Ethics and Professionalism: A Beginning

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Topics to be explored:
- Professional Ethics, Values, Obligations, Perspectives and Perceptions
- Ethical Reasoning
- The Dentist-Patient Relationship and Professional Communication

Session Assignments:
Readings and Resources:
- Ozar and Sokol, *Dental Ethics at Chairside: Professional Principles and Practical Applications*, Part I (Chapters 1-6)
- Other readings to be assigned

Session Objectives:
Following these sessions and readings, you should be able to:

1. Understand and explain the relationship between personal integrity and professional life.
2. describe the hallmark characteristics of a profession.
3. discuss what is meant by the term “professional” as used to describe a health care provider.
4. examine the components of an ethical professional life.
5. discuss characteristics that patients find make “a good doctor.”
6. list the principles of ethics that apply to dentistry as outlined by the American Dental Association.
7. discuss elements of the code of professional conduct as outlined by the ADA and how they relate to the principles of ethics.
8. discuss the Central Values of dental practice and how they relate to decision making in patient care.
9. describe four models of the dentist-patient relationship.
I. **T520 Course Overview** *(see Oncourse Syllabus)*

II. **The Profession of Dentistry**

   A. What does it mean to be a dentist?

   B. What does it mean to be a professional?
   a. Reflections on the White Coat

III. **Who is a “good doctor”? or What makes a “good doctor”?**

   A. Components of the doctor-patient relationship

      1. Expertise (knowledge and skills)

      2. Communication

      3. Decision Making

      4. Personal Bond

      5. Social Responsibility
B. With whom does the professional relationship exist?

a. Perspectives:

   i. Yours

   ii. Dental Professional

   iii. Patient/Academic Professional

   iv. Patient/Legal Professional
IV. ADA Principles of Professional Conduct

A. Patient Autonomy

B. Nonmaleficence

C. Beneficence

D. Justice

E. Veracity
Mrs. Ina Kirchland, a 68-year-old widow in good general health, is Dr. Luban’s patient. Mrs. Kirchland has limited financial resources and continually worries about making ends meet, and she freely expresses this to Dr. Luban at every appointment.

Mrs. Kirchland calls the office one day for an emergency appointment because of a broken tooth that is causing her pain. Dr. Luban’s examination reveals the coronal portion of the upper left first premolar has fractured, but the remainder of the tooth can be saved with root canal treatment and a crown.

Dr. Luban would prefer to have Mrs. Kirchland receive root canal therapy and a crown, but that would be much more expensive than simple extraction. However, root canal treatment can be complicated and there is no guarantee of successful treatment. If the tooth were extracted, either in place of root canal therapy or later on due to unsuccessful treatment, it would be important to fill the edentulous space to prevent shifting of the other teeth. It could be filled with a fixed bridge, but that would be even more expensive than a crown. Other possibilities would include an implant and a crown (also very expensive), or a removable partial denture. A removable partial denture requires diligent care and possible future replacement if there are other changes in her oral condition.

If Dr. Luban presents Mrs. Kirchland with the facts about all the treatment options, he is quite certain that she will simply choose the cheapest treatment – simple extraction without any replacement for the space, even though that would mean risking the development of a malocclusion from shifting teeth. Dr. Luban has heard Mrs. Kirchland say many times, “I’m just getting by – the cheapest will have to do for me.”

Dr. Luban knows that he can describe the treatment options in a way that would lead Mrs. Kirchland to select the root canal and crown (by strongly advocating the benefits and downplaying the risks), and he could possibly even “forget” to mention simple extraction as a treatment choice to remove that from her consideration. But he has serious reservations about doing that because Mrs. Kirchland’s choice under such circumstances would not be a completely free choice. On the other hand, he doubts that offering her simple extraction as a one of the options would result in free choice on her part anyway, given her financial situation and her anxiety about it.

What do you think Dr. Luban should do?
V. Central Values of Dental Practice

- Doctor’s Preferred Pattern of Practice
- Patient’s General Health
- Esthetic Values
- Oral Health Care Provider
- Efficiency in Use of Resources
- Patient’s Oral Health
- Patient Autonomy

Ranking the Values:
VI. Ethical Decision Making and Dealing with Conflicting Obligations

See additional handout
VII. The Relationship between Doctor and Patient

The Dreaded Root Canal
(condensed from Ozar and Sokol, Dental Ethics at Chairside, pp. 43-44)

Dr. Clarke has a patient in her practice, Mr. Vianni, who is extremely anxious and fearful of dental treatment. He spends a great deal of time worrying about potential problems he might have and dreads the treatment of those potential problems. He is particularly concerned about endodontic (root canal) therapy. However, he has not yet experience such treatment.

During one of Mr. Vianni’s visits, he complains of significant pain in the upper right quadrant. Dr. Clarke’s examination reveals that an amalgam in the upper right premolar has fractured and needs to be replaced. She tells him this, and he reluctantly agrees to have it treated “provided that you freeze it up real good.” However, Dr. Clarke also discovers that there is recurrent dental decay around a large amalgam restoration on the adjacent first molar, which is most likely the source of his pain in that area. Radiographs and pulp tests confirm that the tooth will require endodontic therapy and a full crown.

Dr. Clarke is certain that if she explains the root canal procedure to Mr. Vianni that he will refuse treatment out of fear. He values his oral health, but his strong reactions to the dental drill and the thought of endodontic therapy would greatly influence his decision. From previous experience, Dr. Clarke thinks that Mr. Vianni will choose to have the tooth extracted despite the fact that the condition is treatable, or he will simply leave the office.

Dr. Clarke could easily anesthetize the quadrant, repair the premolar and initiate endodontic therapy on the molar without Mr. Vianni’s knowledge. She would not have to lie to him since she could truthfully say she was drilling on the premolar, and she could tell him afterward what she had done to save him the anxiety of knowing that he needed root canal treatment. At that point, he could choose the type of full crown he wanted, or even have the molar extracted if that was really his preference. But that way, he would not have to face the anticipation of the therapy he dreads so much.

Dr. Clarke is convinced that Mr. Vianni is capable of objectively choosing reasonable and appropriate treatment; however, when faced with a situation in his own mouth, his judgment would be clouded by his reaction to the idea of endodontic therapy. Dr. Clarke is also certain that Mr. Vianni trusts her to do whatever is best for him. She is sure that if he could judge the matter objectively, Mr. Vianni would not want to suffer the anxiety of deciding about this treatment for himself.

What do you think Dr. Clarke should do?
VIII. Four models of the Dentist-Patient Relationship

A. The Guild Model

B. The Agent Model

C. The Commercial Model

D. The Interactive Model

IX. Professional Interactions and Patient Communication

See additional handout
Ongoing General References

**Journal of the American Dental Association.** Articles published each issue on ethics, professionalism and law. See specifically the *Perspectives* section.

**Journal of the American College of Dentists.** See section entitled *Issues in Dental Ethics* published in each issue of the journal.

**Books:**


**Journals Articles:**


Introduction to Critical Thinking and Professional Behavior

- Ethics/Professionalism/Communication
- History of Dentistry
- Introduction to Problem-Based Learning
- Introduction to Scientific Information
- Introduction to Clinics
- Scientific Terminology

Introduction to the Profession

- Who is a dentist?

  - What does a dentist do?

Who is a dentist? What does a dentist do?

- One who is skilled in and licensed to practice the prevention, diagnosis and treatment of diseases, injuries and malformations of the teeth, jaws and mouth, and restores the health, form, function and esthetics of the oral cavity.
What does it mean to be a professional?

- Reflections on the “White Coat?”

Introduction to the Profession

- What is a profession?
  A calling requiring specialized knowledge and often long and intensive academic preparation; a body that is self-governing; a body that has been awarded special status by society.

- What is a professional?
  In the Middle Ages, priests, lawyers and doctors were the professionals. They professed to “do good” for others and functioned under codes of conduct.

- What is professional behavior?
  Behavior that is promoted and adhered to by a body of self-regulated individuals. The behavior is agreed to by all individuals and usually involves a high degree of ethics and societal value.
Components of the Doctor-Patient Relationship

- Expertise (Knowledge and skills)
- Communication
- Decision-Making
  - Spectrum between paternalistic (dictatorial) and agent (patient decides)
- Personal Bond
  - Trust, friendliness, knowing and caring
- Social Responsibility
  - Knowing how patient's health affects family, community; an obligation for the health of the individual and community

With Whom does the Professional Relationship Exist?

- Perspectives
  - Yours
  - Dentist
  - Patient/Academic Professional
  - Patient/Legal Professional

Components of an Ethical Professional Life

- Community Values
- Institutional Values
- Professional Values
- Personal Integrity
Professional Behavior as Guided by Ethical Principles

- Beneficence (Compassion)
- Veracity (Trustworthiness)
- Respect (Esteem)
- Justice (Fairness)

“Every human being is under moral obligation to respect others, to help them, to keep promises and secrets, and to be truthful, but the doctor is obliged to go beyond these normal expectations in relationships with patients. By profession, the doctor is bound to higher ideals and higher virtues because of the nature of the medical relationship.” — Drane

ADA Principles of Professional Conduct

Patient Autonomy

- The dentist has a duty to respect the patient’s rights to self-determination and confidentiality.
- Professionals have a duty to treat the patient according to the patient’s desires, within the bounds of accepted treatment, and to protect the patient’s confidentiality. (Pts. and drs. often disagree about the importance of providing health related information. There is evidence that the dr.’s belief that decisions should be made by them [vs. the pt.] increase with the amount of training and experience. The only way to determine the pt’s preference is to ASK.)
ADA Principles of Professional Conduct

Patient Autonomy (cont.)

- Under this principle, the dentist's primary obligations include involving patients in treatment decisions in a meaningful way, with due consideration being given to the patient's needs, desires and abilities, and safeguarding the patient's privacy.

Patient Confidentiality

Health Insurance Portability and Accountability Act (HIPAA) - 1996

ADA Principles of Professional Conduct

Nonmaleficence

- The dentist has a duty to refrain from harming the patient and to protect the patient from harm.
- Under this principle, the dentist's primary obligations include keeping knowledge and skills current, knowing one's own limitations and when to refer to a specialist or other professional, and knowing when and under what circumstances delegation of patient care to allied dental personnel is appropriate.
ADA Principles of Professional Conduct

**Beneficence**

- The dentist has a duty to promote the patient’s welfare.
- Professionals have a duty to act for the benefit of others. Under this principle, the dentist’s primary obligation is service to the patient and the public at large.
- The most important aspect of this obligation is the competent and timely delivery of dental care within the bounds of clinical circumstances presented by the patient with due consideration being given to the needs, desires and values of the patient.
- The same ethical considerations apply whether the dentist engages in fee-for-service, managed care or some other practice arrangement. Dentists may choose to enter into contracts governing the provision of care to a group of patients; however, contract obligations do not excuse dentists from their ethical duty to put the patient’s welfare first.

**Justice**

- The dentist has a duty to treat people fairly.
- Professionals have a duty to be fair in their dealings with patients, colleagues and society. Under this principle, the dentist’s primary obligations include dealing with people justly and delivering care without prejudice.
- In its broadest sense, this principle expresses the concept that the dental professional should actively seek allies throughout society on specific activities that will help improve access to care for all.

**Veracity**

- The dentist has a duty to communicate truthfully.
- Professional have a duty to be honest and trustworthy in their dealings with people. Under this principle, the dentist’s primary obligations include respecting the position of trust inherent in the doctor-patient relationship, communicating truthfully and without deception, and maintaining intellectual integrity.
Ethical Conflict in a Principle-Based Approach

- Patient comes to dentist and expects care that the dentist recognizes as potentially harmful
- Which principles are in conflict?
- Must come to judgment as to which principle will be superior and which inferior

Case Exercise: “Just Getting By”

Central Values of Dental Practice

<table>
<thead>
<tr>
<th>Esthetic Values</th>
<th>Patient’s Oral Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Autonomy</td>
<td>Pt’s Life &amp; General Health</td>
</tr>
<tr>
<td>Dentist’s Preferred Pattern of Practice</td>
<td>Efficiency in Use of Resources (Cost Containment)</td>
</tr>
</tbody>
</table>
Central Values of Dental Practice

1. Patient’s Life & General Health
A dentist who recommends or performs a treatment that places a pt's life at risk would be unprofessional. A dentist who paid no attention to the connections between a pt's oral condition and the other aspects of the pt's health would be guilty of professional failure. The patient's life and general health are the highest ranking of central values.

Central Values of Dental Practice

2. The Patient’s Oral Health
Appropriate and pain-free oral functioning is the next most important value. A dentist who leaves a patient with significant oral impairment or painful oral functioning would be unethical.

Central Values of Dental Practice

3. The Patient’s Autonomy
A dentist must refuse to respect a pt’s choice if the action chosen is contrary to the pt's oral or general health. But if a dentist fails to respect the pt's autonomous choice among treatment alternatives in order to maximize esthetic values or cost containment, the dentist would be acting unprofessionally.
4. The dentist’s preferred practice patterns
A dentist has choices in terms of diagnostic, operative and other dental procedures, in consideration of pt. outcomes, pt. comfort, efficiency, dr's comfort and trust in procedure. But the fact that a dentist has a habit of practicing a certain way does not outweigh a pt's autonomous choice, if general and oral health are not compromised.

5. Esthetic Values
Shaping a restoration to proper form and function is part of general and oral health as well as the capacity of the dentist to apply his/her expertise for the pt's benefit. If the pt's judgment about esthetic values is counter to any of these, esthetic values would rank below the other values. Acting on pt's judgments of appearance never justifies damaging health teeth.

6. Efficiency in the Use of Resources
A dentist who pays no attention to accepted professional standards of form or to a pt's value of esthetics solely to avoid expending personal, financial or other resources is acting inappropriately.
Ethical Decision Making

Ethics Defined (simplistically!)

- Principles/values governing the conduct of a person or members of a profession
- Dealing with issues/questions in which we are concerned with what someone ought to do (or ought to avoid doing) because someone’s well-being/virtue or rights/duties are at stake
- Note: the terms moral and ethical are used as synonyms

Ozar, Teaching Ethics, 2001

Major Ethical Theories

- Ethics of Obligation
  - Principles binding future action across a community
    - Dental Ethics - obligations across the dental professional community
- Ethics of Virtue
  - Behavior making lives good = Virtuous
  - Behavior making lives bad = Vice
Ethics and Ethical Behavior

- Ethics is about choices
  - What someone intentionally chooses to do or not do that affects significant good or bad (again, simplistic)
  - Choices result in responsibility for what we do and don’t do
    - Significant choices – having an impact on important matters

- Ethics is about evaluation
  - Judgments about values
  - Differentiation between alternatives
    - i.e. choose the good and avoid the bad
      - Not always evident or easy
    - Example: Euthanasia
      - Destroys a human life, but brings a quick and peaceful end for a suffering individual dying a slow and painful death

- Ethics includes reasoning and reflection
  - We need to think about what truly constitutes good and what is truly bad
  - Moral “traditions” don’t always guide us
    - Slavery - societally acceptable for centuries, but abhorrent in modern times
    - Race - Culturally important, but genetic evidence very clear that only miniscule difference among peoples
    - New technology - ventilators, artificial hearts, cloning
    - Paternalism - Doctor as main determinant to course of action
Ethics and Ethical Behavior

- Ethics is also about actions
- Proteo-ethics:
  - Talking about ethics, but no action

“If a dentist were accused of being ethical would there be enough evidence for a conviction?” — Attributed to Dr. David Chambers, UOPSD

A Model of Ethical Decision Making

- Recognizing the problem or concern
- Identifying possible alternatives
- Determining what is professionally at stake
- Determining what else is ethically at stake
- Determining what ought to be done
- Choosing a course of action

Identifying the Alternatives

- What courses of actions are available?
  - Sometimes very evident...no careful thought needed
  - Other times very difficult because our own habitual ways of perceiving and acting can cloud our vision of options
  - Need to also consider potential outcomes and how these would affect future choices
Determining What is Professionally at Stake

- Based on the principles/norms of the profession, what ought to or ought not be done
- Based on Central Values of profession, ethical codes
- If based on these, judgments can be more precise and made with greater confidence

Ozar’s Central Values of Dental Practice

- The patient’s life and general health
- The patient’s oral health
- The patient’s autonomy
- The dentist’s preferred patterns of practice
- Esthetic Values
- Efficiency in the use of resources

Ozar and Sokol, Dental Ethics at Chairside, 2002

Determining What Else is Ethically at Stake

- Broader view of what should or should not be done
- Moral content of the individual
  - We all interpret central values/ethical codes and make choices as individuals
  - Conflicts among professional commitments
  - Specific case circumstances that are unique to the situation at hand
**Determining What Ought to be Done**

- Ranking the alternatives
  - Is one clearly better than all the rest?
  - If complex, then the choice realistically becomes a choice between alternative values, rules, virtues and professional norms
- If able to rank them as above, then can distinguish what could be done and what absolutely should not be done
- Ultimately, have to make a choice...or proteo-ethics

**Implementation: Choosing a Course of Action**

- Choice is different from judgment
  - WHY?
- Could identify what *should* be done, but then:
  - Not do it
  - Do something different
- *Decision* is a two step process
  - Judging what should be done
  - Choosing to do

**A Model of Ethical Decision Making**

- Recognizing the problem or concern
- Identifying possible alternatives
- Determining what is professionally at stake
- Determining what else is ethically at stake
- Determining what ought to be done
- Choosing a course of action
Evaluation of Outcome

- Reflection is an important component
- Development of self-awareness
- Habituation of self-assessment as an ongoing internal process
  - One of the most important attributes of a health care practitioner

Doctor Patient Relationship Issues

Patient Reports of Preventable Problems and Harms in Primary Health Care

ABSTRACT

BACKGROUND: Despite recent attention given to medical errors, little is known about factors associated with the development of relationships in primary care. This project tested the hypothesis that relationship development is associated with the frequency of problems and the perceived level of harm to the patient.

METHODS: Participants were 201 primary care patients who completed a validated questionnaire. The questionnaire included items assessing the frequency of problems experienced by the patient and the perceived level of harm to the patient. The patients were divided into three groups: those who experienced no problems, those who experienced one or two problems, and those who experienced three or more problems.

RESULTS: The frequency of problems was significantly higher in the group experiencing three or more problems (p < 0.01). The perceived level of harm was also higher in this group (p < 0.05). The group experiencing three or more problems was more likely to report being treated psychologically and emotionally, suggesting that the patient's perception of the doctor's relationship with the patient is important in preventing harm.
Patients More Worried About Clinician Relationship Than Technical Errors

- 221 Problematic incidences documented
  - 37% - Patient-clinician relationship breakdowns
    - Disrespect, insensitivity, inadequate time
  - 29% - Access breakdowns
    - Excessive waiting time, delays in obtaining an appointment
  - 24% - Medical/technical errors
    - deficiency in a diagnosis, treatment or follow-up.


Resources

- Dental Ethics at Chairside - Ozar
- Journal of the American College of Dentists - *Issues in Dental Ethics*
- Journal of the American Dental Association - Perspectives on Ethics/Law/Practice
- Texas Dental Journal
  - *Ethical Dilemmas* series

Creating a Member of the Profession

- Individual Values
  - Personal Integrity
  - Responsibility
  - Self
  - Society
- Profession’s Values
  - Ethical Codes, responsibilities
- Academy (Education and Development)
  - The unique knowledge and skills
Service to Society

- Professional Value and responsibility
- Individual value and responsibility
- Least attention in many schools
The Doctor-Patient Relationship

- The doctor-patient relationship is one in which the medical/dental needs of one person and the knowledge and technical skills of another form the basis of a humane partnership.

Components of the Doctor-Patient Relationship

- Expertise (Knowledge and skills)
- Communication
- Decision-Making
  Spectrum between paternalistic (dictatorial) and agent (patient decides)
- Personal Bond
  Trust, friendliness, knowing and caring
- Social Responsibility
  Knowing how patient’s health affects family, community; an obligation for the health of the individual and community

Case Exercise: “The Dreaded Root Canal”
Models of the Doctor-Patient Relationship

- Guild Model
- Agent Model
- Commercial Model
- Interactive Model

The Guild Model
- Relationship based on dentist's expertise and the patient's lack of it
- Pt. does not make any contribution to dental decisions
- Dentist is the judge of the patient's needs

The Agent Model
- All dental decisions made by patient
- Dentist provides service for patient choices
The Commercial Model

- Dentist has something to sell; patient may or may not want to buy it
- Standard “market place” principles apply
- Pt.’s need for care is not the direct determinant of the dentist's actions
- Dentist and patient on equal ground

The Interactive Model

- Dentist and patient are equal partners
- Preservation and maximization of pt. autonomy
- Dentist enhances pt.’s decision making capacity
- Dentist contributes expertise into the decision-making process

The Doctor-Patient Relationship

*Who is a “good doctor?”*
Characteristics that promote trust

- Thoroughly evaluating problems
- Understanding the patient’s circumstances
- Expressing caring, compassion
- Providing appropriate, effective and prompt treatment
- Communicating clearly and completely
- Building a partnership/sharing power
- Demonstrating respect and honesty
- Having a pleasant environment and staff to work in and with
- Management of certain predisposing factors related to age, gender, appearance, recommendations from other patients and/or doctors (What the heck does this mean?)

The Doctor-Patient Relationship

Who is a “good doctor?”

- Guided by ethics
- Treats patients the way they “should” be treated
- Addresses the patient’s needs
- Fulfills the vow to help the ill

Ethics and Professional Practice

- Professional commitment
- Legal commitment
  - Required Continuing Education Component
    - http://www.in.gov/pla/2629.htm
Expectations and Obligations of the Professional

- To acquire knowledge to the standards set by the profession
- To keep abreast of changing knowledge

Expectations and Obligations of the Professional

- To make a commitment to the basic ethic of the profession
  - Place the interests of the patient above that of self
  - Place the oral health needs of society above that of the profession

Expectations and Obligations of the Professional

- To abide by the profession’s code of ethics
  Or
  - To work to change it if it is inconsistent with the underlying ethic of the profession
Expectations and Obligations of the Professional

- To serve society (i.e. the public as a whole) - not just those who can pay for services

Expectations and Obligations of the Professional*

- To participate in the monitoring and self-regulation of the profession
  - Monitoring one’s own practice and actions to assure they meet ever evolving standards
  - Address or report incompetent or impaired professionals
  - Participate in the professional organizations in order to participate in the setting of standards

*Bebeau and Kahn, 2002
Ethics and Professional Behavior Competency Levels

Level I: Identification and definition of ADA Code Principles/Ozar’s Central Values of Dental practice
- Case Scenarios are used to introduce students to ADA Code Principles/Central Values
- **Expectations:** Ability to define principles/central values
- **When assessed:** End of ICTPB (T520) Summer Semester D1 year
- **How Measured:** Multiple choice/essay examination

Level II: Ability to apply individual ethical principles/central values to a clinical problem
- Given a case scenario, can a student identify the principles/values involved?
- **Expectations:** Ability to reason ethically and apply ethical/philosophical principles to the situation. Critical reasoning in using ADA Code Principles/Central Values
- **When assessed:** End of D1 year
- **How Measured:** Case-stimulated essay question as part of the Y1 Spring Semester comprehensive examination

Level III: Ability to rank and justify competing ethical principles/central values in ethical clinical decision making
- Given a case scenario, does the student demonstrate the ability to apply ethical/professional principles to situations where competing principles/values are present
- **Expectations:** Ability to apply ethical/philosophical principles to situations where competing principles/values are present and demonstrate ethical reasoning in coming to judgment and decision
- **When assessed:** End of D2
- **How Measured:** Case-stimulated essay question as part of the Y2 Spring Semester comprehensive examination

Level IV: Ethical/Professional management of Patients in Comprehensive Care
- Given actual patient care scenarios, does the student demonstrate the ability to apply ethical/professional principles to patient care and management situations
- **Expectations:** Students must demonstrate that they apply ethical/professional principles and reasoning to actual patient care situations
- **When Assessed:**
  - Initial competency: during the D3 year
  - Continued competency assessed as a component of clinical competency evaluations during the D4 year
- **How Measured:**
  - Initial competency assessment by OSCE/Simulated patient exercise
  - Continued competency is reassessed by passing the “Competency Evaluation Standards Common to All Disciplines” which include Ethics/Patient Management, Informed Consent and Preparation and Infection Control assessments. during each technical competency examinations in the D4 year
1. PREPARATION AND INFECTION CONTROL

*Pass*= All paperwork is completed, including current radiographs and complete documentation in the patient record. Current knowledge of the patient’s medical and dental history is exhibited, including an understanding of risk assessment and management. Proper informed consent has been obtained. Appropriate infection control procedures are utilized throughout the appointment, including proper use of protective eyewear for the patient and operator, gloves and mask. Proper techniques to prevent cross-contamination are utilized throughout the procedure. Appropriate periodic evaluation of patient home hygiene performance is documented. The student exhibits appropriate self-management: punctuality, proper clinic attire, maximum productivity and organization.

*Fail*= Any omissions in patient medical and dental risk assessment/management, informed patient consent and/or infection control protocol; paperwork incomplete; poor self-management.

2. ETHICS AND PATIENT MANAGEMENT

*Pass*= The student recognizes the needs, expectations and values of the patient, identifies abnormal patient behavior, and is considerate of the patient’s fears and anxieties. The student and the patient maintain appropriate communication throughout the appointment. The student establishes a productive, ethical and confident dentist-patient relationship and uses appropriate patient management techniques throughout the appointment, including proper assessment and use of local anesthesia and/or other pharmacologic procedures. The patient’s interaction with the student should be a positive experience leading to increased periodontal health and disease awareness and a commitment to long-term health maintenance. Patients not only need treatment, but also require support, understanding and acceptance.

*Fail*= Any omissions in the above criteria.

3. MANAGEMENT OF INFORMED CONSENT

*Pass*= Student exhibits basic understanding of the procedure and can articulate the risks and benefits of the procedure to the patient.

*Fail*= Student has insufficient understanding of the procedure, or does not appreciate the benefit to the patient. Student understands the procedure, but it is not in the best interests of the patient.

NOTE: Student must pass all three standards listed above in this initial section to continue with the competency in any discipline regardless of the technical competence demonstrated in the particular discipline. If the student fails any ONE of the three above sections he/she cannot continue with the competency exam on that day.

Describe specific student deficiency: ________________________________

Faculty Signature: ________________________________    PASS    FAIL