

## PRACTICE & WORKPLACE INFORMATION

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### POTENTIAL SKILLS FOR A REGISTERED DENTAL ASSISTANT

- Dental Radiographs, Expose, Process, Mount
- Dental Dam, Place & Remove
- Preliminary Impressions & Bite Registration
- Treatment Liners/Acid Etching/Bonding
- Matrices/Wedges, Place & Remove
- Rubber Cup Polishing
- Oral Hygiene Instructions
- Dietary Counselling
- Fluoride Applications
- Pit & Fissure Sealants & Acid Etching
- Topical Anaesthetic
- Remove Sutures/Surgical Dressings/Retraction Cord
- Desensitizing Agents, Application
- Pulp Vitality Testing
- Polish Amalgam Restorations
- Fabricate Temporary Crowns
- Amalgam Insertion & Carving
- Perform appropriate medical emergency procedures
- Orthodontic Module
- Temporary Crowns, Cement & Remove
- Placement of Provisional Restorations
- Take Plaque Indices
- Placement of Elastic Separators
- Restorative Implant Assisting Technology
- Placement of Gingival Retraction Cord

### AUTHORIZATION, DELEGATION & SUPERVISION

According to The Dental Disciplines Act, Section 24 (1) Dental assistants can perform authorized acts (consistent with formal education and SDAA records) according to their licence. Section 24 (2) refers to delegation by an employer.

Section 25 (2) indicates that dental assistants can perform authorized acts when he/she is employed by a dentist or an agency that has a contract with a dentist (Government of SK/Canada, Personal Care Home, University/SIAST etc.)

Since dental assistants cannot diagnose, SDAA would propose that public health employer (and consulting dentist) would need to devise operational policies that would enable (delegate) the dental assistant to brush/teach/take radiographs/preliminary impressions/conduct screening/place sealants etc. for clients as required.

Additionally, The Dental Disciplines Act, and SDAA Regulatory Bylaws are silent on supervision and therefore the SDAA takes the position that supervision is not required. This is consistent with most self regulating professions.

## **THE DUTY TO REPORT**

The underlying concept behind "self regulation" is that in an intricate, technical, knowledge-based industry, those holding similar knowledge are better able to police the industry. This concept is true, but also a challenge to the faint of heart. The Dental Discipline Act says it all.

So, if a co-worker or your employer is sipping schnapps between clients, the path is clear. You must file a formal report. If your employer is behaving in a sexually inappropriate manner with a client – you must report. If a co-worker is practising outside their legal scope, you must report. What would be outside of scope? Examples would be scaling, orthodontic skills without benefit of an orthodontic module, or perhaps practising dental assisting without a licence.

Interestingly, most complaints that have occurred to date have involved unlicensed persons. While SDAA cannot discipline an unlicensed individual, SDAA can under the direction of council charge the person in civil court. The membership can be assured that when there is a signed complaint that holds the standard of proof, SDAA will proceed civilly.

What if you lose your job, because you acted according to The Dental Disciplines Act? That would constitute "unfair dismissal" and it would be time to consult with Labour Standards. The general rule of thumb for dismissal without cause is one month of pay for every year worked. In many cases, this would be a substantive settlement.

A client who actually received treatment would make the most appealing complaint. The strongest evidence would be a direct statement made by a client who actually received the treatment. Of course, co-workers would be interviewed and would be required to make statements according to their knowledge of the situation.

## **COMMON CAUSES OF UNPROFESSIONAL CONDUCT**

According to The Dental Disciplines Act, Section 26 (a, b), professional incompetence is defined as the display by a member of a lack of knowledge, skill or judgment or a disregard for the welfare of a member of the public served by the profession of a nature or to an extent that demonstrates that the member is unfit to a) continue in the practice of the profession or b) provide one or more services ordinarily provided as a part of the practice of the profession.

Professional misconduct, within the meaning of The Dental Disciplines Act Section 27 (a, b, c, d) is any matter, conduct or thing that is: a) harmful to the best interests of the public or the members of the association, b) tends to harm the standing of the profession, c) is a breach of the Act or its bylaws or d) is a failure to comply with an order of the professional conduct committee, the discipline committee or council of that member's association.

So what should you do if you are reported to the Saskatchewan Dental Assistants' Association? According to James T. Casey, Q.C. of Field LLP, Edmonton Alberta., a leading Canadian authority on professional regulation, remain calm and do not panic. Gather all information and documentation pertinent to the complaint. If the complaint is based on facts, try to gather all evidence that exists. Remember that it is your professional obligation to co-operate. It is important to be aware of some of the underlying causes of complaints among health professionals. If we are aware of some of these causes then we can learn from our mistakes in order to ensure that we are acting professionally and within our Act and bylaws.

What are some of the causes of unprofessional conduct? Here is a list of the Top Ten Causes of Unprofessional Conduct among Health Care Professionals according to a presentation by James T. Casey, Q.C.,

**Failure to Maintain Currency of Professional Knowledge and Competence.**

Health care treatments evolve; professionals must keep pace with change and not rely on "how we did it when I trained 20 years ago."

**Failure to Seek Assistance or Make Appropriate Referrals.**

Understand your limitations and scope of knowledge. Unprofessional conduct may occur where the professional "ploughs ahead" without getting assistance.

**Difficulty in a Professional's Personal Life affects their Work Life.**

It is common for serious personal difficulties being experienced by a professional to "spill-over" into the workplace giving rise to unprofessional conduct. Seek out family, friends and trusted colleagues who can help. Look into programs offered through your health district.

**Alcohol and Drug Addictions.**

Alcoholism and drug addictions are the root cause of some of the most serious cases of unprofessional conduct. Get help and seek counseling.

**Communication.**

Many complaints are caused by poor communication between the professional and the client or the professional and their colleagues. Ensure that you are a good listener. Avoid inappropriate comments in the presence of clients. Part of being a true professional is being a good communicator.

**Failure to Appropriately Address Patient Concerns.**

Take all concerns and complaints seriously. Understand the power of the "15 second apology": you can often address a person's concerns without getting into a long debate about who was right or wrong. Often clients and their families are under a great deal of stress in an environment which they do not fully understand.

**Environmental Factors.**

Factors such as excessive work demands, lack of mentoring and supervision, inappropriate work place practices and assignment of tasks in which the professional does not feel competent due to lack of training or experience may contribute to unprofessional conduct. Remember it is your responsibility to ensure that your own work meets professional standards. Raise concerns with your employer if need be.

**Personality Conflicts Escalate to Unprofessional Conduct.**

Personality conflict can be the root of unprofessional conduct; be it amongst colleagues, a supervisor or clients. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation. Remember, you have a central

obligation to maintain a professional demeanor. If you are experiencing difficulties, deal with the issue in private and not in the presence of clients.

### **Complacency about Professional Standards.**

Some professional with a great deal of experience become complacent about professional standards and may begin to develop "sloppy" practices. Remember that a commitment to professionalism is a life-long commitment.

### **Professional Documentation.**

Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If you have acted professionally and appropriately then documentation will be your best defense. Understand your employer's documentation practices with respect to critical incidents and patients complaints, etc. Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialed, write in ink, use uniform terminology and correct errors in documentation openly and honestly.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as "true professionals".

*Adapted by Susan Anholt, DA, BA, Executive Director/Registrar from a presentation developed for the College of Dietitians of Alberta with permission from James T. Casey Q.C. and the College of Dietitians of Alberta.*

Work Cited:

*The Top 10 List is based on a presentation by James T. Casey, Q.C. to the College of Dietitians of Alberta and is summarized in this article with the permission of Mr. Casey and the College of Dietitians of Alberta*

## **LIFELONG LEARNING IN DENTAL ASSISTING**

The health care field is always evolving, through technology, instruments, and belief systems. As members of the dental health care team we work in an ever changing environment.

All health care workers need to stay current. Consider the materials that have changed since you graduated. Review the infection control procedures that have changed in the last decade. Consider the varieties of diseases that have recently become part of the landscape in North America. The word pandemic has become commonplace and an actual outbreak is believed to be a reality. The only unknown is when.

How will dental assistants stay current in the twenty-first century? Professional development is the key to currency in your profession. Your annual requirement can be attained by attending Professional Development programs offered by the SDAA and the Annual Scientific Session organized by the entire dental team. There is also the possibility of attendance at District Association meetings in your area. Lunch and Learn sessions in the office are becoming very popular. Internet training sessions are also scooping up a share of the market. Be certain, that "to live is to learn" and our best hope is to live well.

## PORTFOLIOS

A portfolio is a collection of information which demonstrates the depth and breadth of what a learner knows and can do. In prior learning assessment and recognition, it is used to back up the learner's claim that through various learning experiences, he or she has met the learning objectives of specified credit courses. Various types of evidence are submitted with the portfolio to verify that prior learning has been achieved. Dental Assistants are advised to start collecting and maintaining information on all of their certificates etc. in a portfolio.

The collection needs to be purposeful and organized; typically in a binder or folder. Be proud to present your portfolio at interviews. Important documents to include are:

- Academic certificates
- Professional certificates
- Support for performance appraisal, promotion
- Professional development
- Personal development

## QUALITY WORKPLACE

### **What is a Quality Workplace?**

A quality workplace is a place where people want to work. It:

- Provides a rewarding work environment that says 'we invest in our people'
- Supports employee well-being
- Keeps existing staff
- Recruits new staff
- Enhances organizational performance
- Ensures the provision of quality patient care

**The healthy workplace and quality worklife topic includes the following issues:**

- management in healthcare (job satisfaction, empowerment, leadership, downsizing, motivation);
- workplace productivity (mental stress, burnout, return to work, work-life balance, modified work schedules);
- organizational structure of work (occupational hierarchy, management process, restructuring); and
- management of generational gaps (retaining experienced workers, transfer of knowledge, adapting to new generation's values).

**The inter-professional collaboration and teamwork topic includes the following issues:**

- scopes of practice and role ambiguity;
- liability and regulation;
- team effectiveness and patient outcomes; and
- barriers to teamwork (for example, funding mechanisms).

**The leadership topic includes the following issues:**

- skills needed for leadership and competencies;
- how leaders use research evidence and the type of work environments needed to foster this type of activity; and
- next-generation leaders and the structures needed to train and motivate them.

### **Examples of issues that proposals could address include:**

- the roles of work-life/home-life balance and attributes of the workplace that are key to improving recruitment and retention of healthcare professionals to rural and remote communities;
- the major threats to safe and healthy workplaces (such as lengths of shifts, job stress, management practices, lack of independence or opportunity to use skills, and physical attributes of workplaces);
- evaluation of alternative approaches to improving the quality of healthcare workplaces;
- evaluation of the impact of a healthy workplace on patient outcomes;
- the key attributes of healthcare workplaces that either encourage retention or contribute to excessively high turnover and burnout;
- the key attributes of outstanding leaders, in and outside of healthcare, approaches that can be developed and/or evaluated for creating and nurturing future healthcare leaders, and incorporating the necessary skills into professional education;
- evaluation of causality between outcomes and factors that influence team effectiveness (such as task, process, and context) across the different healthcare system levels;
- comparison of the validity and reliability of survey instruments across healthcare settings and building of evidence about the role of collaborative teams through randomized control trials;
- use of comprehensive models of team effectiveness, considering the multiple factors influencing the team, team processes, and team outcomes;
- studies at multiple levels (individual, team, healthcare system, society) using a wide variety of methods and theoretical tools;
- development of models of team effectiveness that are tailored to specific care delivery contexts and types of work processes;
- development of models of interventions based on theory that can be adapted to different situations;
- evaluation of interventions with more than one post-intervention measure to determine the effectiveness of an intervention over time to ensure that evaluative studies measure many post-intervention variables; and
- development of intervention studies that acknowledge the involvement of all three levels including the organization, the team, and individuals within teams.

### **Benchmarking the Quality of Work Environments**

Diagnosing the extent of work environment problems in healthcare is the first step in designing strategies to improve the quality of healthcare workplaces. The healthcare sector is not alone in Canada in lacking reliable national data that can be used for benchmarking – essentially, the use of key outcome indicators to compare performance and track progress across sectors, organizations or occupations.

Absenteeism is perhaps the only work environment indicator for which reliable national data is available and that all public healthcare organizations track. It is a lagging indicator, providing an up-stream measure of the effects of poor working conditions. Statistics Canada's Labour Force Survey documents that in 2000, nursing, technical and support staff in healthcare had the highest number of days lost due to personal illness or injury of any occupation, at double or more the national average. Absenteeism costs organizations in terms of lost productivity, creates stress on workers who have to cover for absent colleagues and in the medium term creates turnover given that these two behaviors are highly correlated.

### **Employment Relationships Matter**

Exploring beneath these indicators of poor quality of work life, we find a pervasive malaise in employment relationships. This is especially true in healthcare. Employment relationships are the social-psychological sinews of work organizations. They reflect the daily interactions between employees and employers, among co-workers and between self-employed contractors and clients. Strong employment relationships create a win-win-win: they improve a workers' quality of work life, feed organizational productivity and in the end benefit clients or customers.

Employment relationships rest on the four pillars of trust, commitment, communication and decision-making influence. In practical terms, the language used to talk about recruitment and retention highlights the importance of employment relationships, especially trust and commitment. Employment relationships are fragile, easily damaged by downsizing and restructuring and it takes substantial management effort and time to repair this. The ingredients of a great place to work, such as respect and trust, are embedded in cultures, which are far more difficult to change than are structures. This is why so many restructuring efforts fail to deliver the desired operational improvements. Workplace reorganization either changes structures while leaving the old culture intact, or changes the structure in ways that damages the fragile relationships through which culture flows.

#### **Linking Work Environments, Relationships and Results**

To convince skeptics that these findings require action, it is important to document how employment relationships are associated with a range of individual and organizational outcomes. These include job satisfaction, morale, absenteeism, intent to quit, skill development and use. Thus, health service organizations face significant costs if they do not attempt to build strong employment relationships. This evidence provides a more precise focus for solutions to the widely recognized crisis in health human resources. That's because the "drivers" of strong employment relationships can be shaped by comprehensive human resource management practices. The single most powerful influence on employment relationships is a cluster of healthy and supportive work environment characteristics: good work-life balance, a healthy work environment, a safe work environment, helpful and friendly co-workers and few conflicting demands made by others.

#### **Rebuilding Employment Relationships**

Rebuilding employee trust and commitment takes considerable time and effort. It most likely will be achieved through a planned series of small steps rather than a "big bang" approach to cultural transformation. There are reservoirs that can be drawn on. Even though healthcare professionals have very low levels of commitment to their current employer, they maintain a strong commitment to their work. This duality in commitment shows that poor-quality work environments are preventing health professionals from delivering the excellent services they want to provide.

These changes are neither extensive nor expensive. On the communication front, suggestions included adjustments in supervisory behavior, such as better listening, more feedback and recognition and being kept informed of corporate strategies and executive decisions. Needed most of all are leaders who model these behaviors. The biggest investment required may be training in effective supervision skills for middle and front-line managers. Unquestionably, the largest barrier to these changes is heavy workloads. This is compounded by wide spans of control that reduce the contact a manager has with her or his direct reports.

Good communication and supportive supervision does not take much time, but this nonetheless is more than many overworked managers feel they can afford. This vicious circle must be broken before improvements in work environments can occur. The main practical insight flowing from this discussion is that a virtuous circle connects supportive and healthy work environments to robust employment relationships, which in turn contribute to more skilled, effective and satisfied staff. All of this is essential for excellent organizational performance. Fundamentally, this describes the work system of any successful organization. A leader's role is to articulate these connections, providing change agents throughout the organization with concrete examples of how the quality of the work environment, the organization's human talents and its ability to achieve its goals are organically linked.

This understanding of the importance of work environment factors for strong employment relationships complements the new workplace models proposed in other areas of research: high-performance workplaces, healthy work organizations and strategic human resource management. Each of these

perspectives provides a core set of useful ideas for how health service organizations can improve workplace quality.

### **Models of High-Quality Work Environments**

Healthcare leaders need not search far for the common thread that connects these new ways of thinking about workplaces. Research on employment relationships, high-performance workplaces, healthy work organizations and strategic human resource management share a prominent theme with the population health perspective. This common idea is that individuals' contexts influence their well-being. When applied to workplaces, it is easy to see how employees' quality of work life and the healthy performance of the organization depend on a supportive and well-resourced work environment. Using this causal logic, the model of a high-quality healthcare work environment looks like this:

Evidence from diverse areas of workplace research is converging around three key points:

- Investing in people and building the human capacity of an organization are crucial to future success. This requires a shift in management thinking, treating staff as assets rather than costs.
- Developing the people capacity of an organization is a continuous process that must be linked to the strategic goals of the organization.
- Above all, these models of high-quality work environments show the importance of using a comprehensive and interdisciplinary approach to inform an organization's people policies and practices.

### **High Performance Workplaces**

The most prominent model of a people-centered, post-bureaucratic organization is the high-performance workplace. The defining characteristics of this model include autonomous work teams, flat organizational structures, skilled tasks, a commitment to training and continuous learning, employee participation in decisions, supportive supervision, information sharing and performance-based pay. High-performance work systems have been linked to enhanced organizational performance when these human resource practices are introduced in "bundles" rather than piecemeal.

High-performance workplaces also are more responsive to employees' personal needs. This means they tend to be more "family friendly" and place more emphasis on employee wellness. In part, this reflects the greater flexibility and autonomy of the high-performance workplace. However, more crucial to the success of any work-family program is supervisor support and advocacy from upper management. Canadian research confirms that achieving work-life balance, and consequent reductions in stress, depends more than anything on supportive front-line supervision.

Some analysts conclude that employee involvement is the cornerstone of the high-performance work system. Surveys in Canada and the United States document a strong desire among employees for greater participation and influence in their workplaces. Participation can raise productivity by an estimated 2% to 5% by communicating workers' suggestions about improvements in working conditions in ways that management take seriously and by encouraging employees to put more effort into their jobs.

These modest effects were found in Canadian research using Statistics Canada's 1999 Workplace and Employee Survey. Participation was defined in terms of flexible job design, problem-solving teams, task teams or joint labour-management committees, and self-directed work teams, with the latter having the greatest potential to give workers control over decision-making. Such practices are not widespread in Canada. In non-government workplaces with 10 or more employees, 29% reported using flexible job design, while 9% used self-directed work teams. Employees in these more participatory workplaces were more satisfied with their jobs.