



# Dental Student

Supporting Dental Students since 1991

2022 | Issue 22



## Before starting dental school

Helpful advice as you begin your dental school journey

Pages 8-9

### This issue:

**ADSA President report**  
A round-up of 2022

**School report updates**  
Another busy year

**I look like a horse**  
We tackle a difficult case for Dr B



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# Welcome

## From Dental Protection

**Kara Stokes**  
Business Development Executive  
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**W**e really appreciate the time and effort from everyone who has contributed to this publication. Our 22<sup>nd</sup> edition of *Dental Student* is yet again another great read with plenty of articles and photos!

### Hello from your dental school representative

Hi readers! Kara here, Dental Protection's Business Development Executive and your dental school representative. I have much to update you on since our last edition. Our team has been flying all around the country for a range of events and, looking back at all the university engagements we have attended, it really solidifies our commitment to supporting the dental schools by offering continued reassurance and advice.

Congratulations to the many graduates who came through in December 2021 who have now settled into working life. We hope they are all enjoying life as a dentist and making the most of the exciting opportunities coming their way!

The team and I have been on the road promoting our student membership package to lots of eager new arrivals. We have sponsored many student events in Semester 1 and have been able to attend some great tradeshow and host some fantastic lectures. We had such a fun time going out to different universities and a big thanks to La Trobe, UQ, Melbourne Uni, CSU and JCU for inviting us to be a part of their special events. I am pleased that our new socks have been so popular with all the students.

Lastly, we were so pleased to be able to support ADSA Convention once again and hope everyone enjoyed their time in Melbourne. Great work to the ADSA Convention organising committee!

### 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 more than 70 countries around the world so if you have arranged a volunteering trip in one of these locations, 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.

### 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 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](mailto:membership@dpla.com.au) to let us know.

### Graduating this year?

Check out *The Young Practitioner 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.



Kara

\*subject to the terms and conditions of the policy and underwriting approval

# Hello

## from ADSA!

**John Do**  
ADSA President



**T**he Australian Dental Students' Association (ADSA) was established in 2009 to unite and represent over 3,500 dental students from across the country. Being the only national student body, ADSA seeks to advocate and voice the interests and concerns of the students and collaborates with national dental organisations to further the dental profession.

Not only does ADSA advocate for your future, ADSA seeks to enrich your experience as a dental student on the national level. ADSA engages its students in all aspects, providing opportunities for academic development, community volunteering opportunities, charity, social events and even

professional development – key learning experiences that students would not otherwise have exposure to within their university course alone.

Our calendar consists of the National ADSA Convention, ADSA Graduation Series, Dentist for a Day, ADSA Talks, RUOK/ Wellbeing Week, ADSA Brace Yourself Podcast and much more! To keep up to date, sign up on our website [adsa.org.au](http://adsa.org.au) and follow us on our Facebook page and on our Instagram @ausdsa.

Best wishes

John Do





# School Reports Update

Read what other dental students from all over Australia have been up to so far in 2022



# A

## The University of Adelaide

The Adelaide University Dental Students Association has always provided many events for their students throughout the year and this year was certainly no exception. The year kicked off with O'week festivities incorporating various talks and mixers, making sure our first years were able to easily transition into their new course.

Soon following O'week, the AUDSS, alongside ADSA, hosted a buddy day where senior students were paired up with newer ones to provide aid and hand out many insightful tips on how to survive dental school. The day also had a sausage sizzle running with proceeds going to the Common Ground Dental Clinic, a not-for-profit dental clinic in Adelaide targeted at providing free dental care for the homeless.

From there in March, we held our annual Traffic Light Party and then our Fresher Barbeque, providing excellent opportunities for students (especially first years) to mingle and meet their fellow peers. Following this, we were very excited to see the BDS 3 Bake Sale take full flight, with the talented chefs of BDS 3 offering up a display of baked goods to raise funds for the half-BDS ball.

As April started off, we saw students take off to Normanville for the AUDSS Dent Camp 2022 which consisted of themed parties, free flowing drinks at night and leisure activities during the day. This provided a well-earned break from all the studies for our dental students, giving them a chance to forget about lectures and have fun with a trip up to the beach or the 'Wild West' and 'Superheroes and Villains' themed parties.

The AUDSS Sleepout was also a hit in May where students came together for a night out at uni as they attempted to replicate sleeping at a homeless shelter and raise funds for the Community Outreach Program, which provides free dental services to those who face socioeconomic barriers to accessing oral healthcare. The effort led to approximately \$4,500 being raised for the program.

**Zoheb Mohammed**  
BDS2



# C

## Charles Sturt University

Lucky members of the CSU's Student Dental Association (SDA) kicked off 2022 with a 'First Impressions' event sponsored by Dental Protection, which is an annual mentoring program to connect our first year students to other year levels. The program helps ease the transition into a difficult degree and strengthen social ties between all year groups, with specialty social events provided throughout the year for those who opt to join.

In March, we held our annual event Crown Cup, which is a sporting event where each year group competes in three different sports to earn the Crown Cup Trophy for their year. The event commenced in 2020 as an event to get all the students involved after lockdown, but has now become an ongoing tradition – a huge congratulations to the 4<sup>th</sup> year students for taking the Crown Cup title for 2022!!

SDA is very proud to have done so well coming second place in the ADSA Blood Drive this year, with a total of 72 donations and numerous lives saved! All the committee and many students across each year level have been involved.

We also held our favourite sporting event of the year, the Roland Bryant Cup, which is an annual fierce competitive tournament between USYD and CSU students. Additionally, we have the Halfway Ball to celebrate the 3<sup>rd</sup> year students' achievement of reaching the halfway point of their degree. The event awards each student with half of their final degree as a symbolic representation of their success in the course. We are also looking forward to the Dentistry Ball and Graduation Ball to celebrate the year and success of our amazing dental students!

**Aneet Gill**  
Year 3



# G

## Griffith University

We kicked off the year with our annual 1<sup>st</sup> year mixer to welcome all the new dentistry, dental hygiene and dental technology students at Southport Sharks. We had a great night mingling and getting to know each other.

Our annual icebreaker was next, where all the year groups got to meet each other at the Unibar and we danced the night away. This was another traditional event that we had at the end of orientation week.

In April, we had our UQDSA and GUDSA Beach Day at Kurrawa Beach where we got to meet other dental students at UQ. We were fortunate to have such fabulous weather to have a fun filled day with lots of sporting activities and swimming in the ocean.

We had our very first GUDSA's op-shop bop at the end of April at the Cavill Hotel. It was a wonderful night filled with lots of dancing and we rocked the hand-me-downs. We also had another UQDSA and GUDSA mixer in May, held in Gold Coast, which was another popular event for us to intermingle and enjoy the evening.

Our lovely academic committee has been providing our 1<sup>st</sup> years with oral biology tutorials fortnightly and tooth ID workshops. It has been a success with many of our 1<sup>st</sup> years attending them.

Coming first place in the ADSA blood drive was a huge accomplishment! We are so proud of our students for getting involved and for many it was their first time donating blood and plasma.

**Nicole Wong**  
Year 2



J

## James Cook University

JCUDSA's beach BBQ and 'fresh meet' marked the start of a busy 2022 at James Cook University, Cairns. Both events were a perfect way to introduce the new cohort to just what the tropics have to offer. First year students were also welcomed with a fast-paced tour of their new campus with an amazing race challenge and a 'galentine' inspired speed dating evening that allowed students to get to know one another.

It is all about firsts this year at JCU as we held our very first Loupes Evening Tradeshow. The evening was a great success with nine loupes companies making the trip north for us to try and buy. We also welcomed our very first Pride Officer to the student association. The officer's first order of business was to include the title option of 'Mx' on the JCU Dental Clinic's patient form as well as hosting a Mardi Gras inspired bake sale. Proceeds collected went towards an Australian LGBTQIA+ charity.

Trivia night was made possible again thanks to our sponsors at Townsville Oral & Maxillofacial Surgery. Students also found the time to roll up their sleeves as part of ADSA's Blood Drive and to help JCU be a fierce competitor in the ADSA Cup.

There is plenty more for students to look forward to this year such as our inter-year sports carnival, a JCU team taking part in the Cairns Marathon along with our dental ball. Stay tuned!

**Rachael Lewis**  
Year 4



L

## La Trobe University

After two years of restrictions, it was great to see so many keen first years excited to get involved in the great events that BOHDS has to offer. The year started off with the Market Day stall, where it was a great opportunity for students to get to know each other and how BOHDS enriches their university life, from both an academic perspective as well as a social aspect.

As with the beginning of every year, the first couple of weeks were jam packed with icebreaker events, such as the pool party and bowling night, as well as AMALGAMES, where students got into teams to compete in fun challenges, and finally the annual BOHDS camp at Log Cabin Camp in Creswick. The theme for this year was 'cops and robbers', and it was a great bonding experience in forming lifelong friendships. It was also great to see some of the first years taking interest in giving back to the community, especially when it came to the ADSA Blood Drive.

Fast forward to April, we hosted BOHDS week, which kicked off with a night at The Zone, where many came along for go-karting and laser tag while some just came for the free pizza. BOHDS Olympics this year was dodgeball, where teams competed head-to-head for a chance to win a \$100 Prezzy gift card. To finish off a busy week, everyone repped their favourite teams by wearing their sport jerseys to this year's sport-themed BOHDS Pub Crawl.

**Aws Sahib**  
Year 3



M

## The University of Melbourne

Everyone in Melbourne was truly stoked to brush the dust off their backpacks and kick off the year with classes (orthodontically) moving back on campus. The Melbourne Dental School started off the year with our annual Scrub Crawl with everyone rocking the hottest new S/S 22 COVID-19 collection garments.

Our precious new first years were welcomed with open arms at our first ever Amazing Race where our fresh newbies battled it out against each other in games and challenges, acquainting themselves with their future BFFs along the way. These new friendships would again be tested and strengthened at the annual Dent Camp, ULTRA(sonic). Attendees dressed up as characters starting with the first letter of their names and we truly saw the most ambitious crossover since Marvel's Avengers.

After a long first half of semester one, our hard work was rewarded with a night in paradise. No I'm not talking about the one in "Single's Inferno", but our one and only Dental Boat Cruise, "Garden of Edent".

The following day, our passionate dentistry and oral health students clocked in for their annual shift at the Teddy Bear Hospital Good Friday Appeal. Children turned up in massive numbers bringing their furry friends for their regular dental check-up. The day was not over until every single teddy left with squeaky clean smiles.

It's been a crazy first half of the year and it's only getting started here at the MDS. Stay tuned for more shenanigans in the second half of the year.

**Tiger Yin**  
DDS3





# Q

## The University of Queensland

The opening of the international borders meant that UQ welcomed its returning (offshore) students and the new 2025 cohort. It is definitely heartening to see the campus beaming with vibrancy again!

O'week kicked things off in February, which helped to set the first years up for the semester (and beyond) with workshops, mingling, and the good ol' sausage sizzle not to be missed. 'Meet & Greet' then gave all years a bumping start, with rooftop exclusive access to the most *Instagrammed* bar in Brisbane. The heavy rain (yes, the prelude to Brisbane floods) did not faze the turnout the least bit, with all years having the opportunity to interact over a boozy drink or two! Taking advantage of the summer sun, we then also got to enjoy a beach day out with Griffith, dodgeball, social sports and even a board games night!

Social activities aside, we also had the privilege of enjoying multiple evenings of wisdom dispensed by our amazing guest speakers at our academic seminars. The annual loupes tradeshow also received great success with new (and returning) loupes companies offering amazing exclusive student discounts!

We rounded up the semester's events by bringing back an old favourite, as we hopped aboard the neon boat and cruised the Brisbane river. A cocktail mixer hosted alongside Griffith was also back in full swing down the coast as we got to enjoy the atmosphere, grab a drink, and meet other dental students.

Be sure to tune into our Instagram @uqdsa for event details and to keep up to date with all the fun we get up to in semester 2!

**Shirley Lim**  
Year 4



# S

## The University of Sydney

With fewer restrictions this year, SUDA has aimed to make this year more focused on building relationships within our dental student body. We had a very successful welcome week event where BOH students, DMD 1-4 students, postgraduate Clin Dent Students and faculty staff mingled on campus.

Following that, we had an equally successful Mardi Gras Trivia Night and we hope to keep up the momentum with our social events to make up for the past two years! We also have had our first round of very successful rural rotations for final year dental students at Ballina, Orange and Bathurst.

This year, we also have a stronger focus of fostering networking opportunities for our cohorts, with the introduction of career nights where guest speakers are invited to discuss all things dentistry! We had a great turn out at ADX Sydney, from the cocktail night at Luna Park to marvelling at how realistic the wax figures were at the Night in Wax recent graduates event.

We met many dentists not only from NSW but also the rest of Australia at these events, and had a lot of fun sampling the newest gadgets and adhesives at SIDCON22. Throughout this year, we will also have a continuous stream of students volunteering at the Filling The Gap clinics at St Leonards to serve those who are vulnerable. We can't wait to see how the rest of this year unfolds!

**Julia Peng**  
DMD4



# W

## The University of Western Australia

After a fair run into 2022 off the back of a challenging 2021, our students were fortunate enough to meet and greet and settle into their studies before WA endured its share of COVID-19 mayhem.

At the beginning of the year, our UDSS Education team familiarised incoming students with the different topics of dentistry through the informative 'Introduction to Dentistry' seminar. Additionally, we were lucky to have our ADAWA President join us to provide a seminar on 'cut and polish' materials and techniques.

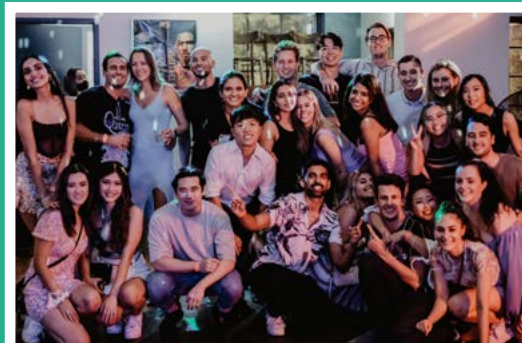
Our classic Prime and Bond was the first major social event of the year, which we were lucky to enjoy shortly before our state-enforced heavy social restrictions. Nonetheless, this unforgettable night always proves to be an amazing opportunity for DMD students to welcome the first years and interact with fellow classmates across all year levels!

Our growing 'Healthy Mouths, Brighter Smiles' outreach program was again conducted at several WA primary schools earlier in the year to promote good oral hygiene through interactive activities.

Just after the Easter break, the UDSS Sport's inaugural dentistry vs podiatry badminton competition was well received, however podiatry was in better form, taking home the win this year. We also kicked off our week-long table tennis tournament in the common room, which included some friendly competition!

Be sure to follow @udssuwa on Insta for updates.

**Jim Rae**  
DMD2



# Things I wish I knew before starting dental school



**Dr Laura Hunter, Dental Protection's Young Practitioner Representative, looks back along memory lane to identify some useful tips for new students**

**B**eing accepted into dental school is a fabulous achievement and is usually the result of years of hard work and perseverance. You are ready to commit 5+ years of your life to further education and selling your soul to student loans. I remember excitement leading up to beginning dentistry so clearly – new classmates, new hands-on skills, new experiences. Nothing quite prepares you for the rollercoaster of emotions but here are a few pearls of wisdom I wish I had known. Hopefully it makes the transition into dental school that little bit easier.

## Type A personalities and working in a team

Dentistry attracts an extremely high incidence of Type A personalities. What I mean by that is the cohort will be full of driven, hard-working high achievers who thrive off competition. You may even identify as that yourself and it is not necessarily a bad thing. I found surrounding myself with over-achievers held me to a higher standard and level of accountability when it came to my studies.

However, it is important not to get caught up and lose perspective. You have made it. You are in dental school. And the only person you need to compete against is yourself and strive to become the best clinician you can. There is nothing to be gained from working solo and nothing worse than thinking you are any better or worse than your peers.

Working as a team, whether it's pooling study materials, working in groups or lending a hand in clinics above what is expected of you, is invaluable. It is humbling and makes your journey through dental school so much easier and more enjoyable.

## Communication is key – patients, colleagues, professors

Following closely on from the previous point is being able to learn the art of communication, in all its forms. People are often aware they will learn the art of communicating with patients in dental school: that is a given. However, learning to communicate with colleagues and professors is also paramount to your success throughout dentistry.



Clinical settings, especially at the start, can be extremely stressful sessions and you may find that your perfect professional exterior starts to crack. You will soon figure out what kind of communicator you naturally revert to when this happens. Spending time to work on how you present yourself and work within your teams in these situations is equally as important as effectively communicating to your patient. Because at the end of the day you only spend a few hours with a patient, but you spend all day, every day, with your colleagues and professors.

### Hand skills take time

One of the most appealing parts of dentistry is the hands-on nature of our work. We are master artists in all things teeth. If you are anything like me though, this does not come naturally and requires a lot of patience and a lot (and I mean a lot) of repetition. There are a blessed few who hit the genetic jackpot and carve perfect molar anatomy within the first few weeks, but they are few and far between. It is much more common to take years of simulation and clinical sessions to create something that starts to slightly resemble a tooth.

Take your time with these skills and know that you will get there, everyone progresses at different rates so do not compare. If you do find you are progressing at a slower rate than everyone else, that just means a little more vigilance is required on your part and perhaps a little extra home practice a few times a week might be all it takes to get you up to scratch. It. Takes. Time.

### Everything costs. A lot

Prepare to be in more debt than you could ever imagine. Most of us will be tapping into a student loan to cover the fees and perhaps living costs throughout the degree, but what I wasn't warned about was how much extra dentistry requires. Dental equipment is a whole new realm of expensive and you need it all. Each year you can expect to add another \$8,000 on average on top of the fees, a pretty penny when you're already living on the breadline. But when it comes to big ticket items, such as loupes, buy good quality first time and they will last you a lot longer than just the degree.

### Get some friends and hobbies outside dental school

Remember the fable that when you put a bunch of medical school students in a room together all they talk about is medicine? The same applies to dental students. You will be surrounded by more teeth chat than you thought humanly possible and unfortunately if you have a significant other not in dentistry, they will begin to resent this part of you.

Dentistry can become all-consuming and while it is handy to go through cases in study and focus groups, make sure there is a time set aside for socialising without school driving the conversation. Having hobbies outside school not only enriches your life but makes you a genuinely more interesting person, especially to your patients. Balance is essential; clinical time plus study can overload even the most dedicated students.

### Posture

From day dot, work on this. Good posture is worth its weight in gold, and it is arguably more important to establish good routine for your back than nailing those hand skills straight away. Using indirect vision and mirrors for the first time is tricky and it is tempting to contort yourself into unwise, unsupported positions. It is not worth it. You may be the most active and flexible person right now, but this too shall not last and it's better to get into good habits from the start than find out how much weekly physio sessions really cost.

### Soak it all up

Time seems to speed up in dental school, the years will flash past in a blur and before you know it your time is done. So, make the most of it while you can. It'll be the most challenging and rewarding period of study and you will make some lifelong friends and memories. Get among the class events and say yes to all the opportunities thrown in your direction, and see where the journey takes you. It is one wild ride.



# Should we be friends with our patients on social media?



The concept of social networking can get tricky for dental practitioners, so how do we maintain professionalism in a world where such platforms are now considered mainstream communication tools? **Anita Kemp**, Case Manager at Dental Protection, looks at the facts

© pixelfit/Getty Images

**T**hese days, many dental practices rely on social media platforms to attract and maintain their patient base. The challenge with social media is that it is egalitarian in its concept, giving the illusion that it is permissible for us to be connected; yet how do we maintain the essential boundaries between ourselves and our patients without causing offence?

## Definitions keep us safe

According to the Oxford Dictionary, the definition of social media is: “Websites and applications that enable users to create and share content or to participate in social networking.”

Let’s take a closer look at social networking. I like the definition by Investopedia, which states that:

“Social networking is the use of Internet-based social media sites to stay connected with friends, family, colleagues, customers, or clients. Social networking can have a social purpose, a business purpose, or both, through sites like Facebook, Twitter, LinkedIn, and Instagram.”

These definitions help us to set the scene by beginning to tease out concepts such as what is social vs professional, allowing us to explore the social relationship vs the therapeutic relationship. When we exchange the word ‘professional’ for ‘therapeutic’ the boundaries of our practice become clearly defined, which we will explore later.

## Blurred lines

Often patients feel it is appropriate to contact their health practitioners about their health issues through social media, whether via a post on their practice page or direct messaging. Consequently, research indicates that health professionals and dental practitioners are experiencing an increase in friend requests from their patients, to connect not only professionally but personally as well.

In fact, for many patients sending their dental practitioner a friend request seems like a reasonable and acceptable thing to do. Yet, in most cases, it would be fair to assume that patients may not appreciate or comprehend the professional ramifications of extending a friend request, or for that matter the personal and professional boundary breaches that could occur. The challenge for practitioners is to balance these privacy and boundary requirements, by knowing where and when to draw the line between their professional profile and their personal profile.

## Boundary breaches

According to the **DBA Code of Conduct**, health professionals are “expected to display a standard of behaviour that warrants trust and respect of the community” and “this includes observing and practising the principles of ethical conduct”.

Broadly, professional boundaries are defined as limits or borders that exist to protect that space between professional power and client vulnerability “enabling practitioner and patient to engage safely and effectively in a therapeutic relationship”.

Due to the power imbalance inherent in the practitioner-patient relationship, the preservation of professional boundaries is key to preventing abuse of this relationship, promoting good care for the patient or client, and protecting both parties.

## The value of the therapeutic relationship

The overarching purpose and nature of any relationship between a dental practitioner and their patients is one that is therapeutic. Which begs the question, does accepting a friend request add to the therapeutic relationship? The therapeutic lens enables distance from egalitarian norms that pervade social media and allows for preservation of the patient-practitioner relationship. A response to personal online requests can be as simple as saying: “As a clinician I cannot accept personal requests as it affects the therapeutic relationship.” This allows the practitioner to maintain their professional boundaries, while also acknowledging that the patient’s wellbeing and care is at the centre of practice.



## Case scenario

Let's think about a possible scenario, which could potentially breach these boundaries.

You accept a friend request from a patient, who has a high caries rate, and you notice that they are constantly posting photos of themselves consuming high sugar content and acidic drinks. When asked previously in conversations around diet, they denied these behaviours, stating they preferred to drink water.

Would it be appropriate to bring these posts up with them during their next appointment; would this be viewed by the patient as confrontational? And on the flipside, as their dental practitioner is it appropriate to ignore these posts and not instigate a conversation around diet and caries?

What if they didn't intend for you to see the images? Would bringing it up affect your therapeutic relationship? Would this be considered crossing professional boundaries?

### Professional integrity and reputation

Accepting friend requests can be an avenue into your colleagues' and friends' personal worlds where they feel safe posting their personal views and content. If content shared on your profile is not to the patient's liking or conflicts with their values, they are likely to shift their perspective and view you as a professional in power, not as a 'friend', and hold you to a higher accountability. In effect accepting from a patient what presents as a benign invitation becomes a privacy issue for your friends and colleagues.

The very real fact that posted information is seen, liked and shared by others, beyond the original intended recipients, could have unintended consequences and potential ethical repercussions for your friends and colleagues, not just you. Likewise, if your friends and colleagues are unaware that you are online friends with your patients, and by consequence provide access (although limited) to comments made on your profile by them, could you inadvertently be breaching their privacy?

Although we often share personal information with our patients around common interests, shared experiences and funny stories, the purpose is intentional with the design to build rapport; these conversations are often shared with some degree of discretion and in a clinical setting. Excessive disclosure through unfiltered access is unlikely to be of benefit to the therapeutic relationship and consequently could lead to boundary breaches.

Furthermore, dental professionals, like most people, share information on their personal social media accounts that includes personal information, photos, links to websites, likes and at times off the cuff comments shared between friends, family and colleagues. Whilst made under the premise of personal interaction, any comment made by a practitioner that expresses their personal beliefs that patients may find contrary to their own vulnerabilities or personal sensitivities (eg politics, religion, immunisation) could inadvertently breach the code of conduct.

### Navigating your way out of the friend request

If you do find yourself in a position of receiving a friend or other social media request, you might on one hand feel flattered, while on the other hand feel uncomfortable, concerned that not accepting their request might prove awkward.

However, as health professionals we are not held to the same standard as our patients. As a profession we are afforded special privileges that are not extended to our patients or society in general, and in return we are expected to uphold these high ethical standards, which includes maintaining professional boundaries, preserving the therapeutic relationship, and placing our patients' wellbeing and care above any concerns, beliefs or feeling of our own.

With this in mind, it would be prudent to interact with patients over social media in a professional capacity, through a professional page.

### Practical tips to preserve the therapeutic relationship

As mentioned earlier, patients may not fully understand the professional ramifications of extending a friend request.

Consider separating professional, practice and personal profiles on social media platforms, and adjust your privacy settings. Change your name to a pseudonym, making it challenging for patients to access your personal page.

Speak to your patient – explain that as a health professional you are governed by codes, guidelines and standards that set out the expectations regarding our professional behaviours and boundaries regarding personal relationships with patients, which state it is "usually inappropriate to form personal relationships with patients".

You could send a polite message explaining that the practice has a professional policy not to accept patient friend requests or establish online friendships with patients – this sets the tone and expectation for the patient.

### Conclusion

Because all forms of social media have become so entwined with our social fabric, managing social media on both a personal and professional level has become increasingly important. Similarly, it is imperative that we attempt to construct and maintain professional boundaries with various forms of social media as well as our interactions with our patients across these platforms.

In a situation where a practitioner's professional behaviour or conduct was to come under review because of boundary breaches relating to interactions over social media, please know that it is irrelevant if the breach was inadvertently remiss, altruistic or well meaning. It is still a boundary breach and effectively a breach of the DBA Code of Conduct, which often carries with it far-reaching consequences for the practitioner.

So, if in any doubt, err on the side of caution – choose to maintain the 'therapeutic relationship' and not the 'friendship'.

# Human factors in error?

It has been said that “to err is human”.<sup>1</sup>

**Dr Annalene Weston**, Dentolegal Consultant at Dental Protection, highlights the human factors that can contribute to error in dental practice – and considers how to address them

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

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

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

## Lack of communication

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

## Distraction

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

## Lack of resources

Particularly if accompanied by an unanticipated rise in demand.

## Stress

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

## Complacency

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

## Lack of teamwork

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

## Pressure

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

## Lack of awareness

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

## Lack of knowledge

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

## Fatigue

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

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

## Lack of assertiveness

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

## Norms

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

If we accept the above list as valid and applicable to healthcare we can use this knowledge to identify these precursors in our own practices by considering: has our teamwork stalled due to breakdowns in communication and the outstripping of resourcing by our demand? Are we stressed, tired and distracted?

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

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

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

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# Interpersonal skills in clinical practice

Dr Saba Khan looks at why clinical skills alone are not enough to succeed in dentistry

**W**e spend our time at university to acquire theoretical knowledge and build on clinical skills to work towards our goal of becoming better dental practitioners. These years allow us to establish the foundations for commencing in the dental profession. In addition to technical skills, a core element for succeeding as a future health professional is to possess good interpersonal skills.

## What are interpersonal skills?

Broadly speaking, it is an umbrella term that encompasses a set of skills that we use to interact with others in a formal or an informal setting. Some examples of these skills include verbal and non-verbal communication, being a team player, having the ability to empathise with others, one's approach to conflict management, effective problem solving and decision making. Therefore, our interpersonal skills essentially impact how our message is perceived by another individual and their response to it.

## The dental team

A common goal of the dental team is to provide the best services to attain the greatest possible outcome for the patient. Professionally, the dental team may consist of a dentist, dental assistant, dental hygienist, oral health therapist, receptionist, practice manager and/or dental specialists. It is imperative to understand and appreciate the role of each team member. This is because it will enable you to take a collaborative approach to patient management, which translates to achieving set goals in a timely manner and ultimately optimising productivity levels.

Ensuring open and honest communication with your team members plays a key role in building rapport and creating a positive work environment. For instance, as an operator you should be able to communicate with the auxiliary staff regarding your needs for any given appointment and develop a feedback system to recognise what works best for each member. This also assists with navigating and mediating challenging situations that may arise unexpectedly.

## The patient

Interpersonal skills are integral for building a patient-clinician relationship. As students, it is easy to be focused solely on perfecting your clinical skills and overlook your communication with your patient in the chair. Taking the time to converse with your patient to learn more about them and their concerns is greatly valued. Subsequently, you gain their trust. Avoid using jargon to explain the diagnosis or treatment, complement your case discussions with the use of visual aids such as pictures, radiographs, or dental models if required. Using this approach to patient management impacts case acceptance and their continuity of care.

Teamwork skills can also be utilised in your interactions with your patient. You must work together with your patient to determine their dental goals and orchestrate an individualised treatment plan that addresses their needs. Take your patient's financial needs into

consideration and present all suitable treatment options, along with associated risks and benefits, to allow them to make an autonomous decision and gain informed consent before proceeding. As a clinician, you can continuously provide your services to 'fix' a dental issue as it arises. However, patient compliance is of utmost importance to reduce the risk of relapse and to encourage new behaviours conducive to optimising their health. You should feel confident having a discussion with your patient about their crucial role in maintaining their own oral health status and general wellbeing.

## Opportunities at university

As a student, there are multiple avenues that you can explore to further build on your interpersonal skills. These opportunities include participation in extracurricular activities, part-time work, discussions with lecturers/supervisors, clinical placements and networking opportunities through social or academic events. It is important to acknowledge that some individuals may naturally be gifted with strong interpersonal skills, often referred to as "the gift of the gab", whilst for others it may take time to develop.

During my time at university, there were barriers that I had to overcome to further develop my interpersonal skills. Personally, being part of my university's dental student society (shoutout to BOHDS 😊) immensely contributed to boosting my overall confidence level. The key skills that I developed through my participation includes teamwork, leadership and conflict resolution, along with verbal and written communication.

Clinically, I observed the way my supervisors/tutors interacted with patients and picked up on their analogies to explain dental concepts to patients in layman's terms. An important piece of advice that has influenced my interpersonal skills with patients, both during my time at university and at the workplace, is to treat your patient the way you'd wish yourself or your family member to be treated. Taking time out to answer your patients' queries and to reassure them, especially if they have dental anxiety, is greatly appreciated by them.

In preparation for entering the workplace, I would encourage you to take the time to work on your interpersonal skills along with the clinical skills. Like practical skills, it is an area that always has room for continuous improvement once you finish your studies and there are some great Dental Protection workshops, webinars and podcasts dedicated to refining communication skills. In the eyes of your future employer, having good interpersonal skills early on in your career holds greater significance than your level of clinical expertise, as it determines whether you will be an ideal candidate for their team to ensure a harmonious work environment.

For more on interpersonal skills and many other topics?  
Listen to our podcast series at  
[dentalprotection.org/australia/podcast](https://dentalprotection.org/australia/podcast)



# Forget me not

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**D**r M was a recent graduate who had been working as a dentist for around 12 weeks. He was the only practitioner in on Easter Saturday and was leaving that night for a holiday. Mr D attended as a walk-in emergency with constant pain, keeping him awake at night. The clinic was ending, and the practice closing, but Dr M did not feel that he could turn Mr D away. Mr D pointed to tooth 27 as the cause of his pain, and Dr M could see a large filling in this tooth. Dr M took a PA, which captured 17 16 15, but not the apices of these teeth. The x-ray revealed a large composite filling, proximal to the pulp in tooth 17. 17 was mildly TTP and responded non-vital to cold spray.

On discussion of his options, Mr D agreed to an emergency extirpation of 17 on that day, for relief of pain, and for his treatment to be continued after Dr M returned from annual leave. The procedure was uneventful.

Dr M returned from annual leave to find a letter from the regulator, as Mr D had complained that Dr M had treated the incorrect tooth. Mr D claimed that the pain had not abated after his treatment, and that he had attended another dentist who had identified a cavity on tooth 15 as the cause of the pain. Extirpation of this tooth immediately resolved the pain. He now believed that he needed an additional root filling due to a misdiagnosis.

A PA was included in the bundles of documents with the complaint, and this showed 17 16 15 14 and their apices. There was a clear clinical cavity in the 15 which extended to the pulpal complex and 15 had a visible peri apical area. Dr M quickly opened his clinical notes to compare the x-rays and look at his examination and findings on that day. To his horror he found that he had coned off the x-ray, and, worst of all, in his haste to leave the practice for his holiday, he had not made any clinical records. Dr M entered records about the appointment from his recollection, appropriately dated when he made them, not the date of the treatment. He contacted Dental Protection.

Ultimately, the regulator requested a meeting with Dr M to consider the issues. He was able to explain what he had seen on that day; however, as the records had not been written contemporaneously, it was impossible for him to truly prove what he said.

However, the regulator was impressed by Dr M's honesty about why he failed to make records and his integrity in making them without attempting to falsify when they had been created. Dr M had also attended some targeted record keeping CPD, and improved his processes regarding the creation of records, which he was able to evidence. He had also enrolled in a radiography course.

The regulator counselled Dr M on the positioning of his x-ray and encouraged him to look at the whole side of the mouth, not just 'one tooth' as the cavity on 15 was clearly apparent. The regulator accepted that Dr M was not lying about the findings of the testing of 17, and formed the view that both teeth were non-vital, although 15 was the likely cause of Mr D's pain on the day he presented.

Dr M received a stern telling off, but no other action was taken.

### Learning points

- Ensure you create accurate records as soon as possible after seeing a patient, and preferably before you see the next one.
- Additions to dental records can be made, providing they are appropriately date stamped.
- Look beyond one tooth when examining an emergency patient.
- Honesty is always the best policy.



## Case study

# I look like a horse

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**M**s W, a social media influencer, did a great deal of research on achieving the exact smile she wanted. This research was largely within social media, as this is the space she understood and moved freely in. Dr B treated many reality show and sports stars for high-end cosmetic work, and they shared their successful aesthetic outcomes freely across their social media platforms. Ms W reviewed these cases, and other successful outcomes from Dr B's social media profiles; based on this and his flexible payment plan options, Ms W scheduled an appointment for an assessment for veneers.

Dr B assessed Ms W and found that she had small square teeth, which he believed was the root cause of her dissatisfaction with her smile. He designed a smile in accordance with her request that her smile be “bigger” and showed her some of his successful cases who had had similar aesthetic requests. Ms W connected with the outcome of one of the ‘models’ and, although her smile design did not give her the same breadth of smile she was hoping for, she made some assumptions that her outcome would be exactly the same.

Ms W booked in as quickly as she could and tolerated the temporaries, which she hated. She requested no changes be made to the final shape and size of the teeth, despite encouragement from Dr B to speak up about any concerns she may have. She did not understand that the temporaries were a replica of her final outcome. This disconnect between the two of them continued, with Ms W focused on what she thought she was getting, and Dr B making the assumption that ‘silence equals consent’.

After cementation Ms W was devastated by her appearance. She found the teeth too long, and they affected her speech. She was also experiencing pain. Dr B's practice made several calls to invite her in for a follow-up to check on her, which she ignored because she was upset and embarrassed and no longer trusted Dr B. With the passage of time, the tone of these calls changed to chase up

the outstanding account. Ms W became withdrawn, and her feelings about her teeth impacted her ability to work, socialise and leave the house. She did not want to pay for the work because she hated it. This was compounded by the fact she was in pain. As the calls and letters from the practice continued to come thick and fast, Ms W Googled her options, as she felt she needed to act to make it all stop.

Dr B received a statement of claim, which is a document telling him he is being sued by Ms W, on the grounds that he provided treatment to her without her consent. A review of his records quickly revealed that there was no documentation regarding the conversation of consent, and that Ms W had not signed her standardised consent form. Things got worse from there for Dr B, as all of his records were skinny at best, and, consequently made it incredibly difficult for him to form a defence.

The matter was settled out of court.

### Learning points

- Don't rush into elective cosmetic treatment without first ensuring you understand your patient's needs.
- Ensure that all conversations with patients are documented in your clinical records.

For an in-depth discussion of this case, listen to the **CaseMatters** podcast 'I look like a horse' available now at [dentalprotection.org/australia/podcasts](https://dentalprotection.org/australia/podcasts)



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