When the Dentist Becomes the Patient

Blaise Delfino, MS, HIS, Dr. Michael Walker, and Dr. Jamie Hand

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Learning Outcomes

- After this course, participants will be able to describe the occupational noise risks inherent in dentistry, including evidence from Dr. Jamie Hand's research.
- After this course, participants will be able to identify small, implementable changes to improve safety, workflow, and long-term practice sustainability that benefit both providers and patients.
- After this course, participants will be able to explain how to implement strategies borrowed from dentistry to increase patient motivation and follow-through, and apply other lessons from dental practice acquisition around culture, patient trust, and systemizing care to private practice audiology.

Limitations/Risks

Please review these bullets and make any revisions/additions as applicable for your course.

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

When the Dentist Becomes the Patient

Hearing Protection, Leadership, and Lessons for Private Practice HCPs

Presenters

Blaise Delfino, MS, HIS

Dr. Michael Walker

Dr. Jamie Hand

2026 Audiology Online Summit

Welcome & Disclosures

Introduction

Welcome to the Hearing Matters Podcast discussion at the 2026 Audiology Online Summit.

Acknowledgment

Special thanks to **Synchrony** for sponsoring the summit and making this conversation possible.

The Unique Dynamic

This presentation explores the **"Dentist/Patient/Peer"** relationship between Blaise Delfino and Dr. Michael Walker—examining insights from when healthcare providers become patients themselves.

Industry Foundations: A Tale of Two Models

Dentistry: Prevention-First (Routine-Based)

- **63%** of US adults visit annually
- **90%** have dental coverage
- Behavioral training starts in **elementary school**

Established culture of prevention and routine maintenance

Hearing Healthcare: Delayed Adoption (High-Stakes)

- **20-30%** usage rate for those who could benefit
- Average **7–10 year delay** before seeking care

Reactive approach with significant barriers to adoption

The Opportunity: Borrowing the Playbook

Reframing hearing care as "Ongoing Health Maintenance" rather than a "One-Time Transaction"

Key Strategic Shifts

- Normalize prevention through patient education
- Embed hearing health conversations into routine workflows
- Create touchpoints before problems become crises
- Build long-term relationships, not one-time interventions

Research Spotlight: Dr. Jamie Hand

Principal Investigator

Dr. Jamie Hand

Dental Hygiene Department

Prevalence of Tinnitus and Noise-Induced Hearing Loss in Dentists

Research Origins

The study emerged from direct observations at the dental hygiene department, where patterns of hearing-related complaints among dental professionals prompted systematic investigation.

Identifying the Culprit: It's Not Just the Drill

The Unexpected Noise Source

High-speed handpieces (drills) are high-pitched and annoying—but the **suction tool** (when unobstructed) is often the **loudest element**.

Sound Level Analysis

- Dental drills: High-frequency noise, perceptually annoying
- Suction devices (unobstructed): Peak loudness, sustained exposure
- Combined environment: Cumulative impact on hearing health

NIOSH Exposure Threshold

94–96 dB

Requires hearing protection after only 1 hour of exposure

Most dental procedures exceed this threshold during routine work

Tinnitus Prevalence & Self-Reporting

Study findings revealed tinnitus levels higher than initially anticipated, with self-reported hearing loss showing clear age-related patterns.

Self-Reported Hearing Loss by Age Group

Age Range: **50–59 years**

28.5%

Significant impact during peak career years

Age Range: **60–69 years**

40.8%

Majority experiencing hearing challenges

Tinnitus prevalence was consistently higher across all age groups than population baselines.

Clinical Implication

Importance of checking ultra-high frequencies in occupational hearing assessments for dental professionals

High-frequency hearing loss often precedes awareness and appears in standard audiometric testing

Clinical Solutions: Active vs. Passive Protection

Active Protection (Phantoms)

Selective Noise Reduction

- Allows communication with patients and assistants
- Actively 'cuts out' drill and suction noise
- Maintains situational awareness
- Preserves chairside workflow

Best for: Dentists who need constant patient communication

Passive Protection (Custom Silicone)

Maximum Noise Attenuation

- Excellent overall protection
- Durable and cost-effective
- Custom-fit for comfort
- Consistent protection levels

Limitation: Can hinder chairside communication

Best for: Laboratory work or non-patient-facing procedures

Community Outreach Strategy

Use hearing protection as an entry point for engaging the dental community

Position audiologists as occupational health partners for dental practices, offering protection solutions and hearing health education. This builds trust and long-term professional relationships.

Why Prevention Works in Dentistry

Dentistry has successfully built a prevention-first culture through three interconnected factors that create lasting patient behavior change.

1

Ingrained Habits from Childhood

Dental hygiene education begins in elementary school, establishing routine care as a lifelong norm. Children learn that brushing, flossing, and regular checkups are non-negotiable aspects of health.

2

Fear of Pain: Catching Things Early

The memory of a toothache is a powerful motivator. Patients understand that small problems become painful (and expensive) if ignored. Prevention avoids the crisis moment.

3

Standard of Care: Prevention Isn't Optional

In dentistry, prevention is the baseline expectation. It's not presented as an upgrade or choice—it's the standard. This removes ambiguity and normalizes proactive care.

Case Acceptance with Confidence

> "You can diagnose all day long, but communication is what drives acceptance."
> *— Dr. Michael Walker*

Education vs. Diagnosis

Diagnosis identifies the problem; education builds understanding and motivates action.

- Translate clinical findings into patient-relevant terms
- Connect recommendations to patient's lifestyle and concerns
- Use 'show and tell' approaches to build comprehension
- Create urgency through education, not pressure

Dealing with "Can this wait?"

Assessing Risk vs. Priority

- Be honest about timelines: 'weeks or months' provides clear context
- Explain what happens if treatment is delayed
- Distinguish between 'can wait' and 'should wait'
- Document the conversation and provide written recommendations

Honesty builds trust; pressure erodes it.

Real Ear Measurement (REM) & Objective Verification

Standards of Care Require Objective Verification

Just as preventive dentistry is the baseline expectation, Real Ear Measurement should be the non-negotiable standard in hearing care.

Dentistry

Prevention is Standard

Routine cleanings, x-rays, and examinations are automatic—not optional upgrades. Every patient receives baseline preventive care.

Outcome: Normalized expectations and consistent care quality

Audiology

REM Should Be Standard

Real Ear Measurement provides objective verification that hearing aids are delivering appropriate amplification for each patient's unique ear anatomy.

Outcome: Ensures clinical accuracy and optimal patient outcomes

The Lesson: Make best practices non-negotiable, not premium upgrades.

Financing: Removing Barriers

Old Mindset: Financing is a last resort for patients who can't afford care.

New Mindset: Financing is a patient-centered tool that removes barriers.

When introduced early, financing reduces anxiety, not creates it.

Early Introduction Strategy

Introduce financing options before discussing specific costs.

- Positions practice as patient-focused
- Reduces sticker shock by providing context
- Allows decisions based on need, not just price
- Normalizes the conversation about health investment

Timing: Discuss financing during initial consultation.

Pro Tip

Use ranges in pricing discussions.

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"Most patients invest between $X and $Y depending on their needs."
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Ranges prepare patients for the investment without anchoring to a single number.

Team-Based Communication

"One Team, One Dream"

Every team member, clinical and non-clinical, must be aligned on the practice philosophy, messaging, and patient care approach.

Align Clinical and Non-Clinical Staff

Front desk staff are a key touchpoint and must communicate the practice's full value proposition, not just schedule appointments.

Invest in front desk training as much as clinical development.

Consistency in Messaging

Patients should never hear conflicting philosophies. The message regarding financing, technology, or treatment must be unified.

Warning: Inconsistent messaging creates confusion and erodes trust.

Empowered Team Members

Provide team members with the knowledge and authority to own patient relationships and outcomes, and recognize their contributions.

Empowered teams create better patient experiences and culture.

Associate to Owner Transition

The transition to practice owner requires strategic timing, clinical confidence, and business acumen.

Clinical Mastery Before Business Ownership

Separate clinical skill development from business management.

- Master clinical workflows and patient care as an associate.
- Develop confidence in diagnosis and treatment.
- Learn from mentors without the pressure of ownership.

Mastering clinical skills first reduces stress and divided focus.

Acquiring an Existing Practice vs. Cold Start

Acquisition

Pros:

- Established patient base
- Existing cash flow & systems

Cons:

- Higher upfront cost
- Inheriting existing culture

Starting from Scratch

Pros:

- Build your own culture
- Lower initial cost

Cons:

- No immediate revenue
- Must build patient base

Cultural Due Diligence

Red Flag Practices: Culture Over Price

The lowest-priced practice may come with the highest cultural costs.

- High staff turnover rates
- Poor patient retention and reviews
- Inconsistent or unclear care philosophy
- Dysfunctional team dynamics

A strong culture is worth a premium; a toxic one is costly to fix.

Dr. Walker's First Rule: "No Change at First"

When acquiring a healthy culture: Observe, learn, and integrate before implementing changes.

- Spend first 3-6 months observing existing systems
- Build trust with staff by honoring what works
- Make changes gradually and with team input
- Preserve the positive elements of the practice

Staff and patients are wary of new ownership. Proving you respect what they've built earns you the credibility to improve what needs fixing.

Leadership Beyond Ownership

You don't need to be the owner to be a leader.

Leadership is demonstrated by how you treat patients, represent the practice, and inspire colleagues—regardless of your role.

Personal Pride in Every Case

Leaders treat every patient interaction as a reflection of their personal standard of care. They take ownership of outcomes and seek to improve.

- Approach each case with full attention and care.
- Hold yourself to the highest clinical standards.
- Take responsibility for patient outcomes.

Representing the Practice

Every interaction shapes the practice's reputation. True leaders embody the practice's values in every action and decision.

- Communicate practice philosophy consistently.
- Support team members and collaborate effectively.
- Contribute to a positive practice culture.

When team members lead, the entire practice elevates.

Summary of Key Lessons

Three transformative practices from dentistry for immediate implementation:

1

Schedule Before They Leave

Use robust recall workflows and schedule the next appointment before patients leave the office.

Increases compliance, normalizes ongoing care, and reduces drop-off.

2

Normalize Technology Through Education

Position advanced technology like Real Ear Measurement as standard care, not a premium upgrade. Educate patients on its value.

Builds trust, increases case acceptance, and elevates standard of care.

3

Focus on the Connection

Leverage personal stories and peer-to-peer interactions to create powerful connections and build patient trust.

Humanizes care, differentiates your practice, and builds lasting relationships.

These lessons prioritize relationship, education, and long-term patient outcomes over transactional interactions.

If you change one thing tomorrow:

Focus on drawing that connection with the patient.

Thank you for joining us at the 2026 Audiology Online Summit.

When the Dentist Becomes the Patient: Lessons for all of us.

Connect with the Presenters

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