

# Aloha, Arizona



## Hawaiian-born hygienist tells her story, shares practice tips

by Kyle Patton, associate editor, *Dentaltown* magazine

As a dentist, you spend most of your waking hours at your practice, so it's understandable that you might not get many opportunities to see what it's like in another doctor's office.

Dentaltown's "Office Visit" profile offers a chance for you to meet peers, see their practices and hear their stories. This month's unique feature focuses on hygienist Rokeleigh Eda, who works with Dentaltown's editorial director, Dr. Thomas Giacobbi. Plus, get a glimpse of the products Giacobbi loves to use in his practice.

### What road led you to becoming a hygienist?

I grew up in Hawaii, where rampant decay was prevalent. Almost every kid—including me—was capped with silver from molar to molar. Every anterior tooth in my dentition looked as if someone cut a strip of aluminum foil and folded it over my arches. I was about 5 years old at that time and thought my smile rocked because it was supershiny.

Despite my rockin' grill, my dental visits were always torture. My apprehension consumed every fiber of my body. The car ride to the dental office made me writhe in pain. I don't know how my mom coped with me. Her scare tactics about me losing my teeth and getting false ones like grandma forced me to accept the care that that my dentist provided.

The ensuing years of dental diagnoses and care made me realize that I suffered from a rampant disease—one I could have been prevented if only I had been taught properly.

I had a very close childhood friend who always had great dental visits. I asked her how many cavities did she get and it was always zero. She never had a cavity in her life. I probably averaged three to five cavities for every one of my dental visits. I remember one time the dentist said I had eight! Another time she came home one day and she said she got sealants on her teeth. I wondered about that. I was never a candidate for that procedure. What I've come to learn was she had better teeth than I did because someone taught her about caring for her teeth. Why did no one teach me or talk to me about the "bad bugs"?

**It sounds like the area in Hawaii where you grew up had an epidemic of decay. Did it ever get better while you were growing up there?**

With all the silver-capped children around me, I think this prompted the government to do something about this oral epidemic. Parents of the schoolchildren had to fill out and sign permission forms for us to get fluoride applications at the health room. The line to have the fluoride application was by classroom and it took a long time for our turn to sit in the two makeshift dental chairs and have the lady stuff cotton rolls in our mouths and then clamp this silver jig under our chins. While all the other kids were freaking out from the metal garners and gagging from the fluoride gel, I was enjoying every bit of it. I remember the fluoride tasted like grape, like all the delicious sour candy I ate—the likely culprit that got me my silver caps in the first place.

**Is it safe to say that getting the care you needed also got you very interested in how that care worked?**

Yes, but not just that. It was something about the lady who was painting the fluoride on my teeth. Her eyes were so kind and caring. I knew she was going to be gentle with me. I don't know if she felt bad for me because of all the dental work I had done in my mouth. Every time she came to my chair to suction and reapply the grape fluoride, it kind of felt like her eyes were saying, "Don't worry, child, I will help you." I liked her so much that after my turn was up, I wanted to go to the back to the end of the line and have a second round, but this time with the cherry fluoride!

Over the years, I've thought about this lady and how caring she was. Her sympathetic demeanor struck a chord with me. My affinity for her grew even stronger over the years, until in the eighth grade I really felt it was my calling to become a dental hygienist.

My dental hygiene classmate, who went on to pursue a pharmacology degree, tried to recruit me to follow in her footsteps because she knew that a career in pharmacy was another course I've contemplated. But how could I give up my one-on-one interaction with patients and the instant gratification of clean teeth for

cross-researching drug interaction and side effects with the massive and overwhelming amount of drug information out there?

**You've been a hygienist for years now and probably have seen a variety of workflows. What's something that your office does that increases efficiency?**

My typical workday begins by going through my schedule and filling out a huddle slip for each patient. Our office's huddle slip consists of easy-to-fill-out fields and boxes to check. For example: name and age of patient, date of patient's last visit, time of appointment, date of last visit, reason for visit, radiograph status, health alerts, notes from the treatment coordinator, periodontal probing status, any patient preferences, watches from previous visits. At the end of the slip is a line to fill out for our treatment coordinator to communicate what our next plan of action will be regarding the patient's next visit. This part gets filled out at the end of the patient's appointment then handed off to the front desk.

**What do you think helps keep everyone working well together each day?**

Our entire team gets together about 15 minutes before the first appointments of the day and goes through everyone's schedule to acclimate everyone to the day's schedule.

Sometimes the doctor may see a hygiene patient for restorative work first, then that patient gets passed to the hygiene department after, or vice versa. In the latter situation, if a restorative patient is being seen in the hygiene schedule first, we will anesthetize the patient for our doctors to save time and to provide a smoother transition to the doctor.

Going through our schedules makes everyone aware of what's going on in the entire office, not just in our own schedules. Of course, there may be some hiccups in the schedule and we try our best to be mentally prepared for any last-minute modifications to the schedule.

At the huddle, we have a hard copy of the schedule where the front desk will put notes for the hygienist to add to those huddle slips

## OFFICE HIGHLIGHTS

**Name:** Thomas Giacobbi, DDS, FAGD, editorial director, *Dentaltown* magazine; L. Grace Giacobbi, DDS

**Practice Name:**  
Chandler Dental Health

**Graduated From:** SUNY at Buffalo School of Dental Medicine, 1995

**Practice Location:**  
Chandler, Arizona

**Practice Size:**  
2,800 square feet

**Staff:** 15

**Web site:**  
[chandlerdentalhealth.com](http://chandlerdentalhealth.com)



I mentioned earlier. This allows us to alleviate any unnecessary traffic at check-out. The days can get hectic at times, but our huddle slips help to make our transitions from department to department a lot smoother.

**Let's talk about once you start seeing patients. How hard is it to balance the amount of time you have with the level of attention to detail you feel each patient deserves?**

I get about 50–60 minutes for an adult patient, 30–40 minutes for a child patient, and about 90 minutes for an SRP patient. I try to have the hygiene portion of a patient's visit done so that when I call the dentist in for an exam, it's about 10–15 minutes until the next patient is to be seated.

This allows me to have enough time to have the patient's clinical exam done by the dentist, any findings discussed, photos taken, treatment recommended, time for patient questions, have fluoride applied to the patient's teeth, have any referrals printed up by the front desk (so that it's ready to present as soon as the patient goes up to check out), schedule the next hygiene appointment, complete my clinical notes, and turn my room around in time for the next patient's seating.

The entire process is very time-sensitive and I am always racing with the clock. You can imagine at the end of the morning how many steps we take to ensure that every detail to the patient's visit is tended to, and that doesn't even include all the steps of the hygiene portion of the visit.

**What's it like being under that kind of time constraint, day-in and day-out?**

Keeping in mind that I allow about 10–15 minutes for the second half of the patient's visit for everything else, that leaves me about 35–45 minutes of hygiene time, which is reserved for a pre-rinse, medical and dental history updates, listening to any chief complaints, updating radiographs, performing an extra- and intraoral exam, recording periodontal probings, performing the prophylaxis hand and ultrasonic/piezon instrumentation, irrigating any areas of infection, reviewing oral hygiene instructions, recommending any necessary

products, taking any intraoral photos, and answering any patient's questions.

There are so many details to pay attention to and document that by the end of the day that when all is done, it's hard to believe how much gets accomplished—and all the while manage the entire visit within the time frame.

There are instances when there is no time for the mind to process what's going on because

**TOP 5 PRODUCTS**

**A-dec.** Their chairs and delivery units are, in my opinion, the best-built dental chairs and units. We visited their factory with a group of Townies and I knew then it was a terrific company.

**3M Ketac Universal Aplicap.** We just started using this new glass ionomer restorative and it's a vast improvement over glass ionomers we've used in the past. The handling of this material is smooth, and we love capsule materials for their consistent mix.

**Dentrix.** Practice management software is the hub of any dental practice, and the features available to us through Dentrix allowed us to go chartless many years ago. Plus, digitally managing the paper documents we still receive from specialists and insurance companies has been incredible.

**Intraoral camera.** Photographs of dental conditions are an indispensable part of treatment planning presentations. There's something worth photographing on every patient.

**Monolithic zirconia.** Specifically, BruxZir and 3M's Lava Zirconia are two examples of a great alternative to full gold crowns on second molars. There are now several very aesthetic versions available that make zirconia-based restorations an option for almost any situation.

— Dr. Thomas Giacobbi

*Continued on p. 52*



office visit

*Continued from p.50*

the pace is so fast. Most hygienists will drive home from work still feeling the sense of rush surging through their veins. It's no wonder why my three- or four-day workweek feels more like a full workweek. And for someone to understand this feeling and the energy we burn, you'd have to go through this process yourself.

I know patients are attentive to the dynamics of our office. We are constantly being observed in our actions and even if we are moving fast in our steps to get things done, we remain calm and collected because we know we are always on stage.

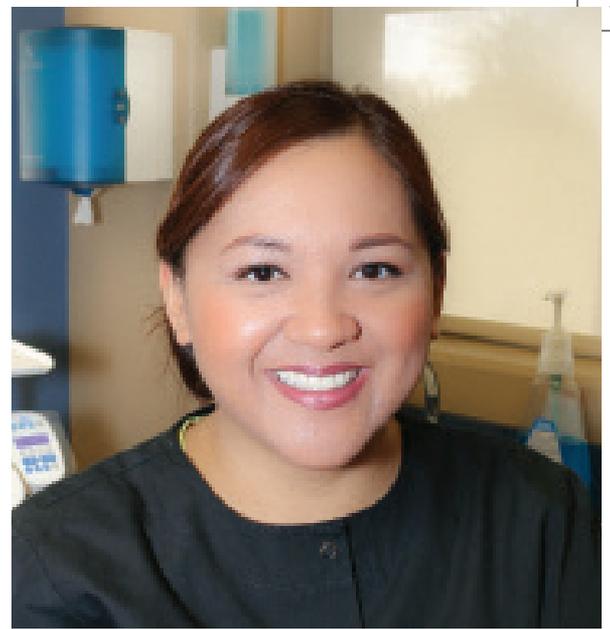
### Have you developed a hygiene philosophy over the years?

Hygienists are educators first before we are therapists. Most people think that I clean teeth for a living. Yes, I spend a lot of time cleaning teeth, but I'm also a teacher with a wealth of knowledge to impart. I listen and educate patients on what I see in their mouths and advise them on what they need to do to care for their oral health.

All patients want to be heard, and we have to listen and address their needs. We can make recommendations. We can't force a patient to do a treatment or buy a product that they don't feel is necessary. That's where our educator hat comes in.

### What's been the most effective way of reaching patients?

We use a lot of tools to help us get our message across to our patients. One of the best is our digital radiographs and intraoral photos.



Seeing their teeth up close and personal usually provides enough evidence to show patients that a problem exists, and for them to take some accountability for their oral health.

The way news is delivered to a patient is also very critical—you never, ever want a patient to feel ashamed of a dental problem. Patients are humans and you want them to always have their dignity intact.

Imagine being judged for having gross decay if you grew up not knowing the deleterious effects of a chronic acidic oral environment. It makes me think about being 5 years old again and not knowing any better until a hygienist took the time to educate me. I was proud of my silver caps until I was teased by my older siblings for having rotten teeth and that really brought my self-esteem down. I rarely smiled then. Just ask my mom for my kindergarten photo. My point is to educate the patient. Show them what's going on in their mouth, make recommendations in a compassionate manner, and help them to get the healthy smile they need. ■

## OTHER PRODUCTS

### Bonding agents

- 3M Scotchbond Universal

### Handpieces

- A-dec EA-53

### Cements

- RelyX Luting Plus
- RelyX Unicem 2

### Financing

- CareCredit



2017 // dentaltown.com