



Dental Student

Support for Dental Students since 1991

2020 | Issue 20



Managing anxiety in patients – and you

How can you look after yourself and your patients?

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A round-up of 2020

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A busy term, despite COVID-19

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The risks of patients swallowing
an instrument

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Hello

From Dental Protection

Hi readers! Kara here, Dental Protection's Business Development Executive and your dental school representative.

We truly appreciate the time and effort from everyone who has contributed to this publication. Our 20th edition of *Dental Student Australia* is another great read with plenty of updates, articles and cases!

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 global 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 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 members need. We would like you to know that we have been supporting dental practitioners during this difficult time as, more than ever over these past few months, we want to help them by protecting both their financial position and their wellbeing. We recognise the significant impact that COVID-19 has had on dental practice and know that many members have seen a significant reduction in their income – and 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 serves as a reminder 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 but also a psychological one, 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 they feel is impacting on their 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 members, and never has this been more pertinent than during these unprecedented times. We want members 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.

Elsewhere, congratulations are due to the many graduates who came through in December 2019 and have now settled into working life. It will have been tough dealing with the different restrictions over the first half of the year, but here's hoping the second half of 2020 is a lot smoother!

I would also like to say a big welcome to all the first years who have commenced their dental studies in 2020. I hope your experiences over the next few years are both challenging and rewarding, as it really is a time to be cherished and it can fly by so quickly.

My best wishes go to those in their final year of dentistry who are graduating in a few short months. I hope your examinations go well and I look forward to welcoming you to the profession in 2021.

Take care and stay safe.

Kara

Kara Stokes
Business Development Executive
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Cover for volunteer work

Did you know cover for overseas volunteer work is one of the benefits of student membership with Dental Protection? We have members in over 70 countries around the world so if you arrange a volunteering trip in one of these locations in the future, then we've got you covered.* Please get in touch with us before you travel so we can help organise your dental indemnity well in advance.

*Subject to the terms and conditions of the policy and underwriting approval

Keep in touch on Facebook

Not yet our friend on Facebook? Find the Dental Protection Australia page today to see the latest news on upcoming events, topical articles and to check out our recent photos. It's a great way to stay connected and learn more about all that Dental Protection has to offer.

Contact details

We know some of you move around a lot so please remember to keep us informed of any changes to your contact details. To continue to receive this publication in the mail and other updates from Dental Protection it is important to provide us with your current postal address. Call us on 1800 444 542 or email us at membership@dpla.com.au to let us know.

Graduating this year?

Check out the Survival Guide section of our website for all sorts of tips. This is a dedicated resource for young dentists including articles, competitions and information on working abroad and volunteering.

ADSA

President report

What a year to be spending my term as ADSA President! It has proved to be hugely surprising and challenging thus far, albeit interesting and rewarding. The ADSA team has been very busy adapting and reimagining the activities and events we run into online formats, and the reception to these have been so positive and heartwarming.

We had two weeks of takeovers on our Instagram where we had some of the best dentists in Australia show us what their routine is like during this era of social distancing. It was insightful seeing how others in our

profession are using this time to rejuvenate themselves. Many cases were shown and explained, which led to many educational discussions with our members.

The ADSA Brace Yourself podcast was also an idea conceived at a meeting we had in December 2019. It has quickly come to fruition as another initiative to keep our members busy during these uncertain times. We have 12 episodes planned, covering a range of different topics and issues. It is definitely something to listen to, so head on over to Spotify or Apple Music to stream!

ADSA Convention is always a highlight of our calendar but, with the current restrictions, we have had to cancel this year's week-long event. However, we are currently planning alternative online events, as well as a possible end-of-year social event – so keep your eyes peeled for more details to come.

We, the ADSA Committee, always value our members' feedback, more now than ever as we are implementing new initiatives. Please let us know what you want from us, whether it be advocacy issues, topics for our podcast or answers to your questions. We are always here for you.

Phillip Nguyen
ADSA President





School Reports Update

Read what other dental students from all over Australia have been up to so far in 2020

A

University of Adelaide

It has been quite the start to 2020. It is fair to say that most of us were not expecting this year to unfold with such a significant impact to the world. However, we recognise that the faculty at the University of Adelaide are working tirelessly to ensure that their students are best prepared under our current restrictions. The Adelaide University Dental Students Society (AUDSS) was fortunate enough to host events such as the Freshers' BBQ and the Freshers' Welcome Party. The AUDSS have also been active online during this quarantine period with Pictionary Buddy Day, and Netflix Party with the AUDSS Sleep Out: Home Edition held in May.

2020 was off to a great start with many laughs, dancing and music at the Freshers' BBQ pool party and Freshers' Welcome Party. Our events were unfortunately put to a halt along with the rest of the world when quarantine measures were put in place. However, this did not discourage our Adelaide students from staying in touch. Our Pictionary Buddy Days, where groups of students were in competition to have the least amount of time to guess all the phrases assigned, and our Netflix Party, had students connecting again.

Our next event was the AUDSS Sleep Out: Home Edition, where we raised awareness for homelessness and the Common Ground Clinic in Adelaide, through activities and entertainment via Zoom.

As of today, our academic content for semester one will be online with no plans to return to undergraduate clinical sessions. While it is unfortunate that we cannot return this semester, it is understandable that the right precautions are in place in order to flatten the curve and maintain it. Stay safe everyone!

Michael O'Laco
Year 3



C

Charles Sturt University

The CSU SDA (Student Dental Association) Committee had a big year planned for 2020. While many of these plans were postponed or adapted, I think we can say that we did start the year by bringing everyone a little closer together and helping everyone stay connected.

We started off the year before we were even back at uni, with the release of our new Facebook page and our new sock merchandise design. Our first 50 member sign-ups were offered this merchandise for free!

At the start of March, we met with our new first year students during orientation and welcomed them to the SDA. Here we introduced our new mentoring program *First Impressions*, which paired up first year students with a second or third year student in dentistry. We received a very enthusiastic response to this sign-up.

CSU SDA then made it to Instagram! By this point, we were no longer studying on campus, so this helped us all to stay a little more connected. We released our Instagram bingo competition, which received a great reach, and we gave out three pairs of our SDA socks to three lucky entrants.

This followed with the SDA Instagram Takeover, where we saw five of our SDA members take over the @sdacsu Instagram page for a day each. Here, we got a little insight into different lives in isolation, even that of students in Canada, students still on campus and a recent graduate at work in a clinic.

Although this year didn't quite go to plan, we are staying connected online and are prepared and excited for a jam-packed session once that is all possible.

Tanisha Fernando
Year 3



G

Griffith University

2020 started with the warm greeting of our fresh first years. GUDSA (Griffith University Dental Student Association) organised a first year cocktail party and icebreaker at the bar to allow first years to mingle with each other and upper years to strengthen team spirit at the start of their dentistry journey.

Shortly after, when clinical lab sessions started to actively take place, the 2020 Loupe Show was held. Students could try out the latest cutting-edge loupes brought by company representatives and purchase them to incorporate them in their clinical sessions. Though we had many more events planned out, the crushing presence of COVID-19 forced us to postpone these events indefinitely. Though social distancing has halted our offline activity, we continue our momentum online!

GUDSA started "A day in a life" to show the various lives from dental hygiene students and dental students to newly graduated dentists who are working in the field. Alongside that, GUDSA bingo was held for students to clash over to win a Nintendo Switch! And more recently GUDSA ambitiously hosted the GUDSA Friday Night Trivia Online to engage the whole cohort.

Though we are treading through hard times, our faculty and GUDSA is striving to keep up the spirit of our dental students. The curve is flattening and it seems like the end of this crisis is not far away. Until then we pray that everyone will stay safe and healthy to embrace the upcoming times that we can now see shining at the end of the tunnel.

Gihyeok Son
Year 2



J

James Cook University

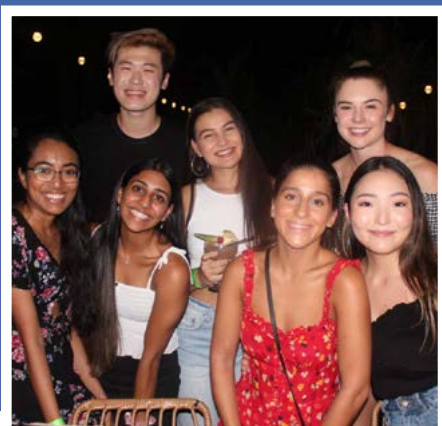
The year 2020 has been unlike any we have encountered thus far. After a few brief months of comfortable student living, the whole world was shaken up by the greatest health crisis of our generation. As a result, there have been changes to our intended calendar, but JCU students intend to adapt and overcome!

The James Cook University Dental Student Association (JCUDSA) kicked off the year with our annual orientation week. O-week festivities are designed to welcome first year students and allow them to get to know one another and the campus. The week was full of fun and exciting activities including a campus scavenger hunt, waterslide and party bus!

With the COVID-19 pandemic, things have been a little different this year. We were fortunate enough to have held exciting events before the restrictions. Our charity division organised bake sales and games to raise funds for those affected by the Australian bushfires. Our social events included a Valentine's Mixer and a fast-paced game of Assassins. Many of our most anticipated social events, such as the Dentistry Ball, Inter-year Sports Carnival and trivia have been cancelled; however, we continue to participate in the Tertiary Blood Challenge and other ADSA challenges, to maintain a sense of community (not to mention the Zoom calls for studying and chatting to stay sane during isolation).

Although this year may not be as expected, we look forward to seeing what the rest of it brings for JCUDSA and ADSA!

Pyper Smith
Year 4



L

La Trobe University

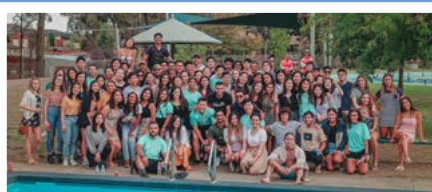
Everyone here at La Trobe University was eager to see what 2020 had to offer, including its surprises, challenges and spectacles of fun. Although the world managed to create an obstacle our generation didn't expect to face, all our students did begin the year with great enthusiasm. First years commenced with their introduction day, which provided a glimpse of what the next five years had in store both academically and socially.

Bendigo continued to welcome everyone with warm, sunny days where students enjoyed the pool party, which was organized by Latrobe's Dental Society, BOHDS. Students across all cohorts bonded over sausages, barbecue sauce and their excitement to get the year started. Bowling night was also a great success, giving everyone another opportunity to socialise, have a laugh and try their best not to get the ball in the gutter. Ensuring everyone feels embraced in our little community is of paramount importance to BOHDS so these events really helped us enforce such values.

Most of our students live on campus or close by so everyone really took the time to enjoy each other's company outside university hours. This ranged from exploring what was nearby, visiting each other's rooms or the occasional Coles trip to grab some snacks.

Unfortunately, the enforcement of stricter regulations the week before the much anticipated BOHDS Camp resulted in its cancellation. Nevertheless, social distancing didn't impede the BOHDS committee from organising a successful Virtual Week. Turns out Zoom was the way to go. Students joined from across the country to participate in Trivia night, E-Sports night and more events in an attempt to win some impressive Uber Eats vouchers. As restrictions loosen and we return to everyday life, I hope we continue to support each other through testing times and embrace all the events planned for what remains of this fascinating year

Anika Moyeed
Year 2



M

University of Melbourne

2020 began with intensive clinic weeks for upper years and a very warm welcome to our new students. The DDS1 orientation week introduced them to all things dental and ended with our annual scrub crawl event. It is tradition for first years to put on some scrubs and enjoy an evening mingling with students from all year levels. In an effort to make everyone feel welcome, the peer mentoring program soon allowed everyone to sign up for an upper year mentor to gather some more advice for the year to come.

Our next big event, the annual dental camp, began with students enjoying some sun, beach games and BBQ in Torquay. This was followed by some more team games, an Australian BBQ themed party and a night stay in the Great Otway National Park. This was the first of many adventures in the Australian outback for some, and a fun-filled bonding experience for students old and new.

Along the way, some lovely DDS3 students delivered clinic-ready seminars catering for new students in clinic but, before we knew it, COVID-19 had prompted our school to discontinue all face-to-face learning. Despite this, our staff have been more proactive than ever and are doing a fantastic job at managing didactic learning delivery via online Zoom seminars and discussions.

Although MDSS (Melbourne Dental Students' Society) had to cancel a number of planned events, various social media platforms such as that of ADSA and our own accounts have been a useful tool to allow students to keep in touch. Our most recent event, University Mental Health Day, urged everyone to share their #studyfromhome photos with pets. We are eagerly waiting for semester 2 to commence as per normal but, in the meantime, wishing health and safety to everyone in these uncertain times.

Arina Rawat
Year 3



Q

University of Queensland

2020... what can we say? Most of us upon seeing these numbers probably feel kind of scammed – give us our promised New Year back! But alas, in the face of adversity, UQ dental students aren't backing down.

For O-week, there was plenty of free food for all as per traditions, but the UQ Dental Students' Association (UQDSA) also had a jam-packed day of activities planned for the first years to break the ice – think chubby bunny, vegemite challenge and of course, rice and chopsticks to test those budding hand skills! Soon after, we pulled off an incredible Meet and Greet end of Week 1 to really orientate the newcomers – held in a unique vintage rodeo bull bar with neon lights, a massive bar-tab and the whole shebang – it was truly a night to remember.

For those with the intrinsic competitive streak, we organised a whole day of inter-year dodgeball. For those with a keen eye for dental fashion, there was a brand new line of UQ dent merchandise designed by our very own marketing officer, from iconic embroidered pull-overs to professional clinic polos.

Before we knew it though, we were soon confined within the bounds of our four walls, but social distancing can't stop us from social (media) ising. To get students up off their beds, we held an UQDSA Bingo via Instagram and put a pair of EarPods up for grabs. The student involvement was fantastic to see, so we soon followed with the first ever Instagram Live Trivia Night – this time with a stack of gift cards on offer.

UQDSA has so much more lined up for everyone; at this point we just wish for everyone to stay healthy, happy and sane at home – get ready for epic times ahead!

Michelle Zhang
Year 4



S

University of Sydney

This year started off extremely enthusiastically with our President Anthony Yammine and the 2020 SUDA (Sydney University Dental Association) committee full of ideas and great ways to induct all year levels. We started with a packed orientation week and a fantastic beach event for the first years, which really made everyone feel welcomed into the USYD family.

As the weeks progressed, so did COVID-19. This drastically changed all our plans and so we had to opt for some new ways of keeping us together while we were so far apart. The SUDA community has started some great initiatives, such as a BOH and DMD pantry at Westmead.

This gives everyone the opportunity to access groceries that they may not be able to get at this time and relieve some of the pressure. Other activities include online quiz nights, where all BOH and DMD students are invited to participate for some excellent prizes, and some online webinars to increase our clinical knowledge from the comfort of our homes.

Overall, yes the year has changed and doesn't look like how we had originally planned it. But we have some great people at The University of Sydney who have really made this year an unforgettable one. We are all looking forward to getting back into the clinic and back to some normality.

Eveline Dwyer
Year 1



W

University of Western Australia

2020 has been a rollercoaster of a ride for UWA! Dental school had a promising start in January with a lot of plans ahead. Prime and Bond was a great beginning to 2020, with students from all year levels meeting, socialising and bonding. The food and drinks were an added bonus to the night!

The senior students, DMD3 and DMD4s, kindly put together a presentation for the first and second-year students, regarding the topics that will be taught later in their academic year. We found this very helpful as it served a valuable insight for study preparation for the future. The monthly journal clubs, hosted by the UDSS education reps, offered students supplementary knowledge on top of our coursework. It was accompanied by great attendance and lots of free pizza.

UDSS had a lot more plans for the remaining semester including a sports day, a possible pub crawl and many more educational events. However, due to the coronavirus restrictions, a lot of these events had to be cancelled or postponed to a future date. In an attempt to adapt to the current situation, all classes have been shifted to online learning and clinics are closed until June. Nevertheless, students are staying in touch with fun Zoom sessions and virtual journal clubs. Who knew online Scrabble games with your friends could be so much fun!

These are testing times indeed, but we have been extremely fortunate due to WA's remoteness compared to the rest of Australia and the early restrictive measurements taken by our dental school. Hopefully the situation returns to normal soon and we can commence semester two full of optimism and productivity!

Yasmine Mishani
Year 2



Meeting your obligations under the national law with social media

AHPRA has recently released a revised guideline to assist clinicians in meeting their regulatory obligations when using social media such as Facebook, WhatsApp, LinkedIn, WeChat, Whitecoat, YouTube and Whirlpool, to name just a few. **Dr Simon Parsons**, DentoLegal Consultant at Dental Protection, reviews the updated guidance and highlights what you need to know

New guidelines from AHPRA on social media are primarily intended to ensure the safety and welfare of the public, by helping practitioners avoid inadvertent harm to their patients from the inappropriate use of social media. Such harm might arise, for example, when a practitioner posts information about a patient or the patient's treatment on what is thought to be a private social media communication, only to find this information shared publicly without their consent. Any such event might seriously damage the trust between a patient and a practitioner and could lead to a serious complaint or notification to AHPRA, as well as other legal action such as litigation.

What are your obligations?

Dental practitioners must continue to ensure they preserve their patients' privacy and confidentiality, maintain professional boundaries (eg avoid the use of social media dating sites to meet up with patients), comply with codes of conduct, and ensure full compliance with advertising regulations. If making claims about the efficacy of a treatment, any such claims must be based on sound scientific evidence. In addition, commentary about patients, colleagues and treatments must remain professional and respectful, to avoid allegations of defamation. Social media is clearly an unwise channel for airing one's dirty laundry!

How might you meet these obligations?

Perhaps the first issue to remember with social media is that once any information is in the public domain, it can be very difficult to remove. Discretion needs to be exercised, to ensure any content is appropriate to its intended audience and cannot be taken out of its intended context. Ask yourself the question, "Am I comfortable knowing that once this information is out there, I can't remove or alter it easily?" If you aren't,

it might be preferable to avoid posting a comment, article or response.

Secondly, ask yourself whether the content might be seen as damaging to another's reputation, or your own. It is not uncommon for prospective employers to search social media sites in their screening of job candidates, and AHPRA has indicated in their guidelines that they may similarly review social media platforms when considering whether a health professional is of appropriate standing to maintain their professional registration. Is your post worded in a professional way, using appropriate language? Is the image of a late-night drunken get-together something that might reflect poorly on you or your colleagues professionally? Do you have the permission of everyone who may be identifiable in an image or post to share their identities in your communication?

If making a communication via social media with another health professional, it can be prudent to emphasise the nature of this communication so that there is no misunderstanding. For example, if sharing information for purposes of referral, this should be clearly articulated. A subsequent communication to the same practitioner, expressing your concerns about a patient's behaviour or attitude, might require a warning to avoid sharing this opinion with the patient concerned.

While some social media options provide effective end-to-end encryption (such as WhatsApp), others may not, and the onus is on the practitioner to ensure that the privacy of a patient's information is maintained at all times. Any images or content being posted in a public domain should have all key identifying information redacted, such as a patient's name, date of birth, address, health fund membership number, Medicare number or other unique identifier. If you are unsure about the

privacy of a social media communication, and the scope for the information to be shared without your (or your patient's) express permission, we recommend you avoid using that medium.

Where we may have a particular view about a public health initiative, a new form of treatment, a personal opinion about moral behaviour, or generic advice about preferred treatment options, the use of discretion in airing those views in social media is highly recommended. There may be nothing wrong with holding any of these views privately, but they may have unintended consequences once out in the public domain. Consider the ongoing issues with the social media comments from Israel Folau and remember that in rare instances one's career and public image can quickly become the focus of unwanted media attention.

Finally, consider comments or responses to reviews on social media carefully. AHPRA have clear advertising guidelines around the appropriate use of social media in advertising your services. Practitioners must ensure that where they comment in response to reviews by patients, these are not construed as selective testimonials about the suitability of that treatment for others, or seen as the advertising of one's services. Patient feedback should not be edited nor republished on one's practice website as endorsements about your practice or the quality of your care. It is essential to avoid any allegations of false or misleading claims about the safety or efficacy of treatment you may provide on social media sites, to avoid action from AHPRA or other regulatory bodies.

For further information and practical examples of how to best comply with social media guidelines, we recommend you visit the Dental Board website.

Why can't I use my mask on more than one patient?

As health professionals, we are charged with the responsibility of ensuring the safety and wellbeing of the patients under our care. **Kristin Trafford-Wiesel**, Case Manager at Dental Protection, explores the vital role of surgical mask use

One of the basic standards of care is appropriate infection control and one of its basic pillars is Personal Protection Equipment (PPE), specifically masks. As many of you are aware, due to the huge need for masks worldwide we have been experiencing restrictions in access and a rise in prices. The threat of a shortage such as this has led to questions like: "Do I need to change my mask for EVERY patient?"


The lead document for the relevant advice is the Dental Board's *Guidelines on Infection Control*,¹ which states each practice must have access to four key infection control documents:

1. A practice manual – setting out the infection control protocols and procedures used in that practice
2. **The Australian and New Zealand Standard** on office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment (dental practitioners work under AS/NZS 4815 unless they work within an organisation that operates under AS/NZS 4187: cleaning, disinfecting and sterilising reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities)
3. National Health and Medical Research Council (NHMRC), *Australian Guidelines for the Prevention and Control of Infection in Healthcare*
4. Australian Dental Association (ADA), *Guidelines for Infection Control*

These four documents set out our obligations and help us in the implementation of these requirements in our daily practice life. Our practice manual should be our how-to guide for our own practice, and the remaining three documents have a much broader scope. Two of these specifically address surgical mask usage.

The ADA's infection control guidelines state that the filtration abilities of a surgical mask begin to decline with moisture on the

inner and outer surfaces of the surgical mask after approximately 20 minutes, and that they must be fitted and worn according to the manufacturer's instructions. However, there is no specific mention of one per patient, so maybe we can?

What are the manufacturer's instructions though? What does disposable mean and what does this symbol mean?  A quick search shows that it indicates a medical device that is intended for one use, or for use on a single patient during a single procedure. The overarching and more finely detailed NHMRC guidelines provide even more helpful information, which is summarised below.

What is a mask?

The guidelines specify that surgical masks are loose-fitting, single-use items that cover the nose and mouth. Healthcare workers wear a mask if there is a risk of them inhaling an infectious agent and masks, eye protection or faceshields are worn by a healthcare worker in situations where the patient's body substances may splash onto his or her face.²

Are they disposable?

The surgical masks section (page 129) of the NHMRC guidelines reinforces that masks should be changed between patients and when they become soiled or wet, and then goes on to state that masks should never be reapplied after they have been removed.

Taken together, the various guidelines give us a clear overall picture of what is expected of us regarding the single use of masks. Overall, it is important to remember the responsibility we have to the health and wellbeing of our patients and co-workers, and that correct infection control is imperative for everybody's safety. Let us all take the advice by the NHMRC and lead by example, and champion the appropriate use of PPE in all our settings.

REFERENCES

1. Dental Board. *Guidelines on Infection Control*
2. *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, page 49



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.



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”

How to ease a patient's anxiety

Communication is extremely important when providing care. Remember we're not just talking at 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 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 judgement 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

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.



Case study

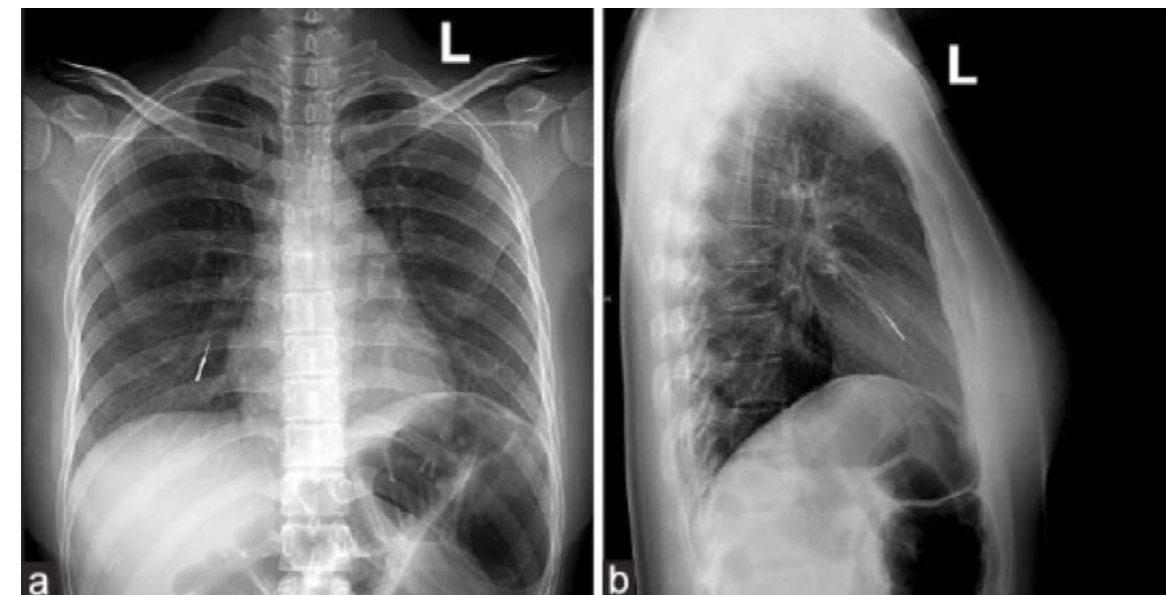


Figure 1

During a routine ultrasonic scale and polish, a prophyl cup became dislodged from the patient's upper second molar. There followed the seemingly slow-motion drop of the cup onto the posterior tongue, where it settled momentarily before disappearing down the oropharynx.

The patient was immediately sat up and assessed. They thought they had swallowed something but were not sure. They were not breathless and when asked to cough, there was no indication that the cup was in the airway. However, after some discussion, apology and explanation, the patient was persuaded that it would be sensible to seek medical opinion at the local hospital.

The hygienist was careful in managing the somewhat shocked patient and, in order to assist the medical team in assessing the situation, rang ahead and informed the hospital of the incident and the patient's imminent arrival. They also sent a member of the team with the patient, who took with them an identical cup to help the hospital see what had been ingested.

To be safe, the medical team suggested taking a chest radiograph and, despite the lack of symptoms, the results unfortunately showed the prophyl cup had lodged in the middle lobe of the right lung. With fiberoptic bronchoscopy, the cup was successfully removed and postoperative recovery was uneventful; however, the patient obviously had a very unpleasant and unexpected experience.

Given the adverse outcome, the hygienist was naturally concerned that the patient may sue or complain to the dental regulator. Thankfully, neither happened, which was directly linked to how the member and Dental Protection acted to resolve the matter.

When the incident occurred, our member focused upon the patient and the subsequent care, providing support and empathy, with a team member accompanying the patient to the hospital. Having spoken to Dental Protection, the member was assured of the correct steps to take and we also advised that they should assure the patient that any hospital costs and

out of pocket expenses would be reimbursed. With Dental Protection's approval of this approach, the member was informed that they would then be reimbursed of these costs. Our knowledge and expertise enables Dental Protection to assist with members resolving matters at the earliest stage and not having to wait for a formal claim to arrive before financial help can be provided.

While the patient and their family were naturally very concerned, they were grateful that the member stayed in contact with the patient throughout the journey and, having been invited to a meeting at the practice to discuss the matter, they accepted an apology and reimbursement of all medical bills and expenses as a resolution.

As we are healthcare workers, such events can weigh heavily upon us and it can take time to recover and regain confidence. Members often comment that talking the event through and taking advice from a dental colleague at Dental Protection can be very helpful and we always invite members to contact us as we are here to help.

Nobody gets up in the morning with the intent to harm a patient. Adverse outcomes can and will happen. Be honest with the patient, be seen to facilitate whatever remediation is required and, of course, contact Dental Protection – we are here to help support and protect you through these events.

Learning points

Be seen to act and don't abandon patients – if this patient had not been so well cared for (eg just told that they might want to go to hospital and not contacted again) then a claim or regulatory complaint would be much more likely to occur.

Adverse incidents occur – how we manage them will influence the outcome. If possible, follow up with a meeting to ensure all the patient's concerns are addressed and the patient is reassured.

A sharp intake of breath

With our patients generally supine, there is always the risk of dental instruments and materials being swallowed or even inhaled. When this happens, there may be an immediate danger to the airway. Subsequently, the patient may face an unpleasant procedure to remove the item if it gets lodged in the airway or does not pass through the digestive tract.

The use of a rubber dam is a well-recognised strategy not only to maximise the quality and predictability of outcomes during dental treatment, but also as a means of controlling the risk of inhaling or ingesting any of the instruments and materials used in the mouth.

Although a rubber dam is routinely advised for endodontic procedures, it is not routinely used for other dental procedures such as restorative dentistry, prosthodontics, orthodontics or implant dentistry. All these procedures result in small items being placed in the mouth with an associated element of risk.

Although the risk is small, if something goes wrong the event can be very distressing for the patient and the dental team. Should the offending item become lodged deep in the lungs, subsequent retrieval can involve major surgery.

Included in the list of surprising bits and pieces that have recently been found in patients' guts or airways are:

- Cast post and core
- Crowns
- Veneers
- Inlays
- Implant healing caps
- Orthodontic wire, bands and brackets
- Copper rings
- Dental burs
- A denture clasp
- Ultrasonic scaler tip
- The 'screwdriver' for an intra-oral screw post system (Figure 1).

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 our passion project: it 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 third-world countries including Guatemala, Nepal, Cambodia, Columbia and the Philippines.

We have devised Australian Dental Outreach 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 didactically 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 a not-for-profit program and 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 growing 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 and 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 set of skills that most people do not possess – 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 elderly adults 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 this.

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