

Be the best that you can be

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Objectives:

- The reader should know the legal and ethical boundaries of the profession.
- To encourage the reader to practice within their scope of practice

Always do your best. Give it your all.

These are values we were brought up with. It is what helps us to fit into society, to make the world a better place. It is possibly also the values we teach our children. Right through our lives we will be guided by written and unwritten guidelines and rules that will shape us to fit into, and improve the world around us. It can be as common as a smile, or a please and thank you, or as detailed as the Constitution of the country.

The law now requires all dental assistants to be registered with the HPCSA. It will thus be illegal to work as an assistant if you are not registered. The Professional Board for Dental Therapy and Oral Hygiene asked the Minister of Health to change the regulations to open a four month registration period for all unregistered assistants to register provisionally- regardless of their years of experience. A provisionally registered assistant will have to write and pass the Board Exam. After passing the Board Exam, the assistant can then be registered with the HPCSA as a dental assistant. We are now waiting to hear from the Minister.

Please note, that although an assistant will be registered, the Board Exam does not give you a formal qualification.

When this window period closes, all unregistered dental assistants will have to get a qualification from a University of Technology to be able to register as an assistant.

According to the Health Professions Act 1974 (Act 56 of 1974) the Minister of Health signs the regulations that stipulate the Scope of Practice (SOP) for e.g. Dental Assistants (DA) or any other profession for that matter. What this really means is once a task or duty has been incorporated into the scope of practice, only persons registered under this specific profession may legally perform the task or procedure. Let's take for example: tooth whitening falls under the SOP of dentists and oral hygienists. It will therefore be illegal for dental assistants, beauticians or housewives to do tooth whitenings. A dental assistant may not do scale and polishes and an oral hygienist may not do KI II fillings- regardless of how

good, cautious or experienced he or she may be. Should one be caught and found guilty of acting outside their SOP, you may face a hefty fine or criminal charges may even be laid.

To be professionally the best you can possibly be, it is a good starting point to look at what we are allowed and expected to do.

Dental assistants' Scope of Practice is as follow:

1. Prepare and manage the clinical area (e.g. your surgery) before, during and after a patient's treatment
2. Sterilising instruments and disinfecting surfaces and equipment in the clinical area.
3. Managing and monitoring infection control, sterilization and waste management of the practice. (It is therefore important to know what is biological, medical and hazardous waste)
4. Preparing materials and instruments and handpieces for all procedures the clinician will do.
5. Ensuring the patients are comfortable and their needs are seen to during the appointment.
6. Providing clinical assistance through four handed dentistry which includes instrument transfer, high speed suctioning and debridement techniques in procedures that are performed by the dentists, hygienist or dental therapist.
7. Taking detailed notes during patient discussion, an examination or during treatment. These notes include issues like medical history, patient complaints or comments, clinical findings of the soft or hard tissue, patient habits or behaviour, instructions or suggestions given to the patient, appliances or dentures worn or any other information gathered or shared with the operator during the visit. (If you are unsure what to note, confirm it with the clinician)
8. Caring for and maintain all equipment used in the dental practice
9. Processing of radiographs.

A student DA may do all of the above tasks, as long as it is under the supervision of a registered assistant or any dental practitioner.

See:

http://www.hpcsa.co.za/Content/Docs/DentalTherapyDocs/regulation_defining_scope%20of%20profession_of_da.pdf

The Oral Hygienist's Scope of Practice is as follow:

1. Planning, implementing and evaluating oral health programs
2. A (i) Assessing patients through interviews and clinical examinations.

- (ii) Taking X-rays and clinical photographs
- (iii) Taking impressions, cast, trim and polishing of study models (Casts)

B Making an oral hygiene diagnosis and developing a treatment plan within the scope of practice.

C. (i) Giving home care instructions- including advice on the best plaque control measures, mouthwash, fluoride supplements, diet instructions and tobacco cessation.

(ii) Applying topical agents for caries prevention, remineralisation, desensitizing and plaque control.

(iii) Placing pit and fissure sealants

(iv) Scaling of teeth, root debridement (planing), scaling of implants and polishing of teeth

(v) The making of plaster models to vacuum/ manufacture gum guards

(vi) The placing and removing of rubber dam and matrix bands, the application of minimally invasive procedures such as atraumatic restorative techniques (ART) and sealant restorations;

(vii) The treatment of dentine hypersensitivity and cervical abrasion lesions with glass ionomer cement.

(viii) The polishing and recontouring of overhanging restorations.

(ix) The application of topical anaesthesia; (we are awaiting the promulgation of the amended regulations with regards to giving local anaesthetics)

(x) The giving of assistance to dental therapists, dentists, dental specialists with the performance of basic and advanced clinical procedures;

(xi) the application of vital tooth bleaching (whitening) techniques and procedures;

(xii) the performance of the following supportive clinical procedures as instructed by dentists and dental specialists:

(a) The taking of cytological smears;

(b) the splinting of mobile teeth;

(c) the application and removal of periodontal packs; and

(d) the removal of surgical sutures;

(e) the placing of temporary restorations as an emergency measure;

(f) the performance of temporary cementing of inlays, crowns and bridges;

(g) the placement of soft linings in dentures as tissue conditioners;

In the orthodontic field:

(h) the performance of cephalometric tracings;

(i) the relieving of trauma caused by intra-and extra-oral appliances, such as the cutting of distal ends of arch wires;

(j) the taking of impressions, cast and trim study and primary work models;

(k) placement of pre-activated orthodontic appliances,

(l) the removal of orthodontic attachments and bands

(m) the placement and removal of elastics and ligature wires, the placement and activation of arch wires

(n) Re-cementing of orthodontic retainers.

3. A student in oral hygiene may perform all these duties, provided he/she is under the supervision of a dental specialist, dentist, dental therapist, or oral hygienist.

Should a hygienist wish to practice independently, he/she needs to comply with the following requirements

- (a) Serving a period of at least one year under the control and supervision of a registered dentist, dental therapist or another registered oral hygienist, and with approval of the Board;
- (b) obtaining any of the qualifications in oral hygiene approved by the Board, and if such qualification was obtained prior to 2001, he or she must have also obtained a further qualification in expanded clinical functions in oral hygiene offered by any of the examining authorities approved by the Board; and
- (c) Successfully complete a First Aid Level 3 training at a training institution approved by the Health and Welfare SETA .

See:

http://www.hpcsa.co.za/Content/Docs/DentalTherapyDocs/regulation_defining_scope%20of%20profession_of_oh.pdf)

DA's and OH's don't get paid enough to be in the business for the money. We are people who care and serve- a vital link in the dental team.

The HPCSA provide us with a set of Ethical Guidelines. These guidelines are there to protect both ourselves and our patients. We know most of it by heart but it is still important to read through it from time to time to keep it fresh.

The Core Ethical values and Standards in our professions include the following:

Respect for persons:

We should respect patients as persons. No doubt we see our fair share of eccentricities in our chairs. We must acknowledge, respect and guide each patient to the best of our ability.

Best interests or well-being of the patient

We should always strive to cause no harm- or as little harm as possible- to get the most benefit for our patient, even if it is in conflict with our own interest. This is often difficult for an assistant. Think for e.g. you are running late. The dentist is waiting for that handpiece in the steriliser and the sterilization cycle still has 3 minutes to go... what do you do? Or: the fissures on the bicuspid of a 16 year old patient with no caries are not that deep or defined.

You work on a commission base. Do you honestly believe it is to the benefit of the patient to do sealants or are you doing it for your turn over?

Human Rights

Each person has the right to live his/her life according to their own beliefs, values and preferences. We should therefore respect the choices or decisions patients made regarding their treatment and health. It is our duty to give them all the information and guidance they need to make an informed decision.

Truthfulness

We should regard the truth and truthfulness as the basis of trust in our professional relationships with patients. This sounds easy, but what will you do if you know your boss is charging the patient for an MOD while doing an OD? Will you be prepared to discuss it with him? Or perhaps your practice charge patients for the sterilization of instruments, but you know you are using a sub-standard sterilising system. It is your duty to bring the risks to the attention of your employer and to upgrade.

Confidentiality

Patient information is sacred and should not be shared with anyone-especially in a gossip, joke, on social media or with your best friend- unless overriding reasons confer a moral or legal right to disclosure. Please familiarise yourself with point 5.4.3 of the General Ethical Guidelines for Healthcare Professionals below.

Compassion

We should be sensitive to, and empathise with, the individual and social needs of our patients. If a patient's religion requires of a woman not to be left alone in a room with a man other than her husband, be mindful. Don't just pop out to fetch something from the stock cupboard. We should seek to create mechanisms for providing comfort and support where appropriate and possible.

Tolerance

Health care practitioners should respect the rights of people to have different ethical beliefs as these may arise from deeply held personal, religious or cultural convictions and treat all individuals and groups in an impartial, fair and just manner.

Professional competence and self-improvement

To be able to be the best assistant or hygienist we could possibly be, we should continually endeavour to attain the highest level of knowledge and skills required to do our duties. This is the aim of the HPCSA's CPD requirements.

Community

As health care practitioners we should strive to contribute to the betterment of society using our professional abilities and standing in the community. Through our profession we are often "exposed" to valuable contacts. It may be a Rep that is able to supply toothbrushes for a brushing program at a local children's home or the CEO of a company who would be prepared to sponsor a project at a retirement home close to you. Angels cross our paths daily. Be on the lookout for them.

Please read the General Ethical Guidelines for Healthcare Professionals:

http://www.hpcsa.co.za/Uploads/editor/UserFiles/downloads/conduct_ethics/rules/generic_ethical_rules/booklet_1_guidelines_good_prac.pdf

We should exercise these values also in our personal lives and relationships. Although what you do afterhours is your business, what you post on Facebook will most probably affect your professional life at some point. It may be through a patient looking for ammunition to discredit you (I hope not!) or a dentist wanting to employ you.

Although we might be employed by a dentist, as dental professionals we can be sued by patients. Such a case is not just stressful, it is also costly. Although the practice would be sued, you can personally be held responsible for something that was done. Even if your employer has indemnity insurance, make sure you yourself are covered. In most cases, the dentist's indemnity insurance covers one assistant. Oral hygienists must have their own insurance.

For more information: <http://www.dentalprotection.org/south-africa>

As professionals we have a moral duty to report any unethical behaviour.

If ever you are in a position where you witness behaviour that could be potentially harmful to your patients or colleagues, it is crucial to raise alarm.

Where possible, try to discuss it with your employer first. If this is not an option, you can consider contacting the following persons:

Dental Ombudsman: DentalMediator @sada.co.za or 021 671 2793

Office of the Ombudsman at HPCSA: 021 338 9300

(South Africa only)

Should it be a health or competence issue, contact the local branch of SADA and ask for help. For the sake of the dentist and the patients, make sure the clinician get help and support. If you feel victimised or threatened, seek assistance.

Be the best that you can possibly be! If your current workspace doesn't allow you to blossom, put an expiry date on that relationship and start looking for a new job. You deserve it.

Smile

Count your Blessings

Question time:

Please note each question has only one correct answer

1. According to a DA's SOP she may
 - a) Prepare and manage the clinical area (e.g. your surgery) before, during and after a patient's treatment
 - b) Sterilising instruments and disinfecting surfaces and equipment in the clinical area.
 - c) Take X-rays and clinical photographs
 - d) A and b
2. Oral Hygienists may not perform the following task:
 - a) take cytological smears
 - b) splint mobile teeth
 - c) place soft linings in dentures as tissue conditioners
 - d) none of the above
3. A student dental assistant may
 - a) Perform all the duties a registered assistant may perform, provided it is under supervision
 - b) Not touch a patient
 - c) Assist for certain procedures only
 - d) None of the above
4. The DA may do the following task/s
 - a) Giving home care instructions- including advise on the best plaque control measures,
 - b) Care for and maintain all equipment used in the dental practice
 - c) Make plaster models to vacuum/ manufacture gum guards
 - d) All of the above
5. An OH may open her own practice if she has
 - a) the correct qualification
 - b) Worked under the supervision of a dentists for one year
 - c) Has a Level 3 First Aid certificate
 - d) All of the above
6. When trying to resolve an ethical dilemma, you should not
 - a) Stand your ground and insist on your rights
 - b) Discuss your proposed solution with those whom it will affect
 - c) Act on your decision with sensitivity to others affected
 - d) Evaluate your decision and be prepared to act differently in the future

7. What is an ethical duty?

- a) It is those tasks employers expect from us daily
- b) It is an obligation to do or refrain from doing something.
- c) To have a duty is to ask the question "What do others owe me?"
- d) It is those set of rules that apply to our professional lives only

8. When keeping your patient's best interest at heart, you should

- a) Always regard concern for the best interests or well-being of your patients as your primary professional duty.
- b) Honour the trust of your patients.
- c) Be mindful that you are in a position of power over your patients and avoid abusing their position.
- d) All of the above

9. As professionals we should not

- a) Respect the privacy and dignity of patients.
- b) Treat patients politely and with consideration.
- c) Listen to our patients and change their opinions.
- d) Avoid improper relationships with our patients, their friends or their family members (for example, sexual relationships or exploitative financial arrangements).

10. We should

- a) Avoid discussing a bad prognosis with an elderly patient
- b) Do the best treatments a child need (e.g. fluoride treatments, fissure sealants) regardless of the parent's opinion
- c) Give information to our patients in the way they can best understand it. The information must be given in a language that the patient understands and in a manner that takes into account the patient's level of literacy, understanding, values and belief systems
- d) Never openly admit to a patient that you don't know the answer.

11. It is our duty to

- a) Protect a fellow assistant, hygienist or dentist if they put patients at risk unknowingly
- b) Act quickly to protect patients from risk due to any reason.
- c) Report violations and seek help in circumstances where you have a good reason to believe that the rights of patients are being violated.
- d) B & c only

12. As part of the dental team we should
- a) Maintain proper hygiene in our working environment.
 - b) Keep accurate and up-to-date patient records
 - c) Refrain from engaging in activities (like smoking or the use of recreational drugs) that may affect our health and lead to impairment.
 - d) All of the above
13. As health care practitioners, we should
- a) recognise that we have a responsibility to ensure that in the conduct of our affairs we do not harm the environment
 - b) make sure all professional waste gets removed by the municipality timeously
 - c) leave environmental matters out of our professional lives
 - d) focus on our patients only
14. We should dispose the medical waste in a responsible and environmentally friendly matter
- a) Before inspection
 - b) always
 - c) because we are morally obliged to
 - d) none of the above
15. Which of these statements are correct?
- a) Where it is in our power, protect people who report misconduct from victimisation or intimidation.
 - b) I am a hygienist/ assistant, not a whistle blower
 - c) I have a duty to help protect colleagues and patients against misconduct
 - d) A & c

