

the Sentinel

A publication of the College of Dental Surgeons of
British Columbia for dentists and certified dental assistants

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Communication and Patient Care

Communication underlies all human interaction – the dental office is no exception. In fact, poor communication and misunderstandings are often at the root of patient complaints to the College.

Good communication can make the difference between a positive and productive experience for a patient and an experience that leaves the patient feeling confused and dissatisfied.

Communication can break down between members of the dental team, between members of the dental team and the patient or even between dentists. Any of these situations can negatively impact patient care. Poor communication can lead to misunderstandings, confusion and

anxiety for the patient and can make dental treatment more challenging than it needs to be for both the patient and the dental team.

Informed consent can only be obtained through effective communication between the dental team and the patient. This means not only talking

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President's Report Dr. Bob Coles

Professional Responsibilities and Giving Back

Being a self-regulating profession is a privilege – it gives us ownership, flexibility and the ability to make decisions about how we practise. This privilege brings with it corresponding responsibilities. In a broad sense, the College must ensure that guidelines and principles that govern the practice of dentistry in B.C. are aligned with legislation set out by government, the law and current healthcare philosophies. More pointedly, the College is responsible to keep dentists and CDAs abreast of best practices, while ensuring compliance with legislation and changing standards.

Who has influence on which philosophies and approaches the College follows in implementing these requirements? You do. Or rather, the men and women who volunteer to work with the College do.

There are two aspects to running “the College.” One aspect of the College is a group of 26 dedicated and hard-working staff, who carry out the day-to-day work required to regulate dentistry in B.C. The other aspect is made up of a group of nearly 100 volunteers: dentists, CDAs and members of the public, who sit on the Board,

our 11 committees and other working groups. Those volunteers make critical decisions and set the policies to regulate the profession. The staff carries out the policies set by these volunteers.

Right about now, I hope you are saying to yourself: “Wow, those 100 men and women are critical to the College and my professional future.” Volunteers truly are the backbone of our organization. Our volunteers provide the feedback and diverse perspectives that enable us to make decisions that meet our obligation to regulate dentists and CDAs to protect the public.

Volunteers make critical decisions and set the policies to regulate the profession.

When I get the chance to speak to dentists and CDAs around the province, one of the questions I get asked again and again is: “How can a registrant have input in the decisions that affect them?” While I or Board members are always only a phone call away, and always open to your comments and feedback, getting

involved is truly the best way to directly impact the work of the College.

What might that look like? Some volunteers sit on a working group for a few months, working on a specific project, and then move on. Others participate on a standing committee, with a term of one or two years, sometimes choosing to sit multiple terms. Other times we simply need dedicated, open-minded individuals to read and comment on drafts of new guidelines or documents. Working with the College as a volunteer needn't be a 10-year commitment.

Although at times the College needs volunteers with specific expertise, experience, or a particular demographic representation, most often, we are simply looking for fair-minded dentists and CDAs, who are keen to give back to the profession. Most who participate find it a very rewarding experience. I encourage you to visit the College website at www.cdsbc.org/volunteering to learn more.

As U.S. President Harry S. Truman said: “*Decisions are made by those who show up.*” I challenge you – show up, get involved, and make a difference.

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to the patient but also making sure that the patient hears and understands what is being said and feels comfortable making an informed treatment choice. A written treatment plan often helps with this process but is only effective if the patient reads and understands what is written.

Another critical time for good communication with the patient is when something unexpected occurs during treatment or the results are not what the patient expected. It is vital to make sure that the patient understands what has happened and what options are available to deal with the situation. Not informing the patient when there needs to be a change in the treatment plan or something unexpected happens is not acceptable and is a common cause for complaints to the College. The dentist or a staff member reacting inappropriately when a patient raises concerns is another source of upset for many complainants. Regardless of the patient's behaviour, it is particularly important that the patient be dealt with in a professional and courteous manner in these situations.

Every member of the dental office team plays an important role in providing excellent care to patients. Effective communication between team members is essential to accomplish this goal. If there is confusion or miscommunication amongst the team members, the care of the patient can be compromised. There is nothing more confusing for a patient than when they receive two different messages from two different staff members. There must be a clear understanding of the role each member of the dental team plays in a patient's treatment. Everyone in the office must be aware of expectations, established policies and procedures

when dealing with patients. Ultimately, the dentist is responsible for how and what each member of the office team communicates with patients.

One significant source of difficulty can be telephone communication. It is essential to establish clear guidelines about when it is appropriate for staff to give patients instructions or advice over the phone. Make sure there is a system in place to appropriately document any communication with patients, labs, referring dental offices, and specialists. All members of the team must be clear about when the dentist needs to be consulted or informed of a situation.

Informed consent can only be obtained through good communication between the dental team and the patient.

Good verbal communication is important but so is good written communication. A patient chart is an example: What level of detail is expected? Who writes in the chart? Who signs the chart? Are there agreed-upon standards within the dental office? Communication between dentists, their staff and other dental offices relies heavily on patient charts, so it is critical they are accurate and provide all the necessary details.

Ultimately, clear and effective communication between members of the dental team, as well as between the dental team and the patient, is an invaluable tool in delivering excellent dental care and avoiding situations where a patient feels the need to complain to CDSBC.

Who Can Own a Dental Practice?

CDSBC has been asked to clarify the requirements for owning a dental practice. Only dentists who hold either full registration or restricted to specialty registration with CDSBC may own a dental corporation in B.C. (CDSBC Bylaw 11.02 and section 43(1) of the *Health Professions Act*). Although a dental hygienist can own a dental hygiene practice, only a dentist is permitted to own or profit directly from a dental practice.

Directory of Dentists on CD

This spring, CDSBC will release the 2011/12 Directory of Dentists on compact disc rather than as a coil-bound book. The format was changed in response to feedback that dentists would find it more convenient to access the data electronically. To ensure we are providing the most up-to-date data for this resource, the Directory will be available later this spring, after the renewal period for dentists and CDAs. The directory is also accessible on the CDSBC website at www.cdsbc.org.



Registrar's Report Heather MacKay

College Uses Many Avenues of Communication

Communication is a frequent topic of discussion around CDSBC. In our cover story we talk about the importance of good communication between members of the dental team, and between the dental team and patients.

Communication among the dental team and patients is not the only type of communication that we consider to be important at the College. Communication between the College and you, the dentists and CDAs we regulate, is also always on our minds. It is critical that there be open lines of communication between dentists and CDAs and the College. We use several vehicles to accomplish this.

The *Sentinel* is the College's official communication tool. It is through this publication that we communicate important information so you are able to practice safely and in the best interests of your patients. We let you know about changes in legislation that might affect you, as well as practice expectations and ethical considerations that are important for you to be aware of. For example, we used the *Sentinel* to introduce and explain the

impact of new bylaws regulating the practice of CDAs. It is the responsibility of every dentist and CDA in British Columbia to read the *Sentinel* and be aware of what the College is telling you.

It is critical that there be open lines of communication between dentists and CDAs and the College.

Sometimes, issues come up when a *Sentinel* is not on the near horizon. In these cases, the College has to find alternative ways to communicate with dentists and CDAs. Sometimes, we will send everyone a more timely or urgent message by email and fax. Sometimes we communicate through our website. Other times, a phone call is the only sure way to make sure our message is received.

The communication between the College and dentists and CDAs needs to go both ways. Hearing from you when you have questions or concerns is the only way we can

know what you are thinking and try to address issues that are arising in your practice.

What is the best way to communicate with us? You can phone us – our receptionist is well versed in finding you the right person to answer your question, whatever it is. You can write to us or you can send us an email. You can even send us a fax. Just remember that however you choose to communicate with us, be assured that we are keen to hear what you have to say.

If you would like more information about anything in this *Sentinel* or anything else to do with the College, please either call us at 604-736-3621 or visit our website at www.cdsbc.org.

COMPLAINT SUMMARIES

Good Communication Reduces Complaints

Communication, or more precisely poor communication or lack of communication, underlies many of the complaints the Complaints Department receives about dentists and CDAs. Here are some examples of situations the College has dealt with.

Invoices and Insurance

A patient complained because he had received invoices from the dental office indicating that he owed the amount covered by his insurance plan as well as the percentage of the fee that wasn't covered. The patient received several invoices indicating that the amounts owing were past due. When he phoned the dental office for clarification, the receptionist told him to ignore the invoice. He was concerned that the dentist might be involved in unethical billing in that some patients might be paying amounts that were not owed.

The College's investigation found that a new receptionist who was not familiar with the accounting program in the dentist's office had failed to distinguish between amounts covered by insurance and the amounts the patient needed to pay directly. When the patient contacted the office and asked to speak to the dentist, it appeared that the receptionist had tried to resolve the issue without consulting the dentist. The dentist was unaware of the concern until the College wrote to him about the complaint.

This complaint illustrates the importance of dentists being aware of what is happening in their offices and making sure that staff are aware of office procedures and know to report any issues that arise with patients to the dentist.

Reports from Referrals

A referring dentist complained that the specialist to whom she referred a patient provided her with no initial report and only minimal reports during treatment. She also questioned the specialist's treatment plan for the patient.

The College's investigation indicated that although the specialist had, in fact, sent an initial reporting letter to the referring dentist, the referring dentist hadn't received it. It is worth

bearing in mind that mail, and particularly email, does go astray and is sometimes not received by the party to whom it's sent. If you haven't received an expected report, contact the person from whom you expected the report to find out whether or not it was sent.

Exactly what a report from a specialist should cover depends on the circumstances. Generally, the College would not expect a referring dentist to dictate a treatment plan because the specialist is typically the person in the best position to develop an appropriate plan for the patient. This is an example of when clear communication between professionals about expectations from the outset can avoid misunderstandings later on.

Clarification: Powers of the Discipline Committee

The Spring 2010 issue of the *Sentinel* had a feature called "Window on Complaints," which included an explanation of CDSBC's new Committee structure under the *Health Professions Act*. There has been some confusion surrounding the powers of the new Discipline Committee, in part due to the wording in the article:

"The new Discipline Committee (replacing the former Inquiry Committee under the *Dentists Act*) has the ability to conduct hearings and impose financial and other penalties as the result of a complaint."

While the CDSBC Discipline Committee does have the power to impose fines on dentists, these fines are paid to CDSBC as a disciplinary penalty and not as damages to complainants. Ordering financial restitution to patients is not generally within the jurisdiction of the Discipline Committee. The Discipline Committee can, however, reprimand a registrant, suspend or cancel a registrant's registration, and impose other sanctions or conditions.

For more information, please visit the College website at www.cdsbc.org or contact the Complaints department.

CDSBC Welcomes New Public Board Members

The B.C. government recently appointed four new public members to the CDSBC Board. These members will each serve either a one- or two-year term. For a complete list of the CDSBC Board, visit www.cdsbc.org.



Ms. Patricia Gerhardi

Patricia is the Chief Executive Officer of PMG Communications, which specializes in public relations, community and corporate affairs, marketing, project management, government relations, event production, grant and proposal writing, media monitoring and administration. Active in the community, Patricia is involved with various regional organizations. She holds a Certificate for Non Profit Management from the College of New Caledonia.



Ms. Julie Johal

Julie is an Associate with Alexander Holburn Beaudin & Lang LLP's Insurance Practice. Her practice is primarily focused on handling personal injury and sexual abuse claims. She has experience appearing before administrative tribunals and other dispute resolution forums including arbitrations and mediations. Julie holds her Bachelor of Laws from the University of Calgary and was called to the B.C. bar in 2007.



Mr. David Pusey

David is a business consultant and investor with experience in sales, marketing, and product development. A private businessman for the last 25 years, he has founded multiple businesses. David has expertise in international business, negotiation, traditional and internet sales and marketing, information technology, and strategic business analysis, having lived in Hong Kong and Australia and traveled extensively worldwide.



Mr. Anthony Soda

Anthony is a retired Accountant and former Partner with Jacobson Soda/Dale, Matheson, Car-Hilton, Labonte. He currently works as a self-employed consultant. He is the Director of numerous private companies. He is active in the community and his profession, including sitting as a member of the discipline committee with the BC Institute of Chartered Accountants. Anthony holds his BA in Economics from the University of British Columbia and is a Chartered Accountant.

IN BRIEF

New CDSBC Database

In November 2010, CDSBC unveiled a new database for dentists, CDAs and all other individuals who have contact with CDSBC. It was created using the Microsoft Dynamics CRM platform, which allows it to interface with all of the other programs used at the College. This new database has allowed CDSBC staff to find information for dentists and CDAs more easily, while at the same time allowing the College to record new, relevant information. Dentists and CDAs can access the online version of our database through our website at <https://eservice.cdsbc.org/directory>.

Group Coupons Contrary to Code of Ethics

A new way of advertising for new patients has emerged recently that involves offering group discounts through a website, usually offering a "deal of the day" (for example, "Groupon"). The savings are group focused: if enough people sign up for the offer, everyone gets the deal. If there aren't enough people, no one gets it. For example, a coffee company might offer a deal of "\$10 for \$20 worth of coffee," provided that 500 people sign up. The web company collects the payment and passes it on, minus their fee, to the business.

CDSBC has been asked whether it is acceptable for a dentist to use this approach to gain new patients. The simple answer is no. The way the system works is that the company operating the website takes up to 50 per cent of any money that is paid. This effectively means the dentist is paying the company a commission

for the referral. Any scheme that includes paying a third party a fee for the referral is explicitly contrary to the Code of Ethics, and therefore not permitted.

Upcoming AGM and Board Meeting

The next public Annual General Meeting and Board meeting of the College of Dental Surgeons of BC will be held on Friday, May 27, 2011. Check www.cdsbc.org in April for the location and start time. Anyone is welcome to attend the AGM and the open portion of the Board meeting.

If you plan to attend an upcoming Board meeting as an observer, please RSVP by email to Nancy Crosby at ncrosby@cdsbc.org. Board Highlights from the December 11, 2010, Board meeting are available at www.cdsbc.org/board_meetings.

2011 CDSBC Board Election

The annual election of CDSBC Officers and Board Members takes place on May 19, 2011. There are eight positions up for election. Election materials will be sent in late April to those eligible to vote. For further information about the election, visit www.cdsbc.org/election. Questions or requests for nomination packages may be directed to Betty Richardson, Director of Operations, at brichardson@cdsbc.org.

CDSBC Recognizes Exceptional Contributors

CDSBC is honouring nine individuals for their contributions to dentistry and the College at the annual CDSBC awards ceremony. The event will be held at the Fairmont Pacific Rim on Thursday, March 10, at 6 pm in conjunction with the 2011 Pacific Dental Conference.

The Distinguished Service Award

recognizes outstanding and broad contributions to the profession of dentistry in B.C. and to the College of Dental Surgeons over a sustained period of time. This year, Distinguished Service Awards will be presented to three individuals:

- Susan Chow, dentist, Vancouver
- Michael MacEntee, dentist, Vancouver
- Ash Varma, dentist, Powell River

The Award of Merit, which recognizes significant contributions that have had an impact on the practice or profession of dentistry through involvement with CDSBC, will be presented to six individuals:

- Leona Ashcroft, public member, Nelson
- Victor Bowman, public member, Prince George
- Paul Durose, public member, Kelowna
- Cathy Larson, certified dental assistant, Vancouver
- Bob McDougall, dentist, Victoria
- Mel Sawyer, dentist, Winnipeg



CDAs in Practice



Sandra Harvey
Manager of Regulation

Q. Can a CDA place the electrodes for a TENS device?

A. The College has found that TENSing (Transcutaneous Electrical Nerve Stimulation) devices for the measurement of muscle activity, as well as for neuromuscular stimulation therapy, are being utilized more commonly in the dental context. This means, of course, that more dental teams are undertaking training in its safe administration. Although the therapeutic use of this device needs to be overseen by a dentist, a CDA with proper training can place the device's components, monitor its use and record the findings of a TENS unit. As with anything else that is a new skill, it is up to the dentist and CDA to determine when the CDA is competent to perform the skill.

Q. What is a CDA's role in a dental practice that offers minimal and moderate sedation, deep sedation or general anesthesia?

A. A CDA in a dental practice providing sedation still must work within the parameters of the *Health Professions Act* and CDSBC Bylaws. A dentist must not delegate or authorize the performance

of any service to a CDA that includes the performance of a restricted activity beyond those services outlined in Part 8.06, Part 8.09 and Part 8.10 of the CDSBC Bylaws.

Although CDAs can take educational programs such as the Oral and Maxillofacial Surgery Anesthesia Assistants Program (OMAAP) and the Dental Anesthesia Assistant National Certification Examination (DAANCE) or courses that provide venous access training for IV placement and medication administration and monitoring, completion of these courses does not allow the CDA to do what is not permitted under the CDSBC Bylaws.

Sedation and general anaesthetic services in dentistry may only be provided by dentists who have successfully completed a training program designed to produce competency in the specific modality of sedation or general anaesthetic utilized.

Get Involved!

CDSBC has just issued its annual Call for Nominations for the CDSBC Board. Over the years, a number of CDAs have expressed a desire for CDAs to have a stronger presence and a voice in this regulatory body. I now encourage you to take this opportunity to get involved and show that presence, share your voice, and be part of your regulatory body's decision making. I invite you to consider putting your name forward for election or to encourage another CDA to do so. There is one CDA seat coming up for election later this spring. Please call me if you have questions or would like more details. I would be happy to hear from you. You can also find information on our website at www.cdsbc.org.

Regulating dentists and certified dental assistants in the public interest

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The *Sentinel* and other communications circulated by the College are the primary sources of information about regulation for dentists and certified dental assistants in B.C.

Dentists and CDAs are responsible for reading these publications to ensure they are aware of current standards, policies and guidelines.