Professionalism in the Dental Office, Part One

What It Means to Your Practice

Every dentist aims to be professional in the office. He or she knows that his or her professionalism will be viewed as the actions of a professional. Ultimately, these actions will either benefit or influence the hard-earned trust of the dental profession as a whole. But acting with professionalism does not relate only to the dentist’s own behaviors and attitudes, but also to all those who help the dentist to care for patients.

What are we requiring when we say that every dentist ought to demonstrate his or her professionalism and that his or her support staff ought to as well? Our answers to these questions will have two parts. In Part One, we will examine what professionalism means in daily dental practice, for this word is used in a number of different ways. In Part Two of this series, we will examine a variety of office scenarios in order to discuss the ways in which professionalism can help clarify roles in our offices and nurture healthier dental practices.

To understand what professionalism entails, it is useful to think about the meaning of the word “professional.” “Professional” functions as both a noun and an adjective. The noun often refers to a member of a profession, but it also can refer to someone who acts like a member of a profession. When “professional” is used as an adjective (and, similarly, the adverb, “professionally”), it almost always has this second meaning (i.e., it favorably compares a person or an action to how a member of a profession is expected to act).

The word “professionalism” as it is now commonly used, builds on this second meaning of “professional.” It summarizes how a member of a profession ought to act. So to use “professional” either as a noun or as an adjective in this second way, or to speak meaningfully about “professionalism,” one must have some fairly definite ideas about how a member of a profession ought to act.

A third common meaning of the noun “professional” is worth noting—namely, someone who engages in an occupation as a career and for his or her livelihood, rather than as a hobbyist or amateur. Of course, some hobbyists and amateurs are remarkably skilled. But what they do does not impact the reputation of a profession as a whole. Because of this, professionalism has a special kind of social value that many other pursuits do not.

Professionalism has two main components. One is professional competence (i.e., making one’s judgments in the practice of one’s profession in accordance with the profession’s distinctive expertise). The other is professional ethics (i.e., conducting oneself in relation to those one serves in accordance with the profession’s ethical standards).

Professional competence

Professional competence can be described by referring to “professional” as a noun—a member of a profession. This differentiates professionals from craftspeople, as well as artisans and technicians. How do professionals compare with people in these other occupations?

Craftspersons, artisans, and technicians have two things in common with the members of professions:
1. habitual skill in performing a set of fairly complex activities that, when performed well, are of value to others
2. a socially expected commitment to maintaining and improving these skills.

Regarding the second characteristic, note that few people would describe someone who obtained a set of useful skills but had no commitment to maintaining or improving them as a good craftsman, artisan, technician, etc. Few of us, furthermore, would depend on these people if we needed skilled assistance. These two characteristics differentiate professionals, as well as craftspeople, artisans, and technicians, from the numerous useful activities that do not involve complex skills, or skills that need to be habituated, in order to be dependable.

The term “habitual” is very important here. This is because acquiring skill in performing any fairly complex set of activities requires learning both the activities themselves and the judgment skills needed to implement these activities correctly. Furthermore, such learning requires first learning each of the activities and judgment skills piece by piece until these pieces have become habitual. Only then does one learn to put the pieces together correctly and learn to perform these skills habitually. Only then can these components of
the activity and its judgments be combined with the relevant diagnostic and prognostic skills, until the entire set of skills and implementing judgments has been habituated. Such habitual skill in performing complex activities is an essential part of professional competence in dentistry and dental professionalism.

Sociologists often have stressed the great intellectual complexity of professionals’ skills; this helps to further distinguish professions from other occupations. And, there are certainly additional essential characteristics of professional competence in dentistry. But, as specialization increases in many fields, the professions may not be as unique in this respect as they used to be. There are, however, two other ways in which professional competence as a key component of dental professionalism continues to be distinctive.

First, the expert services that professionals provide are highly valuable to society. Dentistry and other health professions, for example, address human needs that, if unmet, may result in pain and other forms of suffering. Nearly every occupation contributes value of some sort to human life. However, professions are typically focused on preserving one or more of the values that a society deems necessary for people to achieve their goals.

Second, many judgments by professionals are only about the means for preserving these values in the lives of those they serve; at the heart of professional service, though, are judgments specifically about what is good (or harmful) for the people served. That is, every practitioner of every occupation offers and/or carries out judgments based on what they deem useful to those they serve. However, it is the social role of most occupations to offer such judgments only about the means by which those whom they serve might achieve those things they value. The technician, for example, who has mastered the skill of taking radiographs, carries out important technical judgments about how to do this and instructs the patient how to keep a bitewing film steady for the best picture. The technician does not, however, determine that it is beneficial for the patient’s oral health to take radiographs. This specific kind of determination is an expert judgment about the patient’s well-being. And therefore, this is specifically a professional judgment that is reserved for the dentist.

Other than the professions, very few occupations have been accorded the authority to make socially determining judgments about things that are beneficial for other persons. Such authority produces social power that can be misused. A society that granted this kind of authority and power to some group, but paid no attention to the possibility of its misuse, then, would be acting very foolishly. On the other hand, if the members of a profession can be depended on to act in accordance with standards of conduct that the profession and the larger society judge mutually appropriate, then the benefits of granting professional authority to that group will outweigh the risks. Dentistry’s long dependability in this regard—plus the continuing value of the dental profession’s expertise to our society—is why it continues to be one of our society’s most important and respected professions.

It is at least as important for a dentist’s professional ethics to be a matter of well-established habits as it is for the dentist’s professional competence to be a matter of habits. We have said that the physical, intellectual, and value-focused aspects of professional competence must be mastered to the point that the vast majority of situations can be competently and dependably addressed without narrow attention to each piece of the process. Similarly, the dentist needs to be able to dependably and ethically carry out, as a matter of habit, the numerous interactions with the patient that make up the typical office visit.

Of course, the skills involved in interacting ethically with patients are learned gradually. The young dentist first learns the key ideas that are at the heart of dentistry’s ethics, then he or she works to transform these from abstract theoretical norms to actual patterns of practice. From here, the dentist begins to

A professional who routinely made such judgments ad hoc would be acting as unprofessionally as a person who, for example, addressed the physical or intellectual tasks of professional practice randomly. Dental professionalism requires initially acquiring, and then thoughtfully maintaining, a habitual understanding of dentistry’s central practice values—values established by the profession and the larger society acting together in dialogue over time.

Professional ethics

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make each of these patterns habitual and starts learning to put these skills together into dependable patterns of ethical patient interaction. With more practice, careful reflection on one’s own practice, and observation of the ethical habits of experienced practitioners, the dentist habituates the profession’s ethics and can be depended on to practice ethically.

This does not mean that situations will not arise that require the dentist to pause and consider alternative courses of action very carefully. Some ethically complex situations will require such contemplation in order to determine the best ethical course. Some will benefit from—or even require—consultation with other members of one’s dental team or colleagues. But the challenges of daily practice would be impossible to handle, ethically, if the profession’s ethical standards were not as fully a part of the dentist’s habitual repertoire as professional competence.

**Professionalism in the dental office**

Professionalism in a nutshell, therefore, is a dentist’s habitual practice of professional ethics and professional competence (physically, intellectually, and with a habitual focus on dentistry’s central practice values as the desired outcome for the patient).

What about the rest of the dental office? The dental team likely includes dental hygienists. Their role among professionals is distinctly different from dental assistants and dental administrators. Like dentistry, dental hygiene has its own solid record of habitually competent and ethical practice—its own record of licensed professionalism. Whenever health professionals work together in the care of the same patient, each ought to be able to respect and collaborate with the other as a fellow professional. Obviously the same is true of competent and ethical dental hygienists who, because of their licensed professionalism, also deserve a collaborative working environment.

What about the rest of the office staff who contribute to patient care? These employees are not health professionals. What can be said about their professionalism?

The first thing to note is that we are not speaking inappropriately when we speak of the professionalism of the office staff. The word “professional” does often refer to a member of a profession. But others can act “like a member of a profession” as well. How does this idea apply to the other members of the dental team, both in terms of competence and in terms of ethics?

Each staff person has important competencies to contribute to the care of patients. While nonprofessionals do not have the kind of socially recognized, licensed expertise that dentists and dental hygienists have, few dental offices could provide high-quality oral health care without the contributions of the office staff members. For nonprofessional staff, conducting themselves “like professionals” in regard to competence requires three things.

First, staff must perform their assigned tasks competently, which requires habituating the relevant physical and intellectual skills. Second, it means respecting the competence and contributions of co-workers—not just the professionals in the office, but every member of the staff. Third, it means understanding—and making primary in their work—the central practice values of dentistry. These should be staff members’ primary goals even though their assigned tasks may be directly focused on office efficiency.

This is also the reason why a special emphasis on the ethics of dental practice needs to permeate every activity in the dental office, especially for staff members who interact directly with patients. The ethics of the ideal relationship with the patient should guide all of these interactions—and should be an important background component of the work of staff members who do not interact directly with patients.

Most of what people learn about professionalism is not learned solely by formal instruction. It is learned chiefly by observing it through the actions of others. So the professionals in your office must be modeling the components of professionalism just mentioned. If dentists do not practice competently, do not treat other professionals and staff members with the respect their competent performances require, or place business success ahead of securing patients’ oral health and dentistry’s other central practice values, they are not acting as a professional.

However, acting as a professional role model does not mean that the dentist, or licensed dental hygienist, should assume that only he or she has the best answer for every aspect of the practice. Rather, professionalism is marked by mutual respect for each other’s competence. The best care of patients and office efficiency depend on the skill and collaborative thinking of the entire office—both the professional and office staff members. Like the dentist-patient relationship, most human enterprises work best when they are collaborative.

In our next article in this series, we will discuss examples of professionalism in the office in terms of common office scenarios.

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