part of your protocol.

Someone great once said, "If I keep doing what I always do, I'm going to get what I always get." How many of us keep trudging along through life with our pre-disposed mindsets, so certain that the way we have always been doing things is the only way?

Eye contact, a smile, a handshake, warm words ... There is no clinical setting that I frequent in any other aspect of my health care where an effort of this nature is made to provide me, a patient, with this kind of connection. Warm, caring, and professional are words I like to think of to describe the women (and men) who comprise dental hygiene. How about if we collectively make the effort to distinguish ourselves by making this small gesture? I promise, it will come back tenfold.

Eileen Morrissey, RDH, MS, is a dental practice management consultant in Perrineville, N.J. Currently, she lectures, writes, and provides customized workshops for doctors and their staffs. She can be reached at (732) 446-1461 or eemorrissey@aol.com