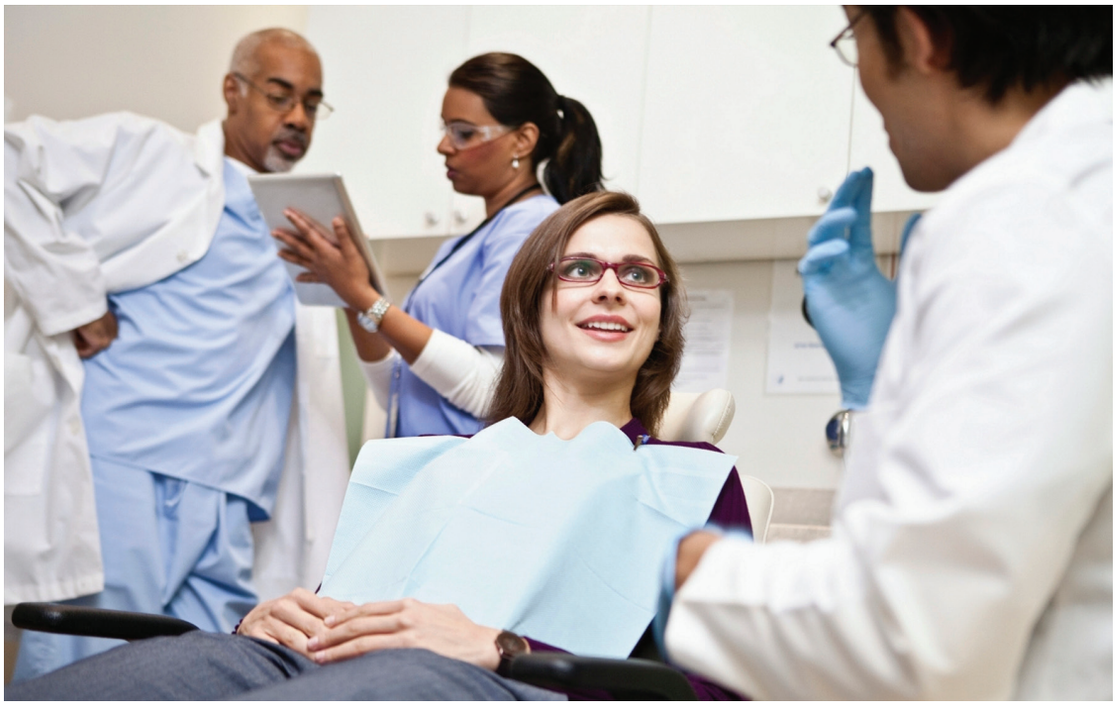

Professionalism in the Dental Office, Part Two

Understanding Staff Roles and Working Together

BY DONALD PATTHOFF, DDS, MAGD, AND DAVID OZAR, PHD

In our last article, we described in general terms what professionalism looks like in a competent and ethical dental practice, and in the office staff's competent and ethical interactions with patients, the dentist, and one another. ("Professionalism in the Dental Office, Part One," *AGD Impact*, September 2012.) This means that staff members perform their own assigned tasks competently, respect the competence and contributions of their co-workers, and interact with patients in a respectful manner that is consistent with the dentist's ethical goal of developing an ideal collaborative relationship with every patient.

Moreover, staff should understand dentistry's central values—which give the profession its reason for being—and focus on those values in their work. ("At the Core," *AGD Impact*, June 2008.) In this way, even though some of the staff often may be more focused directly on office efficiency or business success, the reality that the professional-patient interaction is profoundly different from the seller-consumer interaction will be mirrored in everything the office does. In this article, we will offer some concrete examples of this, based on informal surveys of staff in a busy dental office.

Office staff

Professional characteristics are important especially in the staff who deal directly with patients. For example, a receptionist or other staff member who schedules appointments must gather relevant symptom information to determine if the patient needs an urgent or even an emergency appointment. The scheduler also needs to listen carefully to recognize when the patient is understating important symptoms out of fear and delaying treatment that should be done right away, or overstating symptoms in order to receive a quicker appointment.

Once that information is available, especially when the patient's need is more urgent, the

scheduler who knows typical daily call patterns and existing appointments can judge when and how to fit the patient in, or when to schedule this patient at a later time. This is subtly different from scheduling in the business world, where one simply gives the customer the first available time or matches the customer with a time slot that helps to maximize profit and business needs.

The scheduler on the phone and the receptionist in the office also must interact with patients respectfully and sympathetically, not only because they are in considerable pain sometimes, but also because many are anxious or fearful of dental care. The scheduler and receptionist's interactions with patients should be consistent with the dentist's style and manner of interaction. Further, even though the scheduler and receptionist need to know enough about dental care to schedule properly and support patients sympathetically, it is the dentist, not the scheduler or receptionist, whose duty it is to inform patients about their dental needs and treatment.

In many offices it is the scheduler or receptionist who communicates with patients about billing, and whoever is responsible for this issue must handle it with the greatest respect and care. Some patients seem to think receiving dental care really is no different from hiring a photographer or a plumber. And while many patients understand that a dental office is not just another sales office and that the dental professional is not just another seller in the marketplace, they may have trouble remembering this if there are difficulties with or misunderstandings about charges, insurance, or billing. So, keeping the real goals of the dental office in mind and constantly trying to be respectful of the patient or the person paying for the care are especially important.

Dental assistants

Dental assistants are interacting with the patient in the chair constantly—not just when the dentist is present to speak with the patient or perform an examination or procedure. The assistant also spends time with the patient when the dentist is out of the operatory, both before the dentist arrives and after the dentist has left to attend to another patient or do other work.

Most patients understand that assistants have been trained not only to assist the dentist but also to provide other services when the dentist is not present—services like taking radiographs, etc. However, some patients do not understand the assistant's role and need to be educated about it, which can be difficult if the dentist does not take the lead.

Some patients do not understand the assistant's role and need to be educated about it, which can be difficult if the dentist does not take the lead.

But for all patients, respect and sympathy are important characteristics of the dental assistant's role. Additionally, the assistant should observe how the dentist talks with patients and try to reflect the same tone and manner, because the assistant's interactions with patients should be consistent with the dentist's.

Like the scheduler and receptionist, the assistant must not take on the role of the dentist. This holds true even for experienced assistants who understand, or strongly suspect, what the patient's needs may be or what treatment the dentist likely will recommend. At the same time, because the dentist reads the literature and returns from professional meetings with new ideas, the assistant must stay attuned to any adjustments that the dentist makes in explaining findings, suggesting treatment options, talking a patient through a procedure, or giving post-op care information.

Some patients will treat the assistant as if he or she is "on their side" instead of the dentist's. As one assistant put it, some patients seem to think "we know secrets—which we do—and that we will be willing to share them with the patient." But assistants know that this is not their role, and that while they need to be sympathetic with the patient, comfort them, and reduce their fears, they are always working with the dentist, who is in charge of the patient's total care, whether he or she is in the room or not.

The assistant also should notice when patients look puzzled after the dentist leaves the room or when examining educational materials. Some patients require simple explanations of common dental terms or information about more complex concerns. Patients want to be able to talk about their current and future treatment using terms and language that they understand and can share with their family and friends.

Assistants often learn a lot about patients, including facts patients do not tell the dentist. If a patient says something the dentist needs to know in order to provide proper care, the assistant needs to find a way to guide the patient to tell this to the dentist. If the information is important enough, it sometimes will be necessary for the assistant to tell the dentist directly. Such situations can be very complex, and handling them properly requires sensitivity to patients' needs and a strong ethical sense.

However, it is not the assistant's role to have a separate relationship with the patient, even though many patients feel more comfortable talking with the assistant than the dentist. Instead, the assistant and the dentist should share their caregiving responsibilities for each patient.

Dental hygienists

The dental hygienist plays a different role in the office than other staff members. Because hygienists are trained and licensed professionals with special expertise, they are qualified to make judgments about some of the patients' oral health needs and to provide a defined range of preventive and therapeutic services.

In the best dentist-hygienist

relationships, the hygienist also provides the dentist with information important to the patient's diagnosis. The hygienist also should provide oral health education to the patient so the dentist can focus on operative and surgical needs outside the scope of the hygienist's expertise. And in the best relationships, the dentist and hygienist respect and depend on each other's expert judgments, and their services become so coordinated that the patient's care experience seems seamless.

But to maintain this level of mutual respect and coordination of care, both the dentist and the hygienist must make it a specific goal in their interactions with the patient. Some patients do not understand that the hygienist is a trained and licensed professional; if the dentist does not educate patients about this, the hygienist-patient relationship and the hygienist's effectiveness in providing services could be compromised. Dentists need to be thoughtful, then, in how they relate to hygienists when patients are present and how they speak to patients about hygienists' contributions to their care.

By the same token, the hygienist must reflect the dentist's philosophies and understandings about oral health and disease, and about specific procedures and interventions. Sharp contrasts about these matters can seriously interfere with the patient's trust in the office team and the dentist and hygienist's ability to provide quality care. In addition, because some patients may communicate more comfortably with the hygienist than the dentist, the hygienist often may be a primary contributor to patients' understanding of their care in the office and of how to provide proper self-care at home, as well as their compliance with after-care recommendations.

Of course, the hygienist has the same obligation as the dentist and the rest of the staff to interact with patients in a manner that fulfills the ideal professional-patient relationship as much as the situation permits. This requires, among other things, special attention to situations when the hygienist or the dentist's schedule is backed up because of a patient's unexpected need for additional treatment or education. Patients' time is valuable, of course, but these situations also are important when it comes to office professionalism. It is important for all patients to understand that they are the focus of the practitioner's attention when they are in the chair, but that they are not the only patient who needs care from the office team. Effective communication of these ideas is one of the most obvious differences between a typical business situation and an office that provides professional services.

The hygienist must reflect the dentist's philosophies and understandings about oral health and disease, and about specific procedures and interventions.

In addition to the above, which has mostly focused on patients who are in general good health and capable of making their own decisions about dental care, it is important to add that professionalism requires special attention for patients with health conditions, pain issues, or disabilities, as well as for children. This is especially important when the needs of such patients are invisible or the patient chooses not to inform anyone of his or her special needs or situation; all members of the staff must pay attention to signs of such needs, respond appropriately, and inform other members of the caregiving team when appropriate.

Professional shortfalls

The development of any habit of professional virtue is the culmination of a process. It begins with recognition—by the individual and, in the case of an office, by the group collectively—that a certain way of acting is valuable enough to make it a habit. Then follows conscious effort to act this way consistently—ideally each time the action is appropriate. This requires a kind of experimental attitude; every situation that calls for such action will not be identical, so the desired way of acting needs to be adapted as needed and simultaneously reinforced as one's habitual response. A first encounter with a new situation, then, may not be the most proficient. Over time, however, acting a certain way will require decreasing levels of conscious attention. At this point, a habit is in place, and the person or group can begin to depend on it. However, habits need to be continuously re-evaluated for appropriateness and effectiveness; the growth process is not fully complete just because a habit is in place.

The complete development of any virtue, including good habits of dental professionalism, has one more step, in which two conditions should be met. First, the appropriate action should be taken virtually every time a situation calls for it, ordinarily without significant effort or close attention. Second, the person or group should be aware of situations that are known to challenge or inhibit the desired pattern of action, and should develop a system to prevent these situations as much as possible and to respond to them when they arise.

So when we speak about addressing professional shortfalls, we are not talking about the initial learning process, like educating a new member of the office staff who knows little or nothing about dental professionalism. Instead, we are presuming here what is surely widely the case: that most dental offices already have many habits of professionalism in place for every staff member. Our focus here is on how a dental office can take the next step to the full development of professionalism in both competence and ethical conduct.

In order to do that, we do need to look at professional shortfalls, but this refers to occasional shortfalls from ideal professionalism by an office's staff (and its dentist, of course) rather than systemic shortfalls that would make us doubt whether the office had any real habits of professionalism at all. (Any office that would fit this last description

obviously would have a great deal of work to do on competent practice and ethical conduct. This would require a whole-office educational initiative analogous to what would be necessary for the above-mentioned new staff member.)

There are four general kinds of shortfalls from competent practice and ethical conduct:

- Type 1: A person falls short because, although the situation commonly arises, he or she does not understand why professionalism is important in the situation.
- Type 2: A person falls short out of ignorance about what professionalism calls for or how to do it, even though the situation commonly arises.
- Type 3: A person falls short in a situation that commonly arises because other concerns press on the person so much that professionalism gets pushed aside.
- Type 4: A person falls short because something totally unexpected or significantly out of the ordinary makes it difficult to determine what professionalism calls for or how to do it.

The shortfalls described in Types 1 and 2 are unlikely in a dental office, except perhaps among very new staff members. When such shortfalls occur, obviously they call for respectful education by the dentist or by another staff member. (If shortfalls like Types 1 and 2 are occurring in an office—and occurring with any degree of regularity—then educational efforts for *all* staff—not just new members—are necessary.)

Type 3 shortfalls can occur in highly professional dental staffs because providing dental care in a busy office is not always a smooth, peaceful process, especially when a day includes a number of difficult patient cases or patients with special needs, or when a member of the staff is not in the office due to sickness or another absence. In order to take the next step toward the full development of professionalism in the office, the dentist and staff need to take careful note of the kinds of situations in which Type 3 shortfalls take place and then figure out how to address them.

Some shortfall patterns may be preventable with appropriate foresight; others may not be preventable. But by noting the latter's patterns, the office will not be blindsided by events, and everyone involved at least will be forewarned when extra care and generosity—not only toward the patients, but also toward one another in the office—will be required to act their professional best in spite of the special circumstances.

Type 4 shortfalls, by definition, do not follow a pattern and cannot be identified and prepared for in advance in the ways just noted. But this does not mean that there is nothing that an office committed to professionalism can do about them. In some Type 4 situations, there may be time for the person involved to consult with the dentist or staff for assistance in determining what ought to be done professionally or how to actually do it. When there is no time for this and the person must make his or her best professional judgment and proceed, it should at least be possible for the dentist and staff to examine the situation after the fact, e.g., at a daily or weekly staff meeting.

In this way, although Type 4 situations cannot be foreseen, what people do when facing them will not need to be done wholly alone, and whatever is done can become, either at the time or after the fact, something that is "owned" and affirmed by the whole office team. (Even if others disagree with what the person involved judged to be the best course of action, this still can be a respectful conversation that affirms the goodwill and best intentions of that person, in a way different from a simple consensus. The person involved can still know that he or she is affirmed for trying his or her best, and everyone's efforts to practice dental professionalism as fully as possible can be mutually "owned" by the whole team as a unit.)

Notice, however, that our suggestions about Type 3 and 4 situations assume that there is a shared desire on the part of every member of the office, professionals and nonprofessionals alike, to grow *together* toward fully developed professionalism in the office; they recognize that this only can be achieved if every individual's efforts in this regard are respected and supported by every other. This is a high ideal for which the dental office can aim. For such mutual trust to be generated, everyone must have a special kind of honesty, humility, and respect for others. No doubt there are people, and perhaps whole offices, that will not aspire to taking this additional step toward the full development of professionalism. But we hope it is worth seeing it described here and that it is worth considering seriously as a goal. ◆

Donald Patthoff, DDS, MAGD, is a general dentist who has practiced in Martinsburg, W.Va., since 1974. He has been a member of the American Society for Dental Ethics (ASDE) since 1988, previously serving as its president. He currently serves as chairman of the Academy of Laser Dentistry Ethics Committee and has been a member of the American College of Dentists (ACD) Ethics Committee since 2001. Contact him at *impact@agd.org*.

David Ozar, PhD, is professor and co-director of graduate studies in health care ethics in the philosophy department of Loyola University Chicago. He is an honorary fellow of the ACD, and was the founder and first president of the ASDE in 1987. He served as ASDE president again in 1998, as its unofficial executive director from 1989 to 1993, and formally as its executive director from 1999 to 2005. Contact him at *impact@agd.org*.