

# The Dental World: Empathic Hygiene, How-to and Why Discussion and Specific Applications of Concepts

## **What This is All About**

Whether you connect with it best by thinking about on the personal level, or on the level of the nervous system, the theme of this material is that a focus on psychological comfort through an empathic, communicative connection is the keystone to the best treatment experience for patients.

All hygienists are trained to look after the physical comfort of their patients during treatment. But our best hygienists seemed magically capable of removing all traces of discomfort.

We asked them how, thinking they would talk about their soft touch, or some method of using their tools. This wasn't the case, though.

Sure, sharp tools and a light touch matter, but the more we pressed the issue looking for those kinds of answers, the more a more interesting theme emerged in their answers:

**"Comfort exists in the mind of the patient. We work on that."**

Basically, they said, all things being equal, it's more about managing a patient's mental state than doing (or

not doing) something with your hands. Patients will tense up, hold their breath, hide discomfort, let their imaginations run wild about sounds and sensations, and end up physically hypersensitive and miserable if you let them.

If you don't let that happen, however, you can do your job without their nervous system sabotaging you both.

What we found when we kept digging was that the secret was actually in the two-way connection

that they used to work with and monitor the patient's mental state. Our all-star hygienists weren't just applying rules, they were present in the moment and actively trying to stay aware of what their patient was feeling.

When they first met a patient, they paid attention, looked and listened for cues in their patient's tone of voice and body language. They used small talk to probe for more information about their state of mind and level of comfort and took special care to relax patients who

seemed tense or nervous with soothing conversation before even putting the bib on them, knowing that a certain level of calm was necessary for comfort to happen at all.

At all times before and during treatment, our all-star hygienists were careful to communicate positivity with their presence, knowing that their energy would automatically, inevitably affect their patient's energy and state of mind. They were always conscious of using a soothing tone of voice.

They understood that predictability is the seed of trust, understanding, and open communication, and so they made strong, obvious effort to narrate every step, no matter how small.

They knew it also has the benefit of helping patients see them as an ally rather than an antagonist, a guide and source of information whom they are comfortable asking questions about any small curiosities or discomforts they have, which represent uncertainties and anxieties that would otherwise pile

up and contribute to discomfort, were they to sit silently through treatment.

These hygienists were careful with their language, knowing that words matter, and knowing that vocabulary alienates more than impresses. They were careful to be neutral or positive in their language in general. When describing or discussing dental situations, they used plain language and metaphors and analogies to day-to-day items and life, knowing it would be understood and remembered

better, and knowing too, that, to non-medical people, clinical language often triggers needlessly fearful negative associations.

Basically, the secret was to keep the patient calm and openly communicative, taking care to create the connection with conversation and warm and open body language from the first moment on, keeping that communication open during treatment, and taking care to avoid anything that would make the patient retreat into their mind,

where the strange sensations of treatment wouldn't have the benefit of a compassionate hygienist's interpretation and and accommodation.

These hygienists aimed to see that each patient had calm confidence in relying on them to contain surprises, limit the range of sensations below the threshold of pain, and to be implicitly aware of their need to breathe, swallow, and relax their jaw.

The end result was that their patients regularly reported “the best cleaning of their life.” They didn’t understand that they had been comfortable enough to be cooperative, they didn’t understand that their bodily anxiety was being managed, they just felt that they had received great care from competent, considerate people. Their respect was palpable, and, frankly, inspiring.

We wanted to provide as many “best cleaning of my life” experiences as possible. It’s a

source of pride for our hygienists and for our practice, and it seems to be a lot of what brings in referrals. It will be for you, too.

And we think it's important for the whole industry, too. The dental industry still has to contend with the many fears and negative associations which cause people to avoid engaging more in their oral health. The more patients who leave their visits happy, the better it is for everyone's oral health and the dental and hygiene professions.

**One:**

First Impression:

**How to prove you're good  
before you even start**

Take a breath, relax your head, neck and shoulders, and smile before you enter the reception area.

Radiate positivity. You're a good hygienist. This is going to go well.

Make good eye contact. Warmly and calmly call patient by their first name.

Your expression and affect, your "energy" is a convincing indicator of how good of an office this is, how good of a hygienist you are, and how good of a visit this will be.

In the mind of the patient, a calm and pleasant demeanor convincingly communicates competence.

Patients only have so much to go on. They have to make some basic assumptions. The assumptions they make automatically, whether they want to or not, strongly influence the way they will experience their treatment today.

Let's practice making some of those basic assumptions.

Imagine you're a patient waiting in the waiting room. You see two hygienists walk up. One appears sullen and rushed. The other is smiling and seems focused only on greeting you. One will be treating you today.

Which one has been overwhelmed by their work?

Which one is on top of it?

Which one has been making people smile today?

Which one has been frazzled by difficulties?

Now, considering this, which one do you hope will work on you?

## **To Patients, Your Apparent Mood or “Energy” Is a Preview of Your Ability to Function**

That first impression, your initial presentation, is a great way to communicate a sense of your abilities. A calm air of professional poise is reassuring and authoritative. It tells the patient that you can handle everything with ease—that nothing stressful,

dangerous, or upsetting happens on your watch.

You're good at what you do.  
Why not get credit for it from each and every patient?

Patients don't understand oral hygiene well enough to understand how good you are in clinical terms.

They need more obvious, human cues to make that judgement.

Think about the moment when you first see the patient:

A talented hygienist is about to take great care of this person. It's what you do all day! Project that! It's the only way they'll know how good you are.

There's no sense in underselling yourself. The best you'll get from a patient who doesn't expect much is a sense of relief that you weren't as bad as you looked.

Don't sell yourself short! Don't make the patient sweat it! Smile! Be

sincerely warm and pleasant! It's  
easier!

It's better!

## One-Sidebar

If you have trouble feeling sincere with all of this

At this point, you're probably seeing that small things matter, and that smiling and being personable are good things to do for reasons besides sharing the song you keep in your heart.

So getting comfortable smiling and projecting positivity is well worth the effort. It's a clinical skill. It's the invitation to connect, so it's the prerequisite for comfortable care.

Some of us come from households or backgrounds where we are, for one reason or another, hesitant to smile and be friendly with people we don't know personally.

How many times have you said or heard someone say, "clinical excellence speaks for itself," or "That's just not me," or "It feels fake?"

If any part of that tendency still remains in you, if your best

attempts at smiling, making eye contact, and making small talk are still being sabotaged by these conflicting feelings, take heart.

Set yourself free by understanding the professional purpose of mindfully positive verbal and nonverbal communication.

You're not trying to convince people you're cool. You're not blurring the line between your social and professional self by being friendly.

You're communicating effectively, making someone comfortable, and building credibility and trust.

When you focus on what happens when you can be sincerely compassionate, your skepticism evaporates.

Forget about "customer service." Forget about "being nice." Think about what these touches actually communicate. Think about what they make possible.

A patient can't sense your command of the scaler. They don't know how much you know, and telling them doesn't help, either. But they can sense how capable you are of seeing them, guiding them, and protecting them.

## **It's Instinct**

We are animals. We predictably respond to cues in our environment, including the cues that come from other people.

When we see a person who seems uncomfortable, withholding, or

unhappy, we automatically look for reasons why this is. We tense up, assuming that this other person knows something we don't, and is reacting to an unseen unpleasantness we should prepare for. The sympathetic nervous system wakes up.

On the other hand, for the same reason, your warm and open nonverbal cues and your calm, pleasant confidence are contagious, and these positive feelings keep their nervous action down and directly reduce the amount of

discomfort and pain the patient will feel.

If you communicate with positive and inviting verbal and nonverbal language, people will feel comfortable around you. They won't if you don't.

If you've been holding out on this, make a commitment to try all of what we've talked about here, keeping what it can accomplish in mind.

It's worth it. You'll take your performance to a whole new level and find a deeper satisfaction in your career.

**Two:**

# Crossing the Threshold

It's small, but important: meet the patient in the waiting room, across whatever visual cue represents the "line" between reception and the clinical part of the building.

That's the line between The Normal World and The Dental World. Cross that line and meet them in their world, and cross back with them into yours.

It's a subtle but powerful gesture that communicates your role as a caring guide.

The strangeness is most vivid in the moments where the patient is transitioning between the normal world and the Dental World. As they cross from reception into the clinical area, and as they are walking to the operator, the patient's nerves become more active as they try to get sense of their environment. They form their expectations about what kind of place this is, what kind of people work here, including you, and what will happen here. Don't let their imagination run wild on its own. Give them something positive to

focus on. Be there with them and begin your small talk.

# Three

Making Time To Connect  
or

The Clinical Value of Weather,  
Hobbies, Jobs and Kids

All we've done is greet the patient, and already we've put some solid thought and effort into doing what it takes to make them feel comfortable for the whole visit.

Now we're set to build up our communication loop. That begins with small talk.

Warmly and generously offering up neutral topics allow you and the patient to observe and interact with each other until your rhythms can sync up and more natural communication can happen. It also helps the patient stay in

the moment with you, and out of their imagination.

That's the point of the small talk.

Without that in mind, small talk might seem like an empty pleasantry. But it has a purpose, and that's why it makes a difference when you **make time to connect.**

The more chances you and the patient have to interact with each other in a warm, human, sincere way, no matter how brief or simple, the more the patient will have confidence in understanding you and in being understood by you. This is required for

them to have trust in your concern for their care and comfort.

That's because everyone implicitly understands, though they may not have words for it, that to be cared about, you first need to be seen and heard.

In their compromised and vulnerable position in the Dental World, patients only feel comfortable when they know they have a concerned and competent guide.

You will need to give them a chance to feel seen and heard, and, in the short time you have to do this, you are better

off supplying those chances than waiting for them.

So go ahead, ask how the patient is doing today. Make a positive comment on the weather outside. Gauge their mood, their responsiveness, and more from how they react.

Use your observations to guide your interactions, and remain warm and pleasant. Keep the threads of small talk going throughout treatment.

Looking at the function of small talk, and seeing its role in the all-important process of connecting to the patient makes it easy to see its value as a

functional part of the treatment process, and not a pleasant additional service.

When it comes to establishing and reinforcing an open line of communication, you have to **make time to connect.**

**Four**

No Surprises, No Sudden  
Moves

Surprises have their place in life, but during treatment, knowing what to expect is wonderful. Knowing they will get a chance to process, adjust, and ask questions at each step takes removes the fear from an otherwise uncertain situation over which patients have no control.

Psychologically speaking, only trust counteracts fear. Predictability is what allows a person to build trust.

Predictability comes from narrating the process, explaining what comes next, setting expectations, and generally helping the patient anticipate, prepare for, and understand everything they will experience.

## **The Big Idea: Manage Their Imagination**

People don't want to be freaked out. If they have to interpret things on their own, they will. We're their eyes. We understand teeth and gums. Help them manage their imagination.

## **Narrate Everything**

Start small, and start immediately: As you take the patient from the waiting room, inform them how far they are going, for example: "We'll be walking all the way to the end of the hall, on the left."

This sets up your role as a guide, and sets a precedent that all expectations will be handled.

## **Give them Permission to Speak Up**

We are trained from an early age not to be a problem to others, and to not make a fuss. This means that many patients won't feel comfortable speaking up without permission.

First, ask them to let you know if they need anything, but also, give them words to use by suggesting what they may be experiencing now or in the near future, and regularly check to see if they are feeling something you think they might be.

Don't leave it up to them. We can see what's happening and understand the implications.

Patients can only feel and guess.

**They need us to help interpret their experience.**

## **Expectations: Words for Sensations**

When there's a buzzing or a pinch, the patient has no idea what happened. They don't have any visual information, and they know they're in a place where teeth are drilled and blood flows.

As far as stress signals go, the fear that a sensation represents injury or permanent damage is near the top of the list. We have to help them interpret their sensations, before they occur whenever possible.

Part of helping to interpret their sensations is giving them concepts to grasp and words to use. Without introducing ideas and words like:

temperature, vibration, pressure, or sensitivity,

they will only filter these sensations as discomfort or pain.

Using words like these as we explain what the patient is likely to feel is very important.

## **Expectations: Are We There Yet?**

As we narrate, we positively orient them in the process. We let them know how far into treatment we are, or how close we are to the end.

Introduce the idea of quadrants to them, and that you do both sides of each quadrant. This way, as you move through scaling, they have their own sense of where they are. This helps them pace themselves.

One of the Four Fears patients have is about losing control of their time,

so respecting this helps them feel considered and cared for.

# **Supplement: All is Well**

## Nonverbal Communication

# **What it Looks Like You're Saying**

As social animals, we have instincts over which we have very little control. Nonverbal communication is very primitive and falls into this category.

As social animals, our instinct is to take and repeat cues from others about the safety of our environment. Even though we're in

safe, modern environments, we still look for these cues. And despite our modern safety, we still instinctually follow them.

Because these are instinctual responses, we don't necessarily notice them. We just find ourselves feeling better or worse around certain people, and in certain situations.

Many of us use body language unintentionally.

We "say" things we don't mean to with our bodies.

That's why we'll share the basic cues in nonverbal communication in this section.

You are the expert in this environment. Your uniform says that. How you *appear* to feel about this place, is significant to the patient in a deeply rooted, unforgettable way.

The *way you appear to feel* about this place is how they will feel about this place.

So it's helpful to make sure we're not accidentally creating tension or ambiguity by using negative body language.

Awareness of your nonverbal habits is necessary to help you appear as competent as you are, and inspire trust in your patients.

We've all seen these lists, but it's helpful to get the list again in context with the rest of the conversation we're having.

# Basic Nonverbal Cues

## **Posture**

Keep a relaxed posture, both sitting or standing.

Keep your back straight, but not stiff.

Let those shoulders relax. Breathe.

Not only will this communicate that you feel comfortable with your surroundings, but it will actively help you relax if you have any tension in your neck and upper body from the last treatment.

## **Take up space, don't hide**

You don't have to sprawl out or do the Superman pose, but sit or stand with your legs slightly apart. This communicates to others that you are at ease with yourself and not trying to hide.

As we said, nonverbal communication is very primitive. If you look uneasy, or like you're trying to hide, they will instinctively feel uneasy and want to hide.

## **Lean in**

Lean in slightly when someone is speaking. This is a clear active listening sign. Leaning away as someone speaks signals that you are uninterested or even hostile.

## **Arms**

Crossing your arms is an unmistakable sign that you are turned off by what is going on around you. Letting your arms hang comfortably at your side or bringing your hands together in your lap shows others that you are open and paying attention to what they are communicating.

## **Gestures**

Emphasizing words with your hands helps you appear more credible and confident.

## **Eye contact**

Keep your head up and look at the patient's eyes both when they are speaking to you and when you are speaking to them. No need to stare! Allow yourself to blink and look away naturally. Good eye contact lets

others know that you are present, they are being seen, and you are interested in the conversation.

## **Affirmative movements**

You can show empathy with simple actions of agreement like nodding your head or smiling. These actions let people know that you understand their perspective and can identify with what they are telling you. When it's appropriate, laughter is very affirmative.

## **Taking notes**

We have many questions we need to record the answers to. Repeating, confirming, and following up on their answers lets patients know that what they are saying is important, that you are interested in being accurate, and it also helps them give you the most useful answers.

## **Slower**

Take a deep breath, hold it for a second or two, and let it out easily. Focus on slowing down your speech and body movements a bit. You'll feel and appear more confident and receptive.

**Six**

Leading up to Treatment

Keep the idea of the Dental World in your mind. Let's be mindful of how we help each patient transition into our world from theirs.

We've already greeted them and brought them to the op. Now we have another important transition to focus on: the transition from free person to a suction-muted, bibbed dependent. Let's focus on this moment.

Seat the patient. Stay with them. Whether they're an Olympic deadlift champion, or a nine-year-old boy, they need you as their guide. If you move out of their sight, speak to them as you do. This is just about the point of no return, so be sure not to abandon the patient here.

Sit in front of the patient, at their eye level, with your shoulders and hands down. Use an open expression, a soothing tone of voice, and comfortable, friendly body language.

Address the patient eye-to-eye and knee-to-knee, a position that simultaneously communicates professional poise and receptivity. This also helps the patient transition comfortably into the close proximity you will be working together in.

As you update their medical history, ask in different ways about their health and medications to get better answers, reinforce your interest in their health, and to take time to connect.

Ask patient about recent events in their life. Keep a soothing tone of voice going. Breathe.

Ask about their last trip, their kids and grandkids, work developments, hobbies and so on. Make notes. Breathe.

This is an opportunity to show that you see them as an individual, and that you care and are interested.

These topics put the patient in mind of pleasant thoughts outside of the Dental World. The notes you record provide relevant

conversation starters for their next visit.

Place the bib and let the patient know that you will be putting the chair down.

This is the “point of no return.” Here the patient fully enters the Dental World.

From here on out, it is 100% up to you to help them understand what is happening, what to expect next, and to sense and get feedback about their comfort level.



## **Seven**

# As You Move Through Treatment

## **Pre-Scaling Permission Ritual and Name Change**

Ask for permission to use the Cavitron. In keeping with plain language, inform the patient that you will be using a “water pick” that sprays a lot of water and makes some noise.

This introduces the tool that will be used using a harmless name. Ask if they have any teeth sensitive to cold.

These two touches start the important process of explaining and containing the sounds and sensations they will experience in a nonthreatening context, and help with the smooth transition into scaling.

## Labelling Sensations: “Sensitivity”

Let the patient know that you will start on the lower front teeth very slowly to get them used to the noise and vibration.

Explain that you’re starting here because it tends to be the most sensitive area.

Letting them know that these are the most sensitive teeth does a couple of things. First, the patient understands that *they should expect to feel something,*

and that it won't be anything they can't handle. Second, sensitivity isn't something to worry about. It's not related to damage, as "pain" often is. So they will mentally label this sensation as safe, and will be calm for as long as the scaling stays below this level of intensity.

"Sensitivity" is an important word and concept to give your patients to describe their sensations.

It's also a gentler word *for them to use* in talking to you. Where they might politely hesitate to say

something “hurts,” which might feel like an accusation or a complaint, a patient has no reason not to speak up about sensitivity.

## **Check-in Banter**

As you scale, ask whether the water temperature and the vibration is still tolerable. These terms are useful for the same reason “sensitivity” is: gentler words for them to use, and small things they will feel comfortable expressing a preference about. The more comfortable they are expressing themselves, the more comfortable

they will be.

Stop frequently during scaling to remove excess water. Use it as a chance to say something encouraging and orienting before you start back up, too: "Everything is coming clean very nicely. I only have the top right teeth left. Ready?"

As they can swallow, speak, and breathe more comfortably, they remain near their baseline comfort. These frequent breaks also keep a more normal communication style

going, since they know they will have regular chances to speak with you.

## **Scraping**

With hand scalers, there are some very nasty sounds and sensations. Make the effort to let the patient know that it sounds worse than it is. Humor helps. You can throw out all of the trust you've built up if you're not thinking about how hand scaling sounds and feels to the patient. Don't let their imagination run wild.

## **Flossing Education**

As you floss the patient and educate them on proper flossing technique, don't focus on how people don't do it enough. Empower them. Introduce information that helps them improve their habits: Let them know times and ways to fit it into their day—have they tried flossing at their desk, or while watching their night-time shows? Many people want to do a better job on their hygiene. It's a matter of connecting to how they understand their hygiene needs now and helping

relate that to what else or what more they can do.

## **Polishing**

Prior to coronal polishing, offer different polishing paste flavors to give them a second to sit and breathe normally after the scaling. Explain why you polish the teeth. It's informative, signals that the hard part is over, and it gives them more time to rest.

Let patient know polishing might “tickle the gums,” so they are not caught off guard. Be gentle when polishing. Remember: speed, pressure, and paste grit can create heat and sensitivity, especially after scaling.

Afterward, do not spray water in the patients mouth since this creates cold sensitivity in most patients. Why impact their comfort this late in the game?



# **Eight**

## Endgame

### **Carrying the Connection to the End**

After the dentist leaves, sit the patient up and let them know it was nice to see them and that we will book the next appointment at the front desk.

Accompany them to the desk in a reverse process of how you walked them to the operator.

Stay in the moment with them. Don't think about the clock, your next patient, or going home until they have left. Stay connected, radiating positivity. Go over their treatment questions.

Give them any materials you mentioned during the visit (brochures, products, flossers, etc.).

Wrap up the conversations you've built your rapport around and make an effort to remember their name and what they're like. It's okay if you don't retain the information forever. The effort and intention will give you a sincere focus for your energy.

Say your warm goodbyes. Transfer them back to the normal world and invite them back to the Dental World. Finish strong.

Watch their face to see how you did. Once they've left, you can close the connection.

Now make your notes and prepare yourself. Time to do it all over again!

Make mental notes about what went well and what didn't. This way, each patient you see is another chance to work on your approach.

These personal challenges help to add interest and energy to a career you may spend 30 years in, and it keeps us engaged with each patient as individuals.