Young Dental Practitioner

Dental Protection

Professional support and expert advice for new dental practitioners

Issue 1

From student to professional

How to make the transition as smooth as possible

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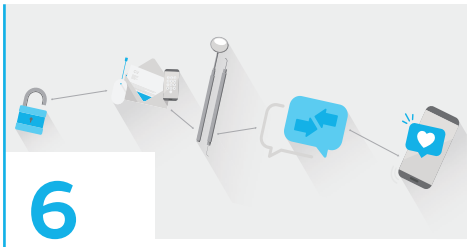

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Welcome

It is my pleasure to introduce the 2019/2020 edition of the *Young Dental Practitioner* magazine.

The transition from university to full time practice can be a trying time and the articles in this publication are here to help you navigate through this challenging period.

The topics covered, such as effective communication and cohesive teamwork, have such a positive impact on your daily clinical work. We hope that your first few years in practice are an exciting and rewarding time but please know if you feel overwhelmed or are struggling to manage, we are only a phone call away.

We have other resources to support you including the Survival Guide section of our website, our Young Dental Practitioner webinar series, the e-learning platform PRISM and our monthly e-newsletter *Riskwise Connect*. We also run risk management workshops that are free for members, so we hope you take advantage of our many resources and CPD offerings tailored to your needs.

Wishing you a happy and successful career.

Kara Stokes, Business Development Executive, and the Dental Protection team

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A perspective on the challenges of a young dentist

Dr Linda Doan, winner of Dental Protection's 2019 *Young Dental Practitioner Award for Professional Excellence*, looks back at her own first steps in her dental career

It is the end of summer in 2016.

I arrive in regional Queensland, having driven some 2,000km from my hometown of Melbourne, 'bright-eyed' by the unfamiliar surroundings and the brilliant sunlight. My dad, standing next to me, shrivels up his nose – yet to make up his mind about the heat. I laugh, marinating in the thought that this place is to be my new home for the foreseeable future and also the place of my first job out of dental school. I am nervous, wary of the challenges ahead. Still, in that very moment, I am feeling more alive than ever.

"So why dentistry? Why and what led you to dentistry?" I would imagine most of us have been asked these questions (or variations), especially early in our careers. I will reply with my original intention of entering dental school: I signed up for a career that would offer me job security for the rest of my life. Dentistry would offer me the standard hours between nine to five and, outside these times, I would be free to pursue my own interests and spend time with family and friends. On top of that, it is also a job that promises a lot of flexibility and autonomy.

Dentistry also appeared to fulfil humankind's universal desire for freedom in our choices and actions. Of course, that is the rose-coloured view of dentistry. In our current climate, as young dentists and with most of us being associates and choosing to work in major cities where there is increased competition, we are likely to have several part-time positions across different practices and be working later hours to accommodate patient preferences. We also have to answer to the desires of our employers, who have their own business interests and pressures to sustain/grow their dental practices. Indeed, now that I have moved on from my regional job to a job in a metropolitan city, dentistry does not quite offer the job security I (naively) expected as a dental student.

I think I won the lottery with my first job. I was given two years of absolute control of my hours, working alongside the most supportive staff and principal dentist/mentor. Living in a new place without the comforts of friends and family afforded me a sense of wonder and curiosity to explore places and understand people. Clinically, I met some of the most down to earth and lovely patients. I had full but not overly busy books to hone my clinical and communication skills, and patients had absolute respect and value for the clinic's times; there was not an FTA or late turn-up in the week. I say this not to brag at all, but to foreshadow my downfall later.

It is just about nine months into my dental career, at the end of 2016

It was around this time I got a taste of what small community dentistry is. In a town less than an hour away, a classmate from my graduating class, K, has found himself a position there. We had studied in Victoria together, and the last I heard about him was that he found a graduate job in his hometown at the Gold Coast. I would imagine that a lot of us young dentists can relate to the fact that the job did not work out.

For me, I was settled and very happy with my new life in this regional job. More often than not, I would come home to a sense of satisfaction and appreciation for the effort that I was putting into my work. K and I would make time to catch up on the odd weekend that we were free. I would tell K that my work and life were going well. He told me he hadn't been as fortunate. There wasn't as much work, and even the principal dentist struggled to fill her book. As industrial work and the economy slowed down in his locality, people were leaving in droves, and the place was becoming more of a ghost town, which was reflected in his appointment books. Some days he was seeing a total of three patients. I remember K's defeated body language as he languished deep into his disappointment about his circumstances. To have setback after setback, and to be trialling different jobs that cannot support our need to simply 'be a dentist' after years of painstaking study... I would not wish it on any graduate. I know my friend's hardship is hardly unique; I only share K's story as an illustrative example of a young dentist's struggle.

It's not all doom and gloom in K's story, however. For all the uncertainty he encountered in his first year of work, he found fulfilling and steady work in Victoria for many years after that. I'm also happy to announce he recently found his way back to the Gold Coast and reunited with his family again, in a new job he's also very happy with.

Chasing perfection

Dental school gave me a more rounded view of dentistry as a profession. Besides providing the theoretical knowledge and training of the technical skills required, we were also educated on the risks and caveats of the job.

We were warned dentists are at higher risk of repetitive strain injuries and back/shoulder/neck pain. A Cochrane review reported up to 91% of dentists have suffered musculoskeletal injuries.[1] There are also the added pressures of treating patients, and the challenges of managing difficult patients and procedures.

In addition, as we are thrust into the rigours of full-time work, we are under internal and external pressures to become better and better. We feel the need to emulate the production efficiency of our more senior dentists, which should not be the case; yet, how many of us – being naturally high achievers and always wanting to be our best selves – are completely immune from that self-inflicted pressure? If we haven't completed that perfect filling/exo/RCT in record time we buy into the script that we are the lesser version of our peers or even ourselves. Not to mention some days it feels like we're racing against the clock to not be late (or even later) for our next patients.

We also hold ourselves to rigorous high standards. We are guided by the perfect treatment outcome: our crown prep tapered by the slightest of degrees, our root canal obturations only successful if within 2mm of the apex (to put that into context, we only have about a pencil tip's margin of error). As high achievers with personal high standards, we chase the often elusive 'perfection' in already stressful clinic settings. Sometimes, our efforts are appreciated. Other times, patients and staff do not understand just how difficult some procedures are, especially for young dentists just starting out in the field.

It is the end of 2017

Work became steadier. My initial four days a week of work turned into five, then six. It was also around this time I discovered caffeine. I had 'busy books', steadily expanding my clinical skillset while making sure I fitted in four exercise sessions a week (including weekly pilates classes, which sorted out a lower back problem), made an effort to eat healthy and sleep the required seven hours a night. I felt productive and 'in flow'.

This all came crashing down one night, quite literally, when I fainted after clinic hours. I woke up to a paramedic who checked all my vitals and, in all honesty, I felt better than before I fainted. My body was fatigued from all the physical and mental demands I was putting it through; it needed to reboot itself before I ruined it much further. For all the 'right things' I was doing for my body and myself I was also ignoring the 'wrong things' I was doing. I was skipping my lunches to not run late into my afternoon patients. Some days, I would rely only on a single hardboiled egg I had for breakfast, which I scoffed down my throat while driving to work. I would down coffee like it was water. I also struggled to allow myself pockets of time throughout the day to release the tension from my mind and body. I felt like I was on adrenaline; if I pulled my foot off the pedal, I was going to lose momentum and not hit my self-imposed production efficiency for the day. This would continue day in day out. Eventually, the candle burnt out. My misguided performance necessity led me to forsake my own health.

If anyone asks what is the most important thing I learnt in dental school, or even dentistry itself, the answer's got nothing to do with dental at all... in fact, the more challenges, failures and the realisations of my own shortcomings I face in dentistry, I am reminded to step back and take a good hard look at myself. Yes, living up to my own personal standards of excellence in dentistry is important, but dentistry only forms a piece of that standard.

Other aspects of my life that are more important include family, wellbeing and good sense of self. My successes and failures in dentistry should not define my identity, nor will the success or failure in the moment dictate the sort of dentist I will be for the rest of my long career.

I know it's all too easy to write these words here, but to my fellow young dentists who are going through hard times, or have gone through hard times, I feel for you. Please know, however, I am a big believer that the more challenges and failures one faces, the more resilience that person will have to jump over the future hurdles that will come their way – and the more easily they'll find their success and contentment. And on that note, I wish my fellow young dentist colleagues all the best on your journeys, and I trust that you will find the strength and perspective to overcome any challenge that comes your way.

The dentolegal perspective

Dr Kiran Keshwara, Dentolegal Adviser, Dental Protection

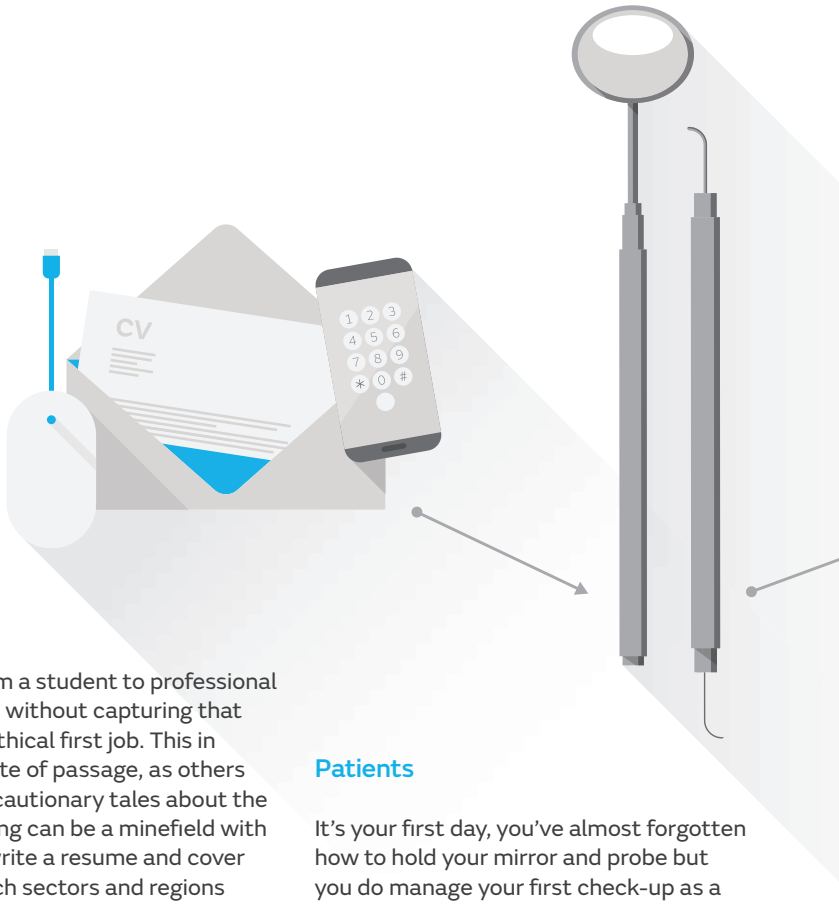
- Dentistry is a highly-pressured job with multiple demands placed on younger dentists from patients, colleagues and practice owners alike. This, however, should not prevent you from doing your best for the patient and keeping their best interests in mind, both in terms of record-keeping and clinical dentistry.
- A full-time dentist will spend a lot of their working life in close contact with their dental team so make sure that you are comfortable and feel supported by your team. It is important to have people that you can talk to regarding stresses that are affecting you, be it a sibling, a colleague, a friend or even the team at Dental Protection. The dental team can be a valuable resource and young clinicians should make the most of the opportunities to learn from and be mentored by their colleagues.
- The majority of mistakes happen when a clinician is tired, stressed, emotional or hungry so enjoy regular breaks both during the day and throughout the year. Some time spent away from the dental surgery, relaxing and looking after yourself by getting enough sleep, eating well and exercising, can reinvigorate and refresh your outlook and, ultimately, lead to you having a long and successful career.
- Dental Protection holds regular three-hour workshops throughout Australia on Building Resilience and Avoiding Burnout, which help practitioners identify burnout and provide advice on preventing this from happening.

REFERENCES

1. Mulimani P, Ergonomic interventions to prevent musculoskeletal disorders among dental care practitioners, Cochrane Database of Systematic Reviews 2018, Issue 10, Art No: CD011261

Transitioning from a student to a professional

Dr Amanda Lin looks at the daunting journey into working life beyond graduation



You are reading this because the achievement of graduation has been unlocked, or soon will be. Regardless, we all approach postgraduation life with a mix of excitement and fear – excitement at leaving exams behind and what your potential future holds, but a general fear of the unknown. My hope is that by reading this, we can alleviate some of the fear while sustaining the excitement!

Jobseeking

The transition from a student to professional would not happen without capturing that illustrious and mythical first job. This in itself feels like a rite of passage, as others will have regaled cautionary tales about the process. Jobseeking can be a minefield with many hazards – write a resume and cover letter, decide which sectors and regions you want to apply to, find job applications, submit applications, hope for the best, wait for a reply; doubts may arise – when will you get your first interview? Then even when you have secured an offer or hopefully a few, how do you decide that this is 'the one'? Some tips below:

1. Seek advice from supervisors, seniors, indemnity providers and local associations. No-one knows the immediate process of jobseeking and its role within the bigger picture quite like those who have gone before you. Do not be afraid to reach out, whether it be to seek an opinion on a resume or contract, recent graduate experiences within specific clinics, or for word on the street about who is hiring.

2. Start early. Have a working resume in order well before peak jobseeking season (approximately September to November). The more applications you submit, the more practice you get and the luckier you will be.

3. Don't compare yourself to others. While easier said than done, comparing yourself to someone's interview or job offer will not be accurate or constructive.

Then a time will come when you are finally a dentist with a job! I've narrowed down some top tips for managing your first job into three groups, based on the three primary stakeholders you work with – patients, staff and, most importantly, yourself.

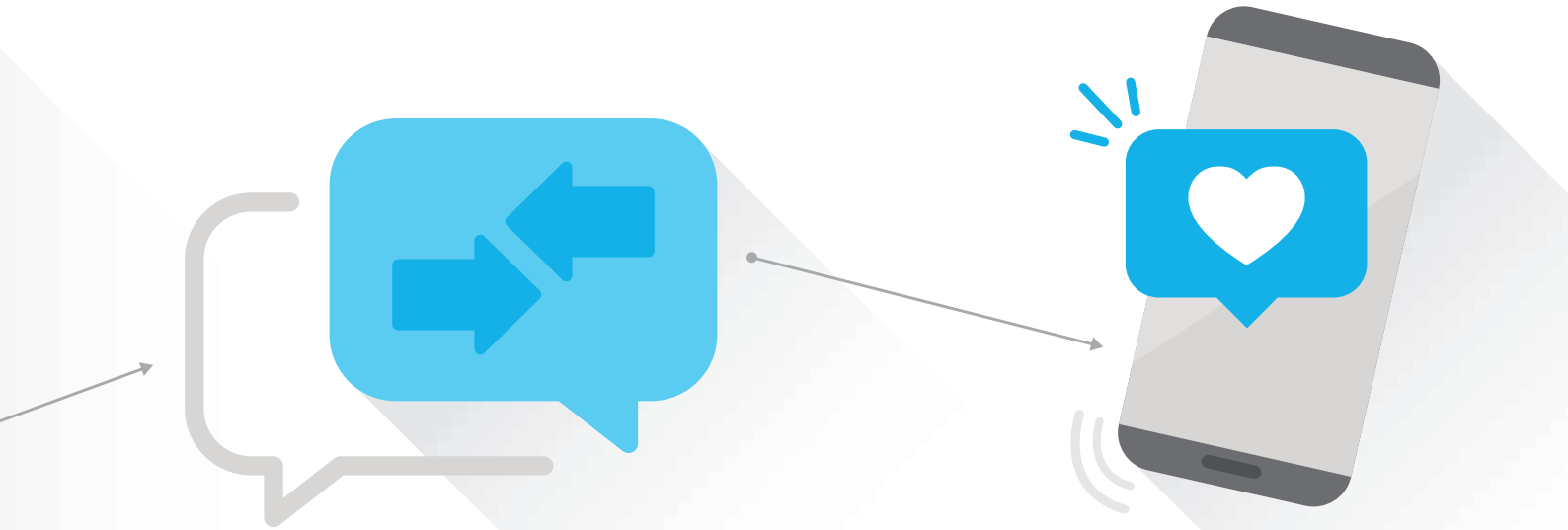
Patients

It's your first day, you've almost forgotten how to hold your mirror and probe but you do manage your first check-up as a graduated dentist without supervision. Over the next few weeks, you pick up the confidence to assert yourself as a qualified professional to your patients. You are now fully responsible for all interactions and decisions made, including those surrounding infection control, updating and understanding a patient's medical history, then formulating a diagnosis right through to treatment planning and delivery.

1. Focus on rapport. Rapport is as much about connecting with each patient's psyche as it is about managing adverse outcomes. I have found on numerous occasions that the goodwill generated from being patient, open and friendly in the most difficult interactions has resulted in some of my most grateful patients. This can be particularly challenging as we often work with patients who "don't like us".

2. Choose quality over quantity. Just like we were reminded throughout dental school, speed and quantity will come with more practice. It is often when we find ourselves rushing and compromising on one detail that something can go wrong.

3. Be honest. Apologise to your patients if something was miscommunicated or has not gone according to plan. If you are feeling unsure of anything, find a way to discuss and verify a situation with a mentor, senior or advisory service. Treat patients as you would wish your loved ones to be treated, and this will come naturally.



Staff

Entering a new workplace can be scary – you are afraid of not fitting in, being judged and not meeting expectations. It can help to pick a workplace that has previously hired new graduates. My pointers for navigating work relationships are:

1. Gain and treasure mentors. Mentors are one of your most valuable assets during your transition. A mentor can mean different levels of commitment to different people. It is important to check if your definition matches those of your interviewers'. Mentorship may involve simply being present in the surgery, willingness to bail you out of procedures, and being available during or after work hours for case discussions. Some practices or organisations will have existing programs, but do enquire further rather than assume the best. My advice for a mentor-mentee relationship is to remember that you only get out what you put in.

2. Value your staff – all your staff, no matter their role. Be polite, offer help, check in on them, thoroughly introduce and involve them with your patients, commiserate and celebrate together. We are nothing without them!

3. You do not have to be everyone's best friend. It can be difficult to reconcile that you will be less compatible with some staff than with others. The important thing is always be courteous, and remember that work is work.

Yourself

When we sit within our four walls dissecting a millimetre, dentistry can be a battle with me, myself and I. These are my top self-awareness tips:

1. Be kind to yourself, mentally and physically. Try to leave as many of your minor troubles at the clinic door. However, remember it is a strength and not a weakness to discuss any concerns. Have hobbies outside dentistry to decompress and take your mind off work. Invest in your time off. Maintain your ergonomics – consider investing in loupes and a headlight, make your patients move for you, and move between appointments.

2. Stay connected. Graduation is one great diaspora. You may find that friends and peers may spread across vastly distant locations, which makes it difficult to remain in contact. Make the effort to stay in touch, but also branch out and make new acquaintances through study clubs and dental get-togethers.

3. Maintain your study. Engage in CPD that you will repeatedly apply to benefit your patients. The old-fashioned dental school logbook can be refashioned into a Google Drive document or a physical diary to jot down cases and points to check back on. Don't forget to debrief yourself on cases soon after they have happened so you can make conscious detailed corrections for next time.

Now go ahead and look forward to your next six months, two years, decade and more, but let us not forget to look back on this time of transition and appreciate the journey while we are on it.

The dentolegal perspective

Dr Annalene Weston, Dentolegal Adviser, Dental Protection

1. Dentistry is not a sprint. Do not rush into poor decisions but take time to make the right ones. We promise that you will not be left behind.

2. Run your own race – comparison is the killer of joy, focus on your journey and your development – don't be swayed by the purchases of others, or by their career choices.

3. Keep talking – discussing the challenges of exams, jobseeking and practice will make them more manageable, and you will get some great advice along the way (and likely some that is not so great too).

4. Listen to all of the advice that you are given, but choose which pieces you wish to follow!

Meet the team

Dr Kiran Keshwara
Dentolegal Adviser

BDS (Hons)

Kiran graduated from Barts and The London School of Medicine and Dentistry in the UK. Prior to moving to Australia, he owned an NHS dental practice in England. Kiran spent five years with a specialist dental negligence law firm in the UK as a dentolegal adviser, advising solicitors on matters relating to litigation. In Australia, he worked for corporate dental groups in Queensland and the ACT as the lead dentist, supporting and mentoring clinicians. As well as being a dentolegal adviser for Dental Protection, Kiran works part-time in private practice.

Dr Ralph Neller AM
Dentolegal Adviser

BDSc BBus FICD FADI FPFA

Ralph Neller has more than 35 years' dental practice experience and held senior clinical and management positions in the public sector Oral Health Services in Queensland. He was a long-serving member of the Dental Board of Queensland and was chairman of the Board for five years. He recently held the position of President of the Australian Dental Council, which is the accrediting authority for all tertiary level courses, leading to qualifications registered with the Dental Board of Australia, and assesses overseas trained dental practitioners prior to registration in Australia.

Dr Simon Parsons
Dentolegal Adviser

BDS (Hons), MBA (Executive)

Dr Simon Parsons is a dentolegal adviser for Dental Protection and a practising dentist with more than 25 years' experience working in private dental practice. Simon tutored dental undergraduates and dental assistants, and continues to enjoy teaching and mentoring oral health professionals. He has balanced his interest in clinical treatment and practice management in various roles, having run large multidisciplinary dental practices for over a decade.

With broad experience in risk management issues, Simon has conducted clinical governance activities for several major health funds. He spent three years serving as Clinical Director at Australian Health Management and then as Acting National Dental Director for Medibank Private. As part of the Dental Protection team, he is keen to share his risk management knowledge and experience with fellow dental practitioners. He completed an MBA in 2001.

Dr Mike Rutherford
Senior Dentolegal Adviser

BDSc BA FICD

Mike Rutherford graduated from the University of QLD and has more than 30 years' dental experience in private practice, hospital clinics, the defence forces and supervising undergraduate dental students. He spent 19 years as a member of the ADAQ Patient Liaison (fee enquiry and treatment complaints) Panel before joining the Dental Protection team. Mike has been a partner in a Brisbane suburban dental practice since the late 1980s.

Dr Annalene Weston
Dentolegal Adviser

BDS MHL FACD

A Cardiff graduate in 1999, Annalene completed her VT year and worked in general practice in the UK until emigrating in 2003. She has worked along the Eastern Seaboard practising in both the public and private sectors, and has added a Masters in Health Law from the University of Sydney to her dental qualifications. Until recently Annalene was practising in Central Queensland and serving on the local HCC; however, she is now based in Brisbane and, in addition to her role with Dental Protection, Annalene works part-time in a suburban dental practice.

Shireen Smith
Adviser for Hygienists and Therapists

Bach App HSc (Oral Health)

Shireen graduated with a Bachelor of Oral Health from The University of Queensland. She was awarded numerous university prizes for her academic excellence, including the Dean's Commendation for High Achievement two years in a row.

Shireen is a compassionate and accomplished oral health practitioner with more than ten years of distinguished performance in both high volume private practice and within the public dental sectors of Queensland Health.

She is one of the general executives on the Queensland Board for ADOHTA, and has been for the past four years.

Michael Pears
International Membership Services Team Leader

After ten years in banking first at Metway and then with the Bank of Queensland, Michael spent ten years as a corporate account manager for Travelex.

Since 2007 he has worked in the energy industry. Michael's proven strengths are his friendliness and approachability, coupled with his focus on customer care, quality of service and building relationships.

Kara Stokes
Business Development Executive

Kara joined the Dental Protection team in 2012. She has a strong marketing and stakeholder engagement background, supported by her dual degree in Commerce and Business Management.

Kara acts as the main point of contact for young dentists and is the Dental Protection representative for the nine dental schools in Australia. She brings to her role a passion for customer care and always provides a professional and friendly service.

Offering help to those who suffer pain without hope

Dr Jeremy Keating, a dentist in Perth, Western Australia, looks at the work of Bridge2Aid Australia

I first heard about Bridge2Aid Australia three years ago. What stood out to me immediately was how it differed from the other dental volunteer opportunities I had seen previously. Its unique approach was to focus on training rather than treatment and, in doing so, create a sustainable solution.

The idea is to train local clinical officers in emergency dental care. They already have basic medical skills and are effectively the GP doctors for their local community. They deliver the babies, sew up the wounds and dispense the medications. By training these clinical officers in emergency dental care, the work can continue long after the volunteers leave and help thousands more people than the volunteers could ever hope to help with their hands alone.

In August this year I travelled to Tanzania, East Africa, to experience the programme first-hand and it overwhelmingly exceeded my expectations.

Tanzania is one of the poorest countries in the world. They have a population of 61 million and there are only a little over 100 dentists. The gap between need and the ability to service that need is hard to fathom. Outside the cities there is simply no access to dental care.

While Bridge2Aid has been operating for 15 years, its sister organisation Bridge2Aid Australia is much newer and the August trip was its first programme. We assembled a team of volunteer dentists and nurses from across Australia and together we flew to the Tanzanian capital of Dar Es Salaam.

Waiting for us at the airport were Dr Graham Stokes and Dr Kiaran Weil from the United Kingdom. Graham and Kieran were our clinical and assistant clinical leads. They have been involved with Bridge2Aid since the beginning and we were privileged to benefit from their skill and experience. In addition to being a general practitioner in the UK, Graham Stokes also sits on the council of Medical Protection and the board of Dental Protection.

Here in Dar Es Salaam we also met the team from Education and Health for All (Eh4all). A large part of the exceptional volunteer experience was due to this team. They are Tanzanians and as such understand their country in a way a visitor cannot. They managed all of the details of our programme, and our safety and comfort was always paramount. They provided our transport, they organised our accommodation, they organised our food. They spread the word of our trip before we arrived, so that on our first day there was already a queue of people waiting.

The team complete, we travelled to the rural area of Lindi in the south eastern corner of Tanzania. In this region there was only one dentist, the district dental officer Dr Rwanda, with whom we worked closely. Over the course of nine days we treated 750 patients, but more importantly we successfully trained six clinical officers. They each care for their community of around 10,000 people, so collectively there are 60,000 people who now have access to emergency dental care.

In addition to providing training in emergency dental care, and perhaps even more importantly, we were also teaching prevention of dental disease. The people we were seeing didn't understand the consequences of sugary foods and the importance of cleaning their teeth. We were able to speak with several school groups and to pass our programme, the clinical officers needed to demonstrate proficiency both in treating patients and teaching prevention.

Our days were long but rewarding. Each morning we would rise with the sun and after breakfast travel about an hour to the clinic where we would work that day. The clinic was essentially an open space where we were able to set up tables and instruments. Despite the challenges of an environment without electricity or running water, we were able to treat patients in a sterile and safe manner. As we were primarily treating patients with advanced caries and infection, the management after careful diagnosis was usually extraction of a problem tooth under local anaesthesia.

One of the most significant challenges of the experience was managing the emotion. Most of the people we examined were suffering with dental pain. It was usually measured in years rather than days or months. For some that pain had been a constant source of suffering for more than ten years and, until we arrived, they had no hope of relief.

Each person we met had a story of how significantly a simple dental infection had impacted on their life. One sadly common story was shared with me by a young man named Mwamedi. After years of pain he was desperate and, not aware of our arrival, chose to seek out the help of a witch doctor. It is hard to imagine, but without anaesthesia the witch doctor attempted to remove the painful tooth. Mwamedi presented to me three days later as the problem was worse rather than better. The untrained person had increased Mwamedi's suffering and to relieve his pain I not only had to repair the botched extraction but remove extra healthy teeth that had been unnecessarily damaged.

For the small price of two weeks of my time, I return home knowing that there will be fewer stories like Mwamedi's and I have added to a legacy that empowers people much less fortunate than me. I am already planning my next trip.

Young practitioners don't leave jobs – they leave toxic workplaces

Dr Mohit Tolani looks at the damage caused by unhappy work environments

Organisational context

A new journey after graduation, a new chapter in my life – I undertook my first job in a major regional public hospital many miles away from the bustle of urban life. Among the many health services it offered, the hospital contained a 12-surgery dental department providing oral health services to the region including provision of a mobile dental service to aged care and nursing homes on a bi-weekly basis.

Given its distance from the big cities, it had encountered significant difficulty in attracting employees and new recruits to the hospital. Over the last ten years, the dental department had been tarnished by indictments of poor work performance, negative workplace culture and inadequate conflict resolution by the departmental management. The dental department had a multidisciplinary team with a hierarchical system that hindered open communication.[1]

Conflict in the workplace is an "undesirable dynamic process [arising] amongst parties from perceived disagreements and interference with the parties' goals, [resulting] in negative emotional reactions".[2] Studies indicate that within the clinical environment interpersonal conflict is a routine feature for nurses.[3] This is also evident in the dental nursing staff, affecting workplace professional behaviour and causing poor on-the-job performance. With respect to the hierarchical nature of this workplace, the dental nurses alluded to various reasons for conflict such as feeling unfairly treated, a lack of communication, disagreements, and feelings of animosity.[4,5]

Staff dissatisfaction, poor workplace attendance rate and high turnover are symptoms that can be attributed to a negative teamwork culture resulting from poor conflict management and resolution.[6] As a new dental clinician working in the department, I saw this myself and observed the change in staff numbers over a period of 12 months. Staff instability and poor retention of clinicians and nurses in the dental department had a crippling effect on the provision of healthcare services to the patients.

Such a system resulted in many patients not being seen and being provided with vouchers to visit external service providers. In addition to poor patient management, this also led to a noteworthy financial impact.[6] The dental department was then curtailed with funding and budget allocations, resulting in the provision of under-resourced services. With a lack of adequately experienced staff and a high staff changeover rate, it placed additional responsibility on the existing and new staff, such as me, to address the experience gap caused by staff absenteeism.[7] Not only did this affect the attitude of the staff, but it also hampered the experiential learning and observing that is needed to nurture the workplace environment.[1]

Unresolved conflicts between staff brought on a negative teamwork culture and dysfunctional clinicians. Research suggests that a berating dentist will cause team spirit and staff morale to suffer, resulting in a dysfunctional team with increased staff turnover. At such a point, communication between the staff is so poor that they tend to withhold information.[8,9] Ultimately, the dental practitioner loses staff support and may become isolated, resulting in disinterest in the workplace and leading to ineffective continuity of care.[10] This reflects my experiences of my first dental job where team members were performing poorly and looking for work elsewhere. The efficiency of the dental department was compromised because of the negative climate in the workplace, which influenced staff and their behaviour.[10]

Contributing factors

Several factors can be attributed to a disruptive team such as low job satisfaction, inadequate problem solving, and lack of support, but one key stressor for a clinician-nursing environment such as dentistry is workload.[11] Given that I was at a rural hospital, which was the only one providing oral health services in the region, the patient load was so high that it resulted in excessive workload. This could be "conceptualized as physical exertion, patient 'dependency', complex patient care and the amount of time spent in patient care".[12] Studies suggest that when nursing staff perceive their workload to be high, they feel angry, distressed and cynical.[13] This also results in burnout as evidenced in my workplace.[14]

The cultural climate of a team contributes to the conflict at work. Adjustment of staff to conflict in teams "is mainly a function of clear leadership about conflict in groups and the nurtured robustness to tolerate differences".[1] In our dental setting, staff were inundated with workload, which was made worse by poorly informed changing shift rosters. New casual staff members were brought in and trialled; however, there wasn't clear communication regarding this, with extra load being placed on the nursing staff and clinician to assist in training on the busiest of days. In addition, the team didn't have an 'avenue' to vent their frustrations. Such an environment where the staff concerns were not heard, coupled with poor communication and an extensive workload, led to an arena of disinterest, negative workplace culture and conflicts.

During all of this I was undertaking postgraduate studies on the side in health management. This was very helpful to me as I could learn the patterns in human behaviour within the workplace and apply the strategies to build a stronger team. Effective organisational management and workplace governance requires influence, processes, power distribution that aids behavioural accountability and clear norms for dealing with any arising issues. My dental department needed a supportive voicing system whereby staff could express their viewpoints and changes could be facilitated accordingly.[6]

Strategies to address the issue

I approached my manager to undertake a subtle management role aiming to create a functionally strong team. In order to perform at a high level within a team, effective staff engagement is important. Organisations and workplaces need managers and leaders who can cultivate commitment and enhance enthusiasm amongst staff members by utilising personality traits and behavioural characteristics such as vision enhancement, constructive influence and charisma. By using effort and talent in a meaningful way, organisational goals can be achieved. Those who can embrace this skill are known as transformational leaders and aim to empower team members to attain goals such as the provision of better services, social problem solving and higher productivity.[15]

We employed Bass' categorisation of transformational leadership into four domains for my workplace:[16]

Idealised influence – forming a standpoint that displayed insight and self-confidence within the presence of staff, eg organising regular meetings where staff feedback could be given not only about how their hard work was valued, but also regarding updates on upcoming departmental changes. Additionally, this platform could be used for discussing concerns and sharing ideas to better the department's functions, demonstrating respect for staff ideas and suggestions. Research suggests validating staff for a job well done bolsters their self-esteem and overall morale.[17]

Inspirational motivation – introduction of a mentoring based approach for nurses and clinicians to assist them in achieving personnel goals including leadership development and succession planning.[18] The senior nurses worked with the trainee nurses, supervising them prior to the trainee nurse working independently. For complex clinical cases, junior dentists had an opportunity to witness the senior clinicians performing a procedure and ask for support when needed. Such a system ensured delegation of adequate responsibility to staff members, which led to effective sustenance of clinical protocols.

Intellectual stimulation – this results in creativity and implementation of innovative techniques. We implemented this by providing staff with continuing professional development opportunities and resources that further their skills. Some of the initiatives included sponsored attendance at professional learning events and offering task based incentives.[7]

Individualised consideration – giving attention to each staff member and treating them in the best way for their needs.[19] Staff members that have an issue or concern should be able to raise it with the manager in charge or the respective department lead. Prior to discussion of the issue, the leader should look at best and worst case scenarios, then effectively listen to both sides before presenting their side assertively and making it a win-win situation for all. This should be followed by a summary of the discussion.[4] Such a system was executed and encouraged at my workplace, which was reassuring to employees, as they knew their concerns were heard and valued, and that their position was being respected.

Conclusion

I didn't want to run away from challenges. As a young dentist, I didn't want to leave my job due to the toxic environment, but rather assist in changing my workplace culture. I learnt that a transformational leadership approach that values authenticity, respect, openness and positive regard for staff members, was the most effective for preventing conflict and restoring interest in the dental team. This created a wonderful opportunity for learning, adjustment and growth; enhancing teamwork, reducing negative workplace culture and strengthening staff retention.

The dentolegal perspective

Dr Annalene Weston, Dentolegal Adviser, Dental Protection

1. Be the change you want to see – leading by example is one of the most positive things a clinician can do to improve a practice culture.
2. Opening discussion and removing hierarchical barriers empowers positive collegiate interactions and promotes best patient care.
3. Supporting colleagues through difficult times and being sensitive to their challenges and needs will help create a healthy work environment.

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When pain is not relieved

Dr Brendan Clarnette recounts a valuable learning experience from a challenging patient

I would like to share a recent case where many of the risk management strategies I have learnt through Dental Protection, mentorship and experience all came together to turn what could have easily been an ugly situation into a case that I, and others, can learn from while still being able to sleep at night. This case highlights the importance of record keeping, good communication, consent, professionalism and teamwork.

I treated a 60-year-old female patient in an emergency appointment. Before I met her there were a few red flags that, in hindsight, I should have taken more seriously. Firstly, in our practice software I could see that she had attended our practice once, three years ago, and had seen another dentist who had since left the practice. In summary, the patient had been left with a note in her file to say that the dentist would not like to see this patient ever again.

Secondly, in the note for my upcoming appointment, our receptionist had left a message saying that the patient was quite pushy on the phone, asking to make sure that treatment would be done on the day. In the first of numerous instances of teamwork that helped immeasurably in this case, our receptionist has been trained to professionally but clearly tell emergency patients that treatment is not always possible at the same time as consultation, and had recorded this conversation with the patient.

Knowing these things, I went into the appointment with my guard up. I usually approach these patients with a 'kill them with kindness' attitude and we actually got on quite well. She seemed a little eccentric but no more so than many of my patients. Then came the third red flag in our initial interaction, when she began a list of "poor treatment" she had received in the past and that this was the reason for her poor oral health.

This is always a big red flag to take note of, as a patient who is saying this about other dentists is just as likely to add you to that list of dentists they complain about in future. Despite this, she did not seem unreasonable in our interaction and so I naively thought that perhaps these previous dentists had just not had great communication skills or gained true informed consent before performing what they themselves had probably considered compromised treatment.

The patient's presenting complaint was with a freestanding 47 that had been giving pain for two weeks with the cold and when brushing her teeth. In her account, it did not cause pain at any other time but this pain was quite strong and sharp. Upon investigation, the 47 had deep buccal decay as well as an existing occlusal amalgam that had recurrent decay and a visible mesial crack line. It was not tender to percussion and cold produced a strong painful response

but it did not linger. My working diagnosis was of reversible pulpitis, but due to the unknown depth of decay and crack, I was unsure if this was indeed reversible.

I took intraoral photographs and began to explain the situation to the patient, giving options of a large restoration or a crown. I laboured the point that we did not know how the tooth would respond to either of these treatments and the tooth may end up in more pain, which may result in the tooth needing root canal treatment. This conversation ended up taking 40 minutes and was quite circular. Importantly, my dental assistant is trained to record these conversations in our notes and she put her name to them too, providing a second person to corroborate any disputes. I feel this is an important element of the record keeping process. At the end of the appointment, the patient had not made up her mind and said she would call when she had done so.

The next day, the patient had booked in for a crown preparation. The preparation proceeded normally; there was deep decay and a visible crack, which I took intraoral photos of during the procedure. Nevertheless, I was hopeful that the tooth would survive without needing a root canal treatment. At the end of the appointment, I showed the photos to the patient and explained that these issues could result in needing a root canal treatment but that I was hopeful this would not be the case.

The next day, when our receptionist was doing follow up calls, this patient said that she was in a lot of pain. The receptionist tried to find the patient an appointment to investigate it as soon as possible. Despite reiterating that we would like to see her, she decided that she did not want to return until the crown was ready for insert. On insertion day, it was clear that the prepared tooth was suffering from irreversible pulpitis. I explained this and the patient became very angry and was not receptive to calm conversation. Eventually I gained consent for extirpation at no charge, with the intent to call the patient two days later once she was out of pain, so that we could have a suitable conversation about the situation.

Unfortunately, when I called the patient she was not in a better frame of mind and could not understand why she now needed root canal treatment or extraction, despite being warned multiple times previously. After this conversation it was clear that reasoning was not going to help either of us and so I offered to pay for her root canal treatment with our principal dentist. She agreed to this.

In a fantastic show of teamwork, my principal dentist completed her root canal treatment and cemented the final crown.

At the end of this, the patient reported to the principal dentist that we were both lovely people and she thought that we were great. I didn't see that coming.

Lessons learned

There are many things that were emphasised to me and that I learnt during this case, and I hope those reading can gain something from this too.

The first lesson is to always look out for those red flags. Fortunately, I had spent 40 minutes discussing the risks and warnings of my proposed treatment including possible requirement for RCT, and had documented this conversation in my clinical notes. Even though this didn't prove to be that helpful in the end as far as my patient making a complaint, it made me feel like I had done everything possible, and certainly would have helped if the complaint was viewed by AHPRA. When you see the warning signs, think defensively. I should have used more defensive communication skills at the end of the preparation appointment. Instead of saying that I hoped that root canal treatment would not be needed I should have again emphasised this possibility, so that it was the last thing on the patient's mind when she left.

One of the major takeaways is that you are never alone in a situation such as this and there are always other dentists and Dental Protection to call on for support. I called Dental Protection after my phone call with the patient and they were very supportive on the phone. We talked about my records and I was reassured that our record keeping was such that we could fight the case with the patient if it was to come to that. Record keeping is one of the most important risk management points to always keep in mind. Complete written notes with conversations summarised are very helpful. A picture says a thousand words and so having good intraoral camera photos is also extremely useful.

This case also highlights the importance of professionalism. Professionalism means putting the patient's needs and desires above your own. In this case, I had to resist the personal urge to prove that I was right, that I had warned of this possibility and 'win' the argument. In reality, there would be no winner in that situation. In reality, it was better to just find a solution that the patient would be happy with. This is what professionalism means, to put others before yourself even when you do not feel it is fair. This allowed me to deal with the situation relatively quickly and put it behind me to be able to sleep well at night.

If I were not able to call on my team to support me during this case, it would not have ended so calmly. I am thankful that I have receptionists and assistants who are well aware of risk management strategies to deal with difficult patients. I am also thankful to have a principal dentist who is always happy to help. Always call on your team for support – including Dental Protection.

I was relieved to know that my record keeping would have helped me if the situation were to escalate, but I was more relieved to have my mental health intact, and deal with the situation quickly and sleep well at night.

The dentolegal perspective

Dr Mike Rutherford, Senior Dentolegal Adviser, Dental Protection

Often, the best learning exercises come from situations where things don't work out as planned:

- Red flags are easy to recognise in the 'retrospectoscope'. At other times we see them coming but just don't pay them the attention they deserve. The learned lesson is not just the recognition but also the adaption of our approach and treatment and reacting to the risks identified.
- Sometimes a minimalist approach, such as initial caries removal and temporisation for relief of pain instead of crown preparation, lessens the impact if this treatment does not proceed as expected.
- Teamwork does make the workplace a safer environment for both our patients and us. It is particularly important when a patient is not happy or treatment does not go according to plan.
- Receptionists often take the heat for the rest of the team, and a warning from your receptionist of possible trouble ahead can be priceless. Remember to thank them.
- This case also highlights the benefit of photos. If ever there is disagreement on, say, shade or shape, or the possible presence of oral pathology or an adverse outcome such as an abraded or burnt lip, a photo can be a very important recording of events.

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