



Young Dental Practitioner

Issue 2 – 2020



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How can you look after yourself and your patients?

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Welcome

Here is the 2020/2021 edition of the *Young Dental Practitioner* magazine.

I would first like to acknowledge what a challenging year it has been so far with the Australian bushfires and then the outbreak of a pandemic. COVID-19 has shaken us all and affected the way we live our lives and interact with one another. Dental Protection has supported members through many difficult times over the years and we know that there has never been a more important time for us to step forward and offer the flexibility and protection our members need.

These past few months we have tried to help you by protecting both your financial position and wellbeing. We recognise the significant impact that COVID-19 has had on dental practice and know that many of you have seen a significant reduction in your income, so we wanted to help. Along with our partner MDA National Insurance (MDANI), we offered **subscription and premium relief** in the form of a 25% reduction in annual fees from 1 July 2020.

We are proud to be in a position to offer this kind of financial support to our members and hope it offers reassurance that we are here for you, especially in difficult times when you need us most.

Equally as important is the mental health and wellbeing of our members. We understand that it is not only a financial strain that many members are experiencing, and so we recently announced that we have extended our counselling service to any member who is experiencing any work-related stress or stress that is impacting on practice. This of course includes our student members.

Our counselling service is provided through an external professional counselling partner and is completely confidential. As a member-owned organisation, our sole focus is to protect and support you, and never has this been more pertinent than during these unprecedented times. We want you to know that we are here and are ready to help, should you need us. If you are struggling due to the impacts of COVID-19 or any other challenges that are affecting your time in clinic or on placement, please call us on 1800 444 542.

We trust that you will find the following articles in this edition helpful and something you will refer back to during the early stages of your career.

Take care and stay safe.

Kara Stokes,
Business Development Executive



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Dental Protection proud to support Australian Dental Outreach

Australian Dental Outreach is a not-for-profit organisation that recruits volunteers across dentistry to work in disadvantaged areas of the world, in order to improve standards of healthcare. Dental Protection is proud to indemnify the work of Australian Dental Outreach and support the delivery of safe, quality dentistry to those who are most in need.

Dr Gregory Fine is the director of Australian Dental Outreach and provides a closer look at the excellent work of this organisation

What is Australian Dental Outreach?

GF: Australian Dental Outreach is run by dentists for dentists and, since 2014, we have been actively involved with helping people from disadvantaged communities. Together we have assisted regional and rural Australia as well as developing nations including Guatemala, Nepal, Cambodia, Columbia and the Philippines.

Australian Dental Outreach was devised as a not-for-profit program. We want it to be affordable, we want it to be rewarding and we want to involve final year dental students and recent graduates so that they can experience the benefits of philanthropy work early on in their career. Participants will be actively treating patients, they will be learning from experienced dentists and they will have ongoing mentorship once they return home.

Currently our efforts are focused in Phnom Penh, Cambodia. Participants arrive on the weekend and treat patients for one week prior to returning home. In Phnom Penh oral health services are inaccessible to a large percentage of the population; due to the lack of exposure, certain expectations and beliefs have been cultivated by the locals. Some underprivileged people believe that acute dental pain is a normal part of the ageing process so, with the help of local groups and organisations, we are providing care to these communities – which leaves participants with a satisfying feeling of accomplishment.

Why did you found Australian Dental Outreach?

GF: When I was a student, the options to volunteer overseas were limited. Either they appeared to be making a profit from participants or they limited involvement of participants to observation rather than hands-on treatment. Australian Dental Outreach is available for final year students as well as graduates, as I believe they have had enough clinical experience to help those in need. The cost of dentistry and professional development can be far-reaching for students and young graduates. We are passionate about developing health practitioners and provide a course-like structure involving clinical training, formal lectures and case discussion during the week of volunteering.

The mission of my dental practice Avenue Dental is: “To positively transform dentistry in Australia.” We encourage the participation of Australian trained dental students and new graduates, as they are full of knowledge and eager to learn more about the dental profession. Volunteering is not a selfless experience: it changes your outlook, expands your knowledge base and provides experiences that you never forget.

What does a week look like volunteering with Australian Dental Outreach?

GF: Participants spend the majority of their time in the clinic, treating patients; morning and afternoon sessions exist where the volunteers treat local residents and visit non-government organisations. Experienced Australian and local dentists are present in the clinic for advice and informed consent and, in addition to the clinical sessions, formal lectures, hands-on training and case discussion are provided to participants.

In the evenings, participants are encouraged to enjoy what a vibrant capital city in South East Asia has to offer. We always stay close to the main hub of Phnom Penh and restaurants, bars and the casino district are just a short tuk-tuk ride away. During the day, participants have the option to miss a clinical session to tour and sightsee if they so wish.

What are the benefits for students and young dentists?

GF: In my penultimate year, I decided to volunteer overseas while backpacking. I used to travel a lot during my university years, but this was one of my most memorable experiences. My friend and I still reflect fondly on our time volunteering in Antigua and Guatemala. As a final year dental student, I was eager to help those in need and improve my clinical skills. Volunteering at such an early stage in my career increased my confidence dramatically. I worked with experienced Australian and overseas dentists who provided me with tips for exodontia, resin restorations and endodontics. I am still in contact with these colleagues today.

We have all spent years acquiring a unique set of skills – we are able to educate, relieve pain and restore someone’s smile. These skills are relevant globally and across language barriers.

What were the highlights of the Australian Dental Outreach’s program last year?

GF: Last year we worked out of Phnom Penh’s University of Puthisastra. The patients ranged in age from young children to the elderly and a wide variety of procedures were performed. Participants provided oral health education, performed restorations, and sectioned and extracted hopeless teeth.

Volunteers loved how grateful each and every patient was. They also really enjoyed the cultural aspects of Phnom Penh: from navigating the city via tuk-tuk, to tasting local dishes and the hustle and bustle of the city’s nightlife.



Dentolegal comment

By **Dr Annalene Weston**, dentolegal consultant, Dental Protection

The practice of dentistry is peppered with variety and you never really know what opportunities and experiences will walk through the door. This is one of the things that we love about dentistry. Volunteering provides exposure to a breadth and depth of treatments that many practitioners do not have access to in their day-to-day practice, promoting professional development in the treatment of the unforeseen, unplanned and unexpected. Equally as important, many practitioners want to use their skills to give back to those most in need, and volunteering allows this by servicing those who would not usually have access to dental care.

Managing anxiety in patients – and you

In dentistry there can be many reasons why patients feel anxious about their treatment. Finding ways to manage this while delivering safe care can take its toll on the dental practitioner too – practising dentist **Dr Louise Hanrahan** looks at the steps you can take to look after yourself and your patients

Anxious patients are everywhere, and yet it seems we know very little about how to manage them. Our research shows wildly varying prevalence percentages, and even the terminology is used interchangeably throughout the literature. It's no wonder that we're all aware of dental anxiety as a phenomenon but probably don't feel too confident about managing it. Its presentations are very diverse, and not knowing what to expect can increase stress levels for the clinician as well as the patient.

While anxiety and phobias are typically defined as an irrational fear, the cause of dental anxiety can be quite rational. A previous bad dental experience is a common trigger for anxiety, particularly if this has occurred during childhood. Anxious family members also provide a hurdle, as there is generally an effort to reassure before and during appointments. Unfortunately, comments like "it doesn't hurt for long" and "the needle will be quick" can exacerbate anxiety rather than alleviate it.

Certain groups have been identified in research as more likely to have dental anxiety, particularly older populations. Personality types, particularly Type A, can predispose to anxiety. Anxious patients I

have cared for very often have a phobia of needles too. The fear of being judged and feeling ashamed of their teeth is a significant cause of dental anxiety and can lead to a defensive reaction if not carefully handled.

Anxious patients: what to look for

Some patients are frank about anxiety, even going so far as saying "I hate the dentist" as they walk in. Subtle indicators of anxiety should also be looked for where possible – be aware of patients having an increased heart rate, or who are more prone to fainting. Excessive fidgeting and holding objects in front of the torso as a barrier can be another sign of anxiety. Patients may even be visibly distressed, so it's best to approach with empathy and reassurance where possible.

Above all, it's good to remember that as each patient is unique, our anxious patients are also unique. Some will be open about their anxiety and others will not. Some may disclose with relief when asked; others may confirm it but not want to dwell. Finding an appropriate opportunity to ask a patient if they have dental anxiety is a good approach – but it is important not to push it.

So why does identifying anxious patients matter? If people want their pain fixed or a

check-up, should it matter? Patients with dental anxiety tend to be unhappier with their teeth and have higher expectations of treatment. That means more pressure when they attend your practice to get the 'perfect smile'. Patients with dental anxiety are also more likely to be an irregular attendee or avoid us completely, meaning inconsistency in appointments. Finally, research also suggests that dental anxiety may be a central aspect of the cycle of dental disadvantage – undermining what we want to achieve as a profession.

How to ease a patient's anxiety

Communication is extremely important when providing care. Remember we're not just talking to patients – our body, tone and facial expressions play an important role in conveying messages and alleviating anxiety. Seating yourself at the same level removes the feeling of towering over a patient, which can convey a power imbalance.

Consider sight, smell, sound and sensations in the dental practice and the way they could individually trigger a patient – seeing a needle and the sounds of high-speed suction and drills are a few examples. Look for ways to reduce these triggers, such as keeping LA out of sight and encouraging patients to bring in



Working under high stress and being hypervigilant is exhausting and can lead to burnout. Empathy, while an excellent tool for managing anxious patients, is exhausting. Repeated exposure to anxious patients can lead to a phenomenon known as vicarious trauma, described as “work getting inside of you”

their headphones for music. Doing something as simple as asking permission before touching the patient, or devising a signal during treatment, can help gain trust and give the anxious patient a sense of control.

Conventional management techniques like progressive muscle relaxation and paced breathing are tried and true, and can be excellent tools to help establish trust. However, effective and painless anaesthesia is the fastest way (in my experience) to win over a patient. Allowing adequate time for your topical anaesthetic, then warming the local anaesthetic before slowly depositing it, will help ease the patient into treatment. By being able to tolerate what is often considered the worst part of the appointment, there is a feeling of achievement and a renewed expectation for the treatment being provided.

Why empathy is the best approach

Ultimately, communicating with empathy has been found to be the best management technique for anxious patients. Seeing someone's situation from their perspective and sharing their emotions, rather than avoiding the shared perspective or pitying them, is the key to building rapport and trust. Cultivating a safe environment and fostering trust between yourself and the patient, in a way that avoids judgment or criticism, will help improve a stressful situation. Validate their concerns and reassure your anxious patient that their anxiety is normal – because while it can seem irrational, it actually is quite common.

Monitor your own responses and be aware of your own feelings and how you express them. Model the behaviour you want your patient to have and be mindful that if you are short or abrupt, it may seem as though you are frustrated with the patient. By being calm and collected, the patient will pick up on it and often mirror this positive demeanour.

Collaborate on treatment options, discuss the pros and cons and avoid making decisions for the patient – consider yourselves a team working towards a common goal, rather than the dentist who knows best.

It's important not to become overly confident and start making promises you can't keep, such as guarantees of no pain or treatment complications. If this can't be delivered, it will cause a huge failure of trust, which could create a further barrier for your anxious patient. It is only more stressful for yourself and the patient if you cannot deliver on your word, so be careful what you say.

Managing your own stress

Working under high stress and being hypervigilant is exhausting and can lead to burnout. Empathy, while an excellent tool for managing anxious patients, is exhausting. Repeated exposure to anxious patients can lead to a phenomenon known as vicarious trauma, described as “work getting inside of you”.

So how can we care for these patients and ourselves, with so much to consider? At a patient level, it is best to set healthy boundaries and manage expectations early. Set clear limits to your relationship, such as not seeing the patient outside normal hours. Ensure you practise with empathy. Honour their resilience and praise the achievements – but remember that you cannot save everyone and it may take a few appointments to gain trust.

Within your team, having the support of your DAs and their confidence in your abilities can provide further reassurance. Sometimes, hearing how good you are from someone else will have a bigger impact on a patient. Ensure that you have a good relationship

with your staff and you are mutually respectful of each other, as anxious patients may be looking for discord and will pick up on a tense atmosphere.

Try to plan appointments at a time where you are at your best – often, the morning is a good option because it gives less time for the patient to build up their anxiety, and the clinician is less tired than they would be late in the afternoon. You are also more likely to be running on time, preventing another trigger for anxious patients – having to sit and wait for their appointment.

Taking care of you

Finally – you need to ensure you are practising self-care. Keep your social circles active and find ways to express your creativity. While online dental communities can be an excellent way to be in touch, try to limit it to supportive groups rather than those that thrive off drama. Hobbies that encompass mindfulness, like hiking and baking, can be extremely rewarding and help with stress management. Stay active and make sure you are scheduling time off in the year, so your stress doesn't accumulate when you don't have an opportunity to take a break. Above all, give and accept praise where it is due, to validate the effort you, your DA and your patient put in.

If you need additional support, consider talking to your GP or Dental Protection's support and wellbeing service, which is provided by ICAS and offers telephone counselling 24/7 and face-to-face counselling sessions near you at your convenience. Further details are available under the “For members” tab of the Dental Protection homepage, [dentalprotection.org](https://www.dentalprotection.org)

Managing anxious patients is extremely satisfying and challenging work. It requires full engagement from the practitioner and the challenges it poses can make it tempting to avoid seeing these patients altogether. Burnout and vicarious trauma are real risks if you do not look after and prioritise yourself. Remember you are not impervious to stress and when you work with anxious patients frequently, you have to put in as much effort for yourself as you do them.

The young dental practitioner's experience of COVID-19

Dentist *Dr Linda Doan* looks at the psychological after-effects of COVID-19 on young dental practitioners

A sense of belonging, and by extension the feeling of connection to others, is integral to our sense of wellbeing. I lament the fact that the powers-that-be employed the term “social distancing” to discourage physical interaction as, in my view, “physical distancing” would have been more appropriate as we navigate COVID-19. In times of distress, socially isolating ourselves and minimising our connection with others will amplify feelings of loneliness and uncertainty. The secluded nature of our profession provides little opportunity for consistent collegial interaction and the opportunity to share our experiences. This article intends to explore how lockdown has impacted our current and upcoming young dentist contingent.

Experiences under lockdown

A survey was posted on the online groups The Young Dentist Hub, then later DPR, to explore the experiences of dental students and young dentists in the lead up to, and during, the COVID-19 lockdown in the March-June period. The survey was designed with the following intentions:

1. To uncover the various thoughts, feelings and activities dental students and young dentists experienced in the lead up to and throughout the pandemic.
2. As a reflective piece for the respondent, first asking the respondent about their ‘negative’ experiences, then towards the survey’s end giving an opportunity for respondents to reflect back on the ‘positive’ experiences and what they have ‘gained’ despite the implications of COVID-19. It was hoped that this would help empower respondents to confidently get back into their professional and personal lives.

The survey was created on the back of significantly dwindling COVID-19 infection numbers, when practising clinical guidelines reverted to Level 1 and there was a palpable increase in optimism across the country. A total of 36 responses was collected, of which 11% were final year dental students, 28% were dentists with five or more years of experience, and the remaining 61% were dentists of between one and four years of experience.

Making sense of the chaos: Maslow’s hierarchy of needs

COVID-19 brought about chaos and confusion in our working and personal lives. Our survey respondents reported feelings of restlessness and that working through the lockdown period was a stressful time, both emotionally and physically demanding.

As a scientifically minded bunch, what better way to make sense of the emotional confusion surrounding COVID-19 than to use a scientific explanation? I have therefore tried to link the survey results back to Maslow’s Hierarchy of Needs (1943), which posits that humans *generally* require basic needs at lower levels to be fulfilled, before they can ascend to the highest tier and be completely content with their lives (Figure 1).

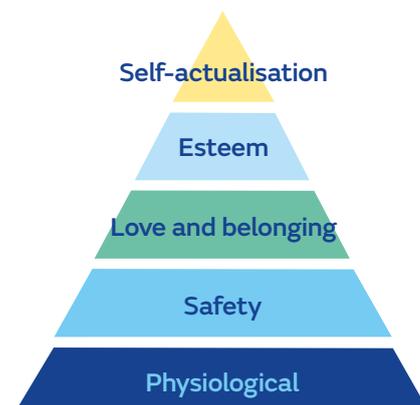


Figure 1. Pyramid tier of Maslow’s Hierarchy of Needs. Adapted from freepik.com.

Level 1. Physiological needs – survival needs such as food, water, warmth, sleep

If our health is compromised, it can be challenging to fulfil other aspects of our lives. 64% of our respondents were concerned about contracting COVID-19 in the lead up to the lockdown around March-April. This was a close second to the most commonly reported concern, which was “worried about family, friends contracting COVID-19” at 67%.

The virus was very poorly understood at the start, and it is easy to see why all of a sudden, many felt like the good health that they had taken for granted was in serious jeopardy. Interestingly, as restrictions lifted and the rate of infection decreased in June, only 47% of survey respondents remained concerned about contracting COVID-19, making it less of a concern for our surveyed respondents than those of reduced income (53%) and not being able to travel (53%).

Level 2. Safety needs – emotional and financial security, social stability, law and order

Our feeling of safety is met when we feel we can exert control and expect a certain amount of predictability in our lives. Maslow’s work suggests for most of us to achieve loftier goals higher on the pyramid, our need of safety has to be fulfilled. The majority in the profession experienced changes in their clinical practice, ranging from reduced hours to being laid off or reduced income. This is reflected in our study as 42% of respondents were worried about daily expenses including loans that could not be met, even with JobKeeper support. Final year dental students were understandably concerned about employability after graduation and not graduating in time. The group least affected in their working hours and pay appear from our study to be those working in the public sector.

Level 3. The need for love and belonging – intimate relationships and friends

Level 3 is where our needs are met through connections with others. From the survey results, it seems that the young dentist contingent derives deep contentment through our interactions with our family, friends and partners, and also from the wellbeing of our patients. A third year dentist voiced they were concerned about the potential of being an asymptomatic carrier and spreading the virus in the clinical setting, affecting patients and staff. Another dentist working in the public setting stated they were concerned about the risk to patients and the risk of spread, noting government clinics often involve working with high risk populations.

Of note was how important our friends and family are to us, as the highest reported concern from the survey was friends or family contracting COVID-19 (67%), and the third highest concern was not being able to see them (53%). Respondents also reported being separated from their partners and having to manage long distance relationships as a result of the lockdown, with the untold difficulties this creates.

Level 4. Esteem needs – dignity, mastery, independence, desire for reputation and respect

The pains and extraordinary accomplishment of completing the years of dental studies are probably felt most acutely by our recent graduates and young dentists. Then there is the desire to master our skillset as we build up our experience and confidence in the clinical setting. 39% of surveyed respondents were worried about lack of clinical practice and potential deskilling. 14% of respondents also said “yes” to the concern that “my identity as a dentist was challenged...I had moments I didn’t know who I was anymore without my job”.

Level 5. Self-actualisation – the achievement of fulfilling our highest potential

Maslow says that achieving your highest potential is to accomplish all that you believe you can be and do.

Self-actualisation is unique to the individual and it does not have to pertain to work achievements only. Self-actualisation can be the creation and invention of something, achieving your highest level of personal self, being a great father or mother to your children; possibly in combination with other monetary, physical or academic achievements.

In reference to other needs in life, Maslow suggests that a contented life is reliant on many aspects of our life going well. The lockdown period appeared to be a valuable time of re-evaluation and rest for many participants: for example, a survey respondent reported “being able to refocus my goals and what I wanted for my career”. The majority of respondents reported more time to look after their physical, mental and spiritual health (67%), 61% reported reconnection with old hobbies or learning new hobbies that likely added joy to their lives, and 42% reported feeling less stress and anxiety with reduced work hours!

Seemingly, despite the impact of COVID-19 on young dental practitioners’ professional and personal lives, it appears not all is doom and gloom. When asked to self-evaluate their quality of life before and after lockdown, taking into consideration all aspects of life that is health, work, finances, goals and hobbies, 50% of respondents reported they emerged better around May and June compared to when lockdown started around March. 17% reported being worse off and 33% reported being “about the same”. It is reassuring to see responders reporting increased connection with friends and family despite the physical distancing. 11% of responders also found time to do social work and help others during lockdown.

Perhaps, then, while parallels between the survey results and elements of Maslow’s hierarchy can be drawn, the effects of COVID-19 itself did not inhibit the ability of practitioners to reflect and move forwards to consider what their highest potential will look and feel like, and the steps they can take to get there.

And on that note, I wish for us as individuals – and collectively as a profession – to continue to take charge of our lives despite the circumstances, to continually support one another, look out for our young dentists and, most importantly, take great care of ourselves and maintain good health.

The dentolegal perspective – Dr Annalene Weston, dentolegal consultant, Dental Protection

The ‘Coronacoaster’ has impacted every area of our lives, and in many ways life will never be the same. That said, it did provide many practitioners with some much needed downtime to consider what they wanted their future to hold and how they would achieve that.

Feelings of anxiety are commonplace in dentistry, regardless of the presence of a global pandemic, and talking through our feelings and concerns with others, and considering how to fulfil our basic physiological needs to empower us to grow personally and professionally, will set any young practitioner on a solid path to achieve their goals.

Choosing the right practice

Dr Simon Parsons, dentolegal consultant at Dental Protection, weighs up the factors to consider when making a decision about joining a practice



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In life, the choices we make can profoundly impact on where we end up. Remember the film *Sliding Doors*? In our career choices, it's the people who form our team, our patients and the sorts of clinical services performed in the practice that will all profoundly impact on our career opportunities and job satisfaction.

It is so important to get your career started on the right footing. Commencing work at our first practice is a long anticipated and memorable experience, and the nature of this experience can cast a long shadow and influence your future choices. Considerations for your first practice include: regional or metro? Public or private? Part time or full time? Specialty or general? Solo or group? But what is the right choice?

Of course, it depends on you as a person, your lifestyle and career priorities and goals. However, we can highlight a few areas that can influence your decision-making process. Consider:

Is this the right practice for me?

- Does my future principal seem approachable – particularly if something goes wrong?
- Are there other practitioners I can bounce ideas off?
- Am I expected to make an unrealistic amount of money?
- Am I expected to see an unrealistic number of patients, or perform treatment in unrealistically short appointment times?
- Am I expected to perform certain treatments 'for the good of the practice'?
- Is the proposed remuneration fair?
- Does the practice rely on low cost offers, vouchers or gimmicks to attract new patients?

- Do I have access to the materials and equipment that I reasonably need?
- Am I taking over an established list or starting from scratch, and which would I prefer?
- Am I ethically aligned with this practice and the practitioners within it?
- Will this practice help me develop, both professionally and personally?
- Does the practice look well run, or chaotic?
- Do the other staff look happy, or miserable and stressed?
- Would I want to be a patient at this practice?
- Do the patients seem to value good oral health and quality dentistry?
- Are the patients the sorts of people I enjoy treating? What does the demographic look like?
- Is the practice busy, or will I be expected to build it? Will I be expected to 'find something to do' on each patient?
- If it isn't busy, why is that so? If it is busy, why is that so and will I be able to keep up?
- Will this practice environment or ethos put me under unnecessary pressure?
- Will I be happy here? Am I a good fit?

Am I right for the practice?

You can have the best hands of your class or the best academic marks, or both, but if you do not have the mutual respect and trust of staff and patients alike, then you are not the right practitioner for that practice.

Trust your instincts, as your first impressions count. What did it feel like when you arrived at the practice? Is it a relaxed, fun,

yet professional place to work? Is it clean, modern and bright, or dreary, drab and dirty? What's the energy level like?

Sometimes a practice or its people will grow on you, and you on them. But at other times, you may discover that what you didn't like at the interview becomes something you dislike each hour of the workday. That might be the practice, the staff or even the patients, and none of these are easy to change!

We tend to work best when we are in a happy place that is a good fit to ourselves. When we sense we are 'selling out' we can become stressed and lose the satisfaction we would otherwise enjoy from our efforts in the workplace. So try to stay true to your goals, ethics and aspirations. Don't compromise on what you hold dear to yourself as you start out in your career.

Be prepared, though, to compromise on a few other things, as it is really unlikely that the perfect practice is out there waiting for you to join it! Be clear in your mind what you are willing to trade off. Will you accept less pay in order to gain more experience? Will the travel to and from work be a bit long, but worth it once you're there? Perhaps you will need to grow the practice, but in doing so help to influence the sort of patients it attracts and pursue the areas of dentistry that you enjoy most.

The best first practice is an environment in which you feel able to develop your skills in the direction you choose and, at the same time, the practice is enriched by your presence. Strive for a mutually beneficial working relationship wherever possible, as life (and dentistry) is hard enough without being in difficult working circumstances. Let your practising environment be one in which you feel comfortable, and the rest will follow.

Human factors in errors

It has been said that “to err is human”.¹

Dr Annalene Weston, dentolegal consultant at Dental Protection, highlights the human factors that can contribute to errors in dental practice – and considers how to address them

We cannot remove errors from healthcare, as we cannot uncouple from our own humanity. We can, however, recognise precursors to errors and address these to limit their impact on our patients.

Naturally, healthcare is not the only discipline focused on identifying and managing risk, with other high-risk industries also pursuing the paradigm of perfection. Aviation, in particular, has made great inroads into the identification of human error signs, identifying that there are more than 300 error incident precursors at play.² These have been distilled into the ‘dirty dozen’³ – 12 key elements that are proven to influence people into making mistakes.

The dirty dozen is listed in no particular order, and at first blush it is easy to see how each of these could contribute to human errors individually, and how in combination they could act to amplify the risk of that practitioner:

1. Lack of communication

Both between practitioner and patients, and practitioners and staff members.

2. Distraction

From our core role, which may be related to factors inside or outside our workplace, or simply due to tiredness.

3. Lack of resources

Particularly if accompanied by an unanticipated rise in demand.

4. Stress

In all its many manifestations, and with its far-reaching effects.

5. Complacency

Whether through over-familiarity, lack of respect for the process, or simple boredom.

6. Lack of teamwork

Perhaps as a direct result of steep practice hierarchies, disempowerment of certain staff members, clunky processes, or maybe even due to a disruptive member of the team.

7. Pressure

Both personal and workplace-related pressures can impact on our risk.

8. Lack of awareness

Of what we are trying to achieve or perhaps of how our behaviour and actions could be impacting on others.

9. Lack of knowledge

Perhaps we don't know enough to do the job well, or we don't have a full and thorough understanding of the regulations and processes we are required to follow to ensure patient safety.

10. Fatigue

Fatigue impacts on our cognition and behaviour and, consequently, it increases our risk. This has been borne out in road safety research that tells us “that being awake for 17 hours has the same effect on your driving ability as a BAC (blood alcohol concentration) of 0.05. Going without sleep for 24 hours has the same effect as a BAC of 0.1, double the legal limit”.⁴

When we consider the above research relating fatigue to blood alcohol concentrations, could we accept then that fatigue likely affects our dentistry?

11. Lack of assertiveness

If we cannot speak up for safety, both by setting safe boundaries for our practice, and raising concerns with a colleague about their intended practice, then we cannot truly ensure patient safety.

12. Norms

As in normalisation of sub-par performance or behaviours, often referred to within Dental Protection as ‘ethical fade’.

If we accept the above list as valid and applicable to healthcare we can use this knowledge to identify these precursors in our own practices by considering: has our teamwork stalled due to breakdowns in communication and the outstripping

of resourcing by our demand? Are we stressed, tired and distracted?

But why would we care? Isn't the ‘dirty dozen’ endemic through all businesses? And do they really do any harm?

Regretfully, human error is linked to harm, at alarmingly high levels. A recent meta-analysis undertaken to systematically qualify the prevalence, severity and nature of preventable patient harm confirms this, concluding that around one in 20 patients are exposed to preventable harm in medical care; going on to say that at least 12% of preventable patient harm causes permanent disability or patient death.⁵

Perhaps then, if we are to meaningfully manage our risk at work, our focus needs to be on eliminating the dirty dozen from our workplaces, bearing in mind that stress and fatigue are also linked to burnout. Perhaps too, to truly address the pervasive nature of stress, fatigue and burnout we need to start by approaching this subject without apportionment of fault or blame on the practitioners, but from a position of support. As “to err is human, to forgive divine”.⁶

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Caring for the carer: the importance of wellbeing

2020 has been a tough year. As with all challenging times, it can be helpful to view this as an opportunity and take stock of our lives, and see if we can take any steps to reduce our stress. **Dr Kiran Keshwara**, dentolegal consultant at Dental Protection, explores the issue of caring for ourselves, so we can care for others

You're already running 15 minutes late, and that simple extraction that was meant to take you a maximum of ten minutes has now turned into a surgical. On top of that, the only staff member that has any idea of how to set up the surgical handpiece is busy assisting another clinician – you know it's going to be a long day...

The day ends and you have to write up your referral letters, check your emails and check that you have the lab work for the patients coming in the next day, and when you get home, along with feeding the kids (and yourself), you've signed up to another webinar...

And the next day, the cycle starts again.

Most clinicians can identify aspects of themselves in the description above and have found themselves stressed, frustrated and extremely busy. In being so busy looking after others, many forget to care for themselves.

Clinicians should take time to introspect to try to identify if they are getting enough sleep, if they feel constantly exhausted or frustrated, and whether they are looking after themselves and, by extension, their relationships.

Self-care is important for everybody – it involves purposefully taking time to care for yourself and pay attention to your needs. It can be both preventative and therapeutic. Self-care involves setting boundaries, maintaining a work-life harmony and building the foundations for better long-term physical, mental and emotional wellbeing. If we care better for ourselves, we will be able to care better for others.

Self-care strategies

There are many things that you can do to practise self-care. It is best to identify what works for you and by making slow and intentional positive changes towards self-care, you can function better and find more enjoyment inside and outside work. While it is natural to want to help and serve others, it is important to put your oxygen mask on first.

Breaks – take regular breaks throughout the day to help you reset and recharge. Make use of your lunch break and use this time to eat healthily and perhaps go for a walk outdoors.

Holidays – many clinicians do not take time off for a number of reasons. For example,

they may be self-employed and so no work means no income, or they are worried that their backlog of patients will increase and there is no-one else there to help them. It may even be the spectre of Imposter Syndrome prevents them from being away from the clinic for the fear that their perceived shortcomings will be exposed to their colleagues through their absence. It is important to give yourself some time away from work as it will allow you to come back recharged and reinvigorated and, ultimately, in a better position to help your patients.

Realistic expectations with a good work-life harmony – trying to fit in an extra patient at the end of the day or before lunch can make your day feel much more rushed and stressful. You should identify how long you need for appointments and try not to over-commit yourself. Many clinicians have taken to working part-time and found that this helps significantly with maintaining a healthy work-life balance.

Strong relationships – for most people, their families and friends are important to them. I find spending time with friends and family members and talking about things outside dentistry is a great way for me to relax, laugh and reduce stress. Everyone needs support



from their inner circle, be it family, friends or close colleagues and we should spend time nurturing these relationships. On the other hand, if you find that a relationship is toxic or draining, it would be a good idea to reduce contact with them.

Exercise – this doesn't necessarily mean going to the gym and spending hours on the treadmill or lifting weights. You could play a sport, such as soccer or basketball, or join a dance class. Walking the dog counts too! Exercise can be a great way to relieve stress, practise mindfulness and focus on your enjoyment.

Eating well – eating can be a social activity and trying out a new restaurant or a new recipe can help you be more aware of your surroundings and yourself. It is important to take time to eat well and actually enjoy and taste your food, instead of swallowing and gulping in a rush.

Sleep – lack of sleep can cause irritability and tiredness throughout the day. This is a dangerous combination for you and your patients and can lead to increased risk of an adverse outcome. Setting up a regular sleep routine helps get the mind and body ready for sleep. Practising good sleep hygiene by

putting down the phone, avoiding caffeine and intense or stressful TV shows can aid a restful sleep.

Self-compassion – it is common to find that increased awareness of or exposure to negativity surrounding us will lead to us focusing more on the negative aspects of ourselves. We are the most critical of ourselves and always think that we can do better and, while this can be useful, focusing solely on the negatives can have an overall detrimental effect on you and your emotional and mental wellbeing. A good way to manage negative thoughts can be to identify it as a negative thought and consider how these thoughts are impacting you.

Enjoying yourself – simply doing things for no other reason apart from the fact that it brings you joy – this could be anything from playing an instrument, singing, going for a drive or watching your favourite sports team.

Don't be afraid – don't be afraid to identify negative thoughts, frustrations and stress. It's OK to talk to your colleagues, GP or other people about this. Look after yourself and make changes for a better you.

Incorporating these tips all in one go can be overwhelming and can lead to further frustration. Start introducing some of the tips, or others that you think may work for you, and focus on caring for yourself first.

Dental Protection has extensive resources on wellbeing and taking care of yourself. These are all available at dentalprotection.org and include:

- Podcast – *Using your third space wisely*
- Webinar – *Under pressure*
- Webinar – *Human error*
- Workshop – *Building resilience and avoiding burnout.*

There are other external resources widely available, such as the *Self Care for Dentists* booklet produced by the New Zealand Dental Association,¹ which can help you on the path to introspection and self-care. It can be downloaded from dcnz.org.nz

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Memoirs of a recent graduate during COVID-19



Dr Monica Farrelly provides crucial information on transitioning from university to the dental profession and how to manage being a new practitioner in our rapidly evolving industry

Graduating from university coincides with great feelings of joy, but also uncertainty as we advance into the profession as qualified dentists. For me and my colleagues this sentiment was universal as we navigated our own expectations, accepted our first job and commenced work as independent practitioners.

The first six months of 2020 have been extremely difficult for all dental practitioners, with new graduates suffering from the clinical and financial implications of COVID-19. But this period has also proved our resilience and resourcefulness as employees. Looking back on my time, I'd like to share some information that would have made the transition easier and my days "less stressed, more blessed".

The bridge – university must do's and jobseeking

Transitioning from university to clinical practice is not exactly smooth sailing. The first day is unnerving. You are left alone in the clinic with your new dental assistant, half-filled books and questionable clinical competence. Dental school, however, has prepared us effectively for clinical dentistry and the responsibility now lies in our hands to develop the soft skills that transform us from 'good' to 'great' dentists.

Becoming a great dentist starts at university. University is not just about completing mandatory clinical hours, but also developing technical and soft skills as a practitioner. The dentists who work in clinical and academic roles have a wealth of expertise, with unique knowledge and experiences. If you strike a collegial relationship with a particular supervisor, seek out opportunities to clinically observe them or for clarification on topics of interest.

I had an extraordinarily helpful mentor on my penultimate placement who discussed my weaknesses and strengths with me. This experience provided insight into my future employability and the type of dentist I wanted to be in the short and long-term. My supervisor's expertise also sparked my interest in the business of dentistry, directing me to accept my first job as an associate in my current practice.

Interviewing for and accepting your first job is a stressful process. Do not feel pressured to secure a job as soon as possible. Attend numerous interviews, consult with several practitioners and observe different practices to construct an informed opinion of the best match for you as an individual. During this process, I realised that you cannot market yourself unless you have a strong personal ethos and a view about your future direction.

Interviews consequently require some level of personal emotional intelligence to determine your compatibility with the clinic's ethos and your principal dentist.

The relationship between a new graduate and their mentor is important. Mutual understanding is required to ensure new graduates are comfortable seeking help: you are interviewing your employer as much as they are interviewing you! Do not be disconcerted by this and do your research. Look up online reviews and the practice website, and speak to past employees if possible. Prepare answers to common interview questions, which differ significantly in public and private dentistry.

Securing an interview, however, is the difficult first step. Appoint time to invest in your resumé and cover letter in detail as this is the first representation of you as a potential employee. Outline your key skills and strengths, experience in practicals and any part-time or volunteer work. Get involved! Most employers do not care if you are a straight 7.0 GPA student. They are more concerned about your communication, interpersonal and organisational skills. Personally, my experience working in university student associations and part-time as a dental student exhibited these soft skills.

Employers are also interested in your clinical areas of interest and experience. Endodontics, prosthodontics and oral surgery are the more challenging dental disciplines for new graduates, with some experience paramount. Good knowledge on paediatrics and orthodontics is also significant. Private practices and public health facilities look favourably upon practitioners who are enthusiastic



to treat children. Pay careful attention to this seemingly 'easy' university content as developing good relationships with children is a unique practice builder.

Clinical practice – managing patient expectations, finances and rapport

Soft skills, namely communication, time management and teamwork are the steepest learning curves for dental graduates in both private and public practice. Speaking to other graduates, our greatest struggle is often not creating a posterior contact on a five-surface restoration (although this is very challenging!), but communicating to patients the importance of preventative dentistry and the finances involved.

Dental school did not provide sufficient education on complex treatment planning, making it extremely difficult for new graduates to confidently plan and advise patients of the multidisciplinary dental treatment required. Investing time in your communication skills, workflow in emergency and new patient exams is priceless and makes day-to-day life easier. Standard operating procedures and reviewing your books a few days beforehand in order to clarify complex procedures or treatment with senior clinicians is advisable.

Observing your principal dentists and specialists in the community also provides invaluable knowledge. Practising on extracted teeth and completing CPD in the areas of occlusion, prosthodontic materials and molar endodontics will prepare you well for daily practice. Repetition of procedures will translate to confidence when communicating the intricacies and finances of treatment with patients. New graduates tend to over-explain procedures in an effort to provide informed consent; however, mastering concise and clear explanations translates to higher patient acceptance.

Many patients have limited dental knowledge or motivation but new patient exams provide us with a unique opportunity to positively influence this. Increasing patients' dental knowledge prompts them to take responsibility for their health and inadvertently results in increased treatment plan acceptance. Treatment plans should be patient specific, with their limitations and motivators considered for an individualised treatment plan to be provided.



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Nevertheless, COVID-19 has resulted in noticeable patient health and financial concerns. Numerous patients are both unwilling and unable to complete preventative and maintenance dental treatment. Maintaining good rapport with patients through open and honest conversation is essential to manage these concerns. Altering treatment plans and scheduling may also be necessary to ensure our patients remain supported during their dental treatment.

Patient management has personally been the most difficult part of the transition from university to working life. As young practitioners, we are enthusiastic but less experienced in dealing with patients. It can be difficult learning to cope with dissatisfied patients and undesired clinical outcomes. In the workplace, patient management is primarily our responsibility, while at university the 'blanket' of the student clinic protected us from adverse outcomes.

Patients can be quick to form assumptions based on our age, gender or race and may use it to inadvertently question our competence or knowledge. This scenario can be challenging and demoralising, but having the support of your peers and mentors is invaluable and can help you navigate these difficult conversations. Moreover, processing this information as constructive criticism is a more useful outlook, as we will all be in this position at some point in our first year and it is arguably the rite of passage as new graduates.

A final word

The transition from final year student to recent graduate is an enjoyable rollercoaster, filled with great successes and disappointments that teach us resilience. Prioritising yourself, building a strong support network and investing in your soft skills will equip recent graduates for the arduous journey.

Being a dentist is the utmost privilege and a momentous achievement. COVID-19 and the significant implications it has had on the dental industry reiterated this. Policy, procedural and clinical changes have been wearying, I for one will never take my triplex or surgical handpiece for granted again!

Quick thinking avoids a claim following a perforated root



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A new patient, Ms Y, attended a practice complaining of pain from an upper lateral incisor that had been recently crowned at another practice. The new crown was aligned with the arch and when questioned about her dental history, Ms Y said that she had not wanted to have orthodontics to correct the slightly tilted and crowded lateral, so had decided upon a crown to realign it.

Dr O examined the patient and it was clear that the tooth was very tender to percussion and there was slight swelling and redness in the buccal sulcus. A periapical abscess was diagnosed, and Dr O discussed the need to access the root canal and begin RCT to alleviate symptoms at that visit.

Dr O was confident of the diagnosis and started access once local anaesthetic had been provided somewhat distal to the swelling to avoid injecting into the infected area. He planned to provide temporary relief at this appointment and did not consider a radiograph was necessary as the diagnosis was predictable and there was little time left to provide the emergency care required.

Access seemed a little difficult; there was eventually some bleeding and exudate from the tooth, which was subsequently dressed. Unfortunately, Ms Y returned the next day still very much in pain and unhappy that the crown had fractured in separate pieces, leaving the tooth preparation visible. In wishing to help Ms Y as best he could, Dr O set aside time to reopen the tooth and investigate further to see if more drainage could be obtained before providing a temporary crown.

This time he placed a file to obtain a working length and was planning to instrument and clean appropriately. To his horror, the radiograph revealed that there was a clear perforation of the root approximately halfway to the apex. He also realised that the root was acutely angled in relation to the crown he had drilled through the day before. Dr O had not taken a preoperative radiograph or probed the root surface to establish the angulation, despite the patient's history.

Dr O was very concerned and a little panicked, but he was able to access the root canal and dressed the tooth. He informed the patient that there was difficulty with the procedure and that he would book them in for a review the next day.

Given the error, Dr O approached Dental Protection for advice on how best to handle the situation clinically and with regard to the management of the patient. In discussing the matter with a Dental Protection dentolegal consultant, Dr O was advised to meet Ms Y, be honest and open with her by apologising that the situation had occurred and reassure her of onward care to resolve the problem.

A referral to an endodontist was made, which Ms Y would not have to pay for, and an opinion would be sought about the best way forward. Naturally Ms Y was not happy; however, Dr O showed true concern and integrity, and Ms Y was agreeable to the recommendation. Unfortunately, the endodontist's opinion was that the size and position of the perforation rendered the tooth unrestorable and recommended it be extracted and replaced by a single tooth implant.

Having discussed the situation further with Dental Protection, Dr O advised Ms Y that he would ensure she was not financially disadvantaged and that an implant would be provided for her without cost. A colleague removed the lateral incisor and placed the implant, which was successfully restored to the patient's satisfaction. The treatment was subsequently paid for by Dental Protection and the matter resolved without escalation to either a claim in negligence or a regulatory complaint.

Dental Protection's knowledge and expertise allows us to resolve matters at an early stage and prevent escalation. Embracing the issue early on means we can proactively manage the problem rather than wait until a claim is received and, in this example, had the patient not been offered remedial treatment from the dentist – who stayed with her on the journey and who demonstrated genuine regret and empathy – then the outcome could have been very different.

When a patient instructs a lawyer to pursue a claim, the matter becomes adversarial and a sour taste is left with all parties following a protracted, antagonistic episode. If resolution can be achieved with the relationship still intact, then the stress and anxiety for the member (and indeed the patient) in the long run is much reduced.

Dental Protection has the ability to intervene and assist members in a multitude of situations, and we would urge members to contact us as early as possible when a potential conflict arises. Early advice and intervention can be invaluable.

Learning points

For emergency appointments, ensure enough time is allowed and avoid being pushed into cutting corners, as errors with long-term consequences can occur.

When an adverse outcome happens, it is advisable to inform the patient at the time and to ensure suitable steps are taken to deal with the consequences. Members are reminded to contact Dental Protection before making any promises of a financial resolution.



To prescribe or not?

M r T, a 57-year-old male and a long-standing patient of the practice, attended an emergency appointment with pain from tooth 14. The tooth had a deep MOD restoration which had been placed six years ago and had been symptom-free for that time. The medical history was updated at the time and it was clear. The patient was a non-smoker and took no medications.

Mr T complained of pain for two days, which had kept him awake at night, and he was taking painkillers. He reported no other symptoms and was not pyrexia. Upon examination the tooth was very tender to percussion and did not respond to vitality testing. There was no observable inflammation or swelling and a periapical radiograph revealed that the tooth had periapical periodontitis. The dentist, Dr F, discussed the options to manage the situation and these included doing nothing, (which was unsuitable as the patient had symptoms), RCT and the extirpation at that appointment, and the last option was extraction. Pros and cons were explained for every treatment option. Mr T opted for RCT and extirpation and Dr F proceeded with that. After completing extirpation of the diseased pulp, advice was given about further painkiller usage and an appointment was made in two weeks' time to complete the RCT.

Mr T failed to attend that appointment and two months later the dentist received a letter of claim from solicitors. From the letter it was apparent that Mr T attended hospital a few days after the extirpation appointment with facial swelling, which was treated with IV antibiotics. Unfortunately, he clearly considered that his experience was the result of poor treatment at the emergency appointment.

The solicitors alleged that Dr F failed to provide adequate emergency treatment and prescribe systemic antibiotics; had these been prescribed, the solicitors alleged, the outcome could have been avoided.

After comprehensive assessment of the records and discussions with Dr F, the case was successfully defended as Dr F's records evidenced a thorough assessment took place at the emergency appointment. The cause of the symptoms was correctly identified and appropriate advice and treatment had been provided. It was argued that Dr F had acted in accordance with the Oral and Therapeutic Guidelines, as there had been no indication based on Mr T's presentation that systemic antibiotics were required.

Learning points

The law on consent provides a framework that protects patients' rights to decide about their treatment. In this case all treatment options were explained with their associated risks and benefits.

The full symptoms of the patient were assessed and recorded in the notes, where it was clearly indicated that the lack of systemic involvement meant that local measures were indicated, and not systemic use of antibiotics.

Had the records not been as thorough, then defending the claim could have been much more difficult.

Dealing with burnout

Is practice getting you down? Do you feel like you can't face another day? These are some of the classic symptoms of burnout, and you are not alone, with one in two dental practitioners in Australia suffering from burnout.¹ **Dr Annalene Weston**, Dental Protection dentolegal consultant, shares some advice on how best to recognise and manage burnout

As many of you will be aware, my colleague Dr Sam King and I have previously presented the national lecture tour entitled 'Under Pressure', as we wanted to start the conversation on burnout.

We want to thank each and every one of you who attended to support the profession, as we cast the spotlight on our mental and emotional wellbeing, and take positive steps to help and protect ourselves and our colleagues.

The response has been overwhelming. It is one thing to be told that every other dental practitioner in Australia is burned out and quite another to have them come up to you in tears, take your hand and thank you for giving them permission to admit how they feel and to talk about it freely.

What is burnout?

"Burnout occurs when passionate, committed people become deeply disillusioned with a job or career from which they have previously derived much of their identity and meaning. It comes as the things that inspire passion and enthusiasm are stripped away, and tedious or unpleasant things crowd in."²

Burnout is a measurable analysis of 'stress', with the most commonly used measure being The Maslach Burnout Inventory Triad:³

- emotional exhaustion
- low sense of personal accomplishment
- depersonalisation (an increase in cynicism or distancing ourselves from others).

When you consider these in the context of dental practice, burnout is a condition born out of good intentions. Dentists who fall prey to it are for the most part unselfish individuals who have painstakingly striven to reach perfection in their careers, pushing themselves too hard for too long, failing to acknowledge their limitations for fear of ridicule or failure.⁴

Depersonalisation can lead to more frequently occurring difficult patient interactions as a practitioner burns out, compounding the problem, and creating overwhelming feelings of frustration, resentment, angry helplessness, hopelessness and powerlessness.⁵ Not only can these load the underlying issue, but also long term stress is damaging to our health.

Finally, dental practitioners suffering from burnout are far more likely to experience an adverse outcome or receive a complaint, as burnout affects all of our body's systems:

Emotional – feelings of failure, guilt, negativity, anger, resentment, a loss of sense of humour.

Cognitive – poor concentration, distancing, ruminating, cynicism.

Behavioural – work avoidance, habitual lateness, addiction.

Physical – tiredness, lethargy, poor sleep, increased minor illnesses, anxiety.

It is self-evident then that we need to recognise when we are burning out, not only for ourselves, but also for our patients' safety, and take appropriate steps to manage it.

One important point to make is that burnout is not a sign of weakness, nor evidence that you are any 'less than others'. Any and everyone will eventually burn out if they carry too much pressure for too long. As pressure does not discriminate, any one of us could be affected at any given time.



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What can we do about it?

The more you read about burnout, the more you will learn, and the more solutions will present themselves. This list, however, nicely summarises the steps a dental practitioner can take to address burnout.⁶

1. Avoid isolation and share problems with fellow practitioners

Not only is 'a problem shared a problem halved', but there is strong evidence to indicate that increasing your social interactions increases your ability to handle stress and pressure, therefore decreasing your risk of burnout. The evidence base also demonstrates that getting involved in organised dentistry groups can lead to feeling more content and less isolated.⁵

2. Work sensible hours and take time each day for a leisurely break

While we have explored the risks of working Hungry Angry Late and Tired (HALT) many times in our presentations and publications, to summarise: be your best self to give the best care to your patients.

3. Take time off whenever the pressures of practice start to build

Burnout can mimic depression, so how do you know if you are burned out or if

you are depressed? Broadly, burnout will improve with a break or time away from the workplace. Depression does not, so perhaps a good first step is to take a break! Not only will this give perspective about your workplace, and perhaps identify some changes you may wish to take place, it will also help identify whether you need to seek medical help for an underlying condition.

4. Learn how to better handle patient anxiety and hostility and attend courses on stress management and communication skills

With a CPD requirement of only 60 hours every three-year cycle, we would suggest that you consider investing in your soft skills too. Communication can be practised and learnt, and the evidence strongly points to improved communication capabilities decreasing the likelihood of ever receiving a complaint.

5. Adopt a programme of regular physical exercise

Exercise not only serves to release endorphins, but it's also an outlet for the built-up tension you carry. Developing the positive habit of regular exercise can benefit you, both body and mind, with the benefits of exercise shown to be greater, and longer acting, than taking antidepressants for those suffering mild to moderate clinical depression.⁶

6. Be kind to yourself and less critical and demanding of your efforts

Judging your day-to-day efforts through a clouded filter of negativity will create great distress. Be kind to yourself. You help patients. Every day. Without exception. This is something to be proud of.

Bringing it all together

Burnout is real and impacts dental practitioners at a higher rate than it impacts the general populace. Not only do we need to recognise it, both in ourselves and others, but we also need to take active steps to manage it once realised.

"Under Pressure" is available as a recorded lecture on Prism, accessible via the Dental Protection website.

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