Report of a Dental Team Training Symposium held in Sofia on 3 November 2007, Organised by the University of Kent, Centre for Dentistry and the Bulgarian Organisation Women in Health for Professionalism and Humanity

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Summary:
An Introductory Symposium on dental team training was held in Sofia in November 2008. The workshop explained the concept of working in a dental team and the roles of its clinical and non-clinical members. It then considered the extent to which team dentistry takes place in the different countries of the European Union and Economic Area and how and why it has developed in the United Kingdom. The participants then considered aspects that would benefit patients and dental professionals in Bulgaria.
Training systems for dental nurses were considered in the afternoon and a distance learning programmes for dental nurses was demonstrated. The workshop finished with groups of the participating dentists and dental nurses listing their perceived training needs and hopes for the future. It is hoped to hold follow up seminars to help deliver these training needs.

Key words: dental team training, workshop, report, Bulgaria

Introduction

An introductory symposium on dental team training was held in Sofia on Saturday, 3 November 2007.

Its aims were to explain the benefits of team dentistry to Bulgarian dentists, dental nurses (chair-side assistants) and dental technicians and to outline good practice in team dentistry education as viewed by a team from the Kent Centre for Dentistry of the University of Kent, with a view to stimulating the process of a team approach to dental care in Bulgaria.

The event was organized and hosted by the Non-Governmental Organisation (NGO) "Women in Health for Professionalism and Humanity" chaired by Dr Lydia Katrova, President of the NGO and President of the Organizing Committee, helped by Dr Diana Bushkalova a member of the NGO and Miss Emilia Taneva, a final year dental student and Secretary of the European Dental Students' Association.

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Lectures and teaching were provided by the team of four dental educators from the University of Kent, Centre for Dentistry in England and facilitated by the Bulgarian organizers. Although all presentations were given in English, they were translated into Bulgarian and all slides were projected in Bulgarian *(Figure 1).*

Figure 1. Dr Katrova translating for Debbie Reed and Kathryn Marshall with the slide in Bulgarian on the screen behind them.

Background

Team dentistry has developed over many years, particularly in North America, much of Western Europe, Australia and New Zealand. In the United Kingdom (UK) all dentists work with a dental nurse to assist them in their clinical work and virtually all employ a receptionist to run much of the routine administration of their clinic. Many also work with dental hygienists and some with dental therapists. Larger clinics, with perhaps three or more dentists, often employ a practice manager to supervise all the administrative and many of the financial aspects of the clinic. The team also includes dental technicians, who rarely work in the same building as dentists, and the other team members. For many years, dentists, dental hygienists and dental therapists have had to register with a national organisation [the General Dental Council (GDC)] in order to work. From 31 July 2008, all dental nurses, dental technicians and two further groups, clinical dental technicians and orthodontic therapists, will also be legally required to register with the GDC. Clinical dental technicians are permitted to construct and clinically treat patients for complete dentures and partial dentures after they (the patients) have been seen by a dentist who has given a prescription. The first orthodontic therapists to work in the United Kingdom are currently being trained. Once they have completed training and been registered (licensed) by the GDC they will assist orthodontists by carrying out a number of tasks including taking impressions and removing orthodontic bands from teeth. From 1 August 2008, with the exception of receptionists and practice managers, who have no clinical contact with patients, all the other team members will be required to complete five year cycles of continuing education and provide proof that they have done so, to the GDC, in order to retain their license to work. The cycle must include re-training in cross infection control, the treatment of patients who have had medical emergencies (including resuscitation) and dental radiography. As a consequence of all these developments, the GDC has developed national curricula frameworks for the education of dental nurses, orthodontic therapists, dental hygienists and therapists, dental technicians and clinical dental technicians [1].

In countries in political and economic transition like Bulgaria, where there had previously been a state organized and state regulated model of dental care, dentists as well as dental auxiliary personnel used to be salaried DENTAL MARKET [2]. The oversupply of dentists and the low salary they received freed the authority from the necessity to develop auxiliary personnel. Now there is a great shortage of all kinds of dental staff. Even more important is the need for introducing the concept of efficient team work in private settings working in a fast growing competitive dental market.

The Programme

Setting the Scene

Dr Lydia Katrova welcomed the participants, who comprised 23 dentists, 24 dental nurses, 2 dental technicians and 4 dental students, representing 36 dental practices and described the programme for the day. She then introduced Professor Stephen Lambert-Humble who explained how in countries, such as the UK, the dental team has evolved to include the team members listed earlier in this paper. Over the years, all team members have become more professional and have become responsible for more and more tasks. He then went on to describe the roles of the clinical members of the dental team.

Today, UK dentists all work with a dental nurse and practice four-handed dentistry. All dental nurses develop radiographs for their dentists and those, who have had further training, can take radiographs for their dentists. They can also help in selecting shades for teeth for crowns and dentures, place rubber dam in patients' mouths and are responsible for sterilising and maintaining instruments and cross infection control.

Dental hygienists are seen as the key group to deliver preventive advice for oral health and increasingly for general health in such areas as smoking cessation and dietary advice. In the last ten years, their tasks have grown and they are now taking impressions, placing temporary dressings and giving local anaesthetics as well as carrying out all aspects of non-surgical periodontal treatment.

Dental therapists, originally worked only in public dental clinics. They now work in all areas of dentistry, including general dental practice. They receive a similar training to dental hygienists but are also trained to fill both deciduous and permanent teeth and to extract deciduous teeth.

Until very recently, dental technicians were not legally allowed to treat patients. However, some did so illegally. A training programme with rigorous assessments has now been established and a small number of trained and assessed clinical dental technicians can now legally perform the clinical tasks, involved in the construction of dentures, as well as the laboratory procedures involved. The patients that they treat must first be seen by dentists and if partial dentures are provided, a dentist must carry out any procedure necessary to prepare the natural teeth before impressions are taken by the clinical dental technician.

The remaining, and most recent members of the clinical team are orthodontic therapists, who are trained to assist orthodontists in specific orthodontic tasks, such as placing and removing bands and making simple adjustments to orthodontic appliances, thus increasing the efficiency of orthodontists and enabling them to treat more patients.

In all cases the dentist leads the team. The benefits to the dentist are:

- Increased efficiency
- The opportunity to treat increased numbers of patients
- Increased profitability
- The ability for the dentist to concentrate more on advanced work, such as crowns and bridges, endodontics, implants and surgical procedures.

The benefits for patients are:

- Easier to obtain dental care
- Improved patient experience
- Better quality care

Professor Stephen Lambert-Humble was followed by Professor Kenneth Eaton

What happens in the different countries of Europe?

Professor Kenneth Eaton's presentation covered three areas, which were:

- A description of the different systems for delivering oral healthcare in the member states of the European Union (EU).
- A description of the EU's oral health care workforce.
- An introduction to the benefits of team dentistry for patients and for dentists and team members.

He explained that there are broadly six systems for the provision of oral healthcare in the EU [3]. They can be classified as: Nordic, Bismarkian, Beveridgian, Hybrid, Southern European and Central and Eastern European [2]. The Nordic system is found in Denmark, Finland, Norway and Sweden and consists of a large public dental service, financed by national or local taxation, which treats children and some groups of adults and a private sector which generally treats adults, some of whom may receive co-payment from the state. Team dentistry is well developed in these countries with universal use of dental nurses by all dentists, dental hygienists, dental technicians and, (in Denmark and Finland) clinical dental technicians. The Bismarkian model is found in Austria, Belgium, France, Germany, Luxembourg and, to some extent, in the Netherlands. In Germany and the Netherlands, all dentists work with dental nurses and team dentistry is well developed. However, in Belgium and France, relatively few dentists work with a dental nurse, there are no dental hygienists and team dentistry is rarely practiced. It is funded through sickness insurance paid by all those in employment and their employers. The Beveridgian model is unique to the United Kingdom. It is both publicly and privately funded. As described previously in this report, team dentistry is well developed. The Hybrid model is found in Iceland, where there are elements of the Nordic model, and in Ireland, where there are elements of the Beveridgian model. In both countries oral healthcare is free to all those under 18 years of age. All dentists work with dental nurses and dental hygienists are employed. There is growing use of team dentistry. The Southern European model is found in Cyprus, Greece, Italy, Malta, Portugal and Spain. Oral healthcare is predominantly funded privately and there are very few public (state-funded) clinics. Team dentistry is well developed in Italy and Spain and dental hygienists are employed in these two countries plus Malta and Portugal. However, there are no dental hygienists in Greece and many Greek dentists work without help from a dental nurse. The Central and Eastern European model is undergoing considerable change from a state controlled and funded system. In some countries there is now very little state-funded dentistry and virtually all oral healthcare is private and has to be paid for by patients and not by the state. In others, some state provision remains. The use of team dentistry varies from country to country. Some dental hygienists work in the many Central and Eastern European countries but not all dentists work with a dental nurse.

At present, the population of the EU was about 500,000,000 and its estimated dental workforce was:

- 345,000 working dentists
- 30,000 dental hygienists
- 150,000 dental technicians
- 355,000 dental nurses
- 20,000 others

The “others” were: clinical dental technicians, dental therapists (in the Netherlands and the United Kingdom), prophylaxis assistants (in Austria and Germany) and orthodontic therapists/nurses (in some parts of Germany and the United Kingdom).

It had been reported that the current population of Bulgaria was 7,800,000 and that its dental team consisted of:

- 7,000 working dentists
- 3,000 dental nurses
- 2,800 dental technicians

In a brief introduction to some of the benefits of team dentistry, Professor Eaton suggested that they included:

- Better quality of care for patients
- Increased productivity
- Routine tasks could be delegated
- Less stress for patients, dentists and team members
- Greater profitability
- Others, which would be explained by the speakers who followed.

The UK Experience

In the last presentation before the coffee break, Professor Stephen Lambert-Humble explained the reasons why the UK has developed team dentistry. He had already outlined the tasks of the clinical members of the team. He now briefly described the roles of two non-clinical groups within the dental team. They are dental practice managers and receptionists, who carry out administrative tasks.

The receptionists make patient appointments, maintain appointment books, file and organise patient and practice records, bill and receive payments from patients and supervise patients whilst they are waiting to see dentists and other members of the clinical team.

Practice managers are usually found in larger practices. They manage all the administrative aspects of the practice for the dentists, including maintaining records of training, staff pay and all financial accounts.

His vision of a dentist in the 21st century was a clinician who was:

- A life-long learner able to adapt and develop new skills
- An individual with a responsibility to the community
- Competent at managing oral-medical disorders
- Competent at dental surgical procedures
- Competent at advanced dental procedures
- Competent at providing oral health care for ambulatory medically compromised patients
- Above all a team leader

In the UK there had been general agreement by all parties, the dental association, the government, the universities and the dental competent authority (the GDC) of the need for and concept of team dentistry, mirroring what happens in medical care. In 2004, the GDC produced a seminal publication – *Developing the Dental Team* [1]. Legislation followed which enshrines the following concepts:

1. The dentist is the team leader and is solely responsible for diagnosis and treatment planning. These aspects of care are not delegated.
2. The dentist may delegate other aspects of care to Dental Care Professionals (DCPs) (team members), on prescription, as long as they have been trained to carry out the care concerned, their training has been independently assessed (by an organisation other than the one that provided the training), agreed by the GDC, and they are registered with the GDC.
3. There are no legal barriers to DCPs expanding their skills, as long as concepts 1 and 2 are strictly adhered to.
4. Dentists and all team members must undertake continuing education throughout their working lives.

The factors which had influenced the development of team dentistry were: demographical, epidemiological, research findings, changing work profiles, a demand for quality. The key demographical factor was that in the UK there is an aging population. The key epidemiological factor was that although increasing numbers of children and young adults are now free of dental caries, the aging population are increasingly keeping their teeth for life. However, many of these teeth are heavily restored and the need for complex treatments is therefore increasing. Furthermore, the elderly are increasingly maintained through an ever widening range of pharmaceutical products. Bio-medical research is also providing the possibility of a number of increasingly complex treatments such as regeneration of periodontal tissues, implants and biological and chemotherapeutic control of oral microbials. Work profiles are changing as more adolescents and young adults remain in education than in previous generations, reflecting the need for more highly skilled workers and a far smaller number of manual workers.

Thus, dentists are increasingly likely to need to provide more complex treatment

after longer training and it is not cost effective for them to perform many of the basic treatment they currently provide for patients; hence the need for team dentistry.

Professor Lambert-Humble concluded his presentation with a brief review of the concept of *Clinical Governance* [4]. This process is now enshrined in all aspects of healthcare, both private and public, in the UK. It is a system of ensuring that all health professions can demonstrate to the public that they are providing the best quality of care that they are able to provide. The processed is based upon a number of components. These include:

- Auditing all clinical procedures to review the outcomes
- Universal (all health care workers) completion of at least a specified number of hours of continuing education to maintain and update skills and knowledge, every year.
- Providing evidence, at regular intervals (5 yearly), to registering bodies (competent authorities) that these requirements had been fulfilled, in order to maintain the right to practice.
- Providing evidence to local health authorities that practices met the legal requirements in several areas (such as cross infection control, radiation safety, patient confidentiality), when asked to do so.

This system is viewed as key to the maintenance of quality standards by all members of the dental team.

Team-working

After a coffee break a combined presentation was given by Kathryn Marshall and Deborah Reed. The session aimed to highlight the potential opportunities for involving the whole team dentistry. The presentation commenced with a further explanation of the concept of whole team dental treatment within the UK. The quality of care received by patients was explored in terms of patient experience in the surgery and linked to a team approach of delivering this care.

The presentation then went on to consider how each individual member of the team contributes to the patient experience. As previously explained by Professor Lambert-Humble, the concept of team dentistry has developed within a rapidly changing professional climate, emphasising the need for the dentist to feel confident when delegating patient care tasks to other members of the team. The confidence for such delegation and subsequent empowerment of DCPs, to carry out the allocated tasks, is essentially borne out of, and achieved through, high quality training and the development of skills and competence.

This overview was followed with a description of key aspects of the UK system of close support dentistry, where the dentist and dental nurse work as team. It included the following aspects:

- The need to treat patients in a supine position with dentists and dental nurses sitting down to work.
- The positions of dentists and dental nurses when sitting down to work.
- Magnification using loupes or a microscope.
- Dental (rubber) dam.
- Continuous quality improvement (CQI).

The concept of teamwork was then linked to the more generic, but nevertheless essential, topics of communication and motivation. The various elements, crucial for team cohesion, were identified and outlined. The presentation concluded with a reminder that forming and performing as a team takes time to develop and requires compromise and adjustment from everyone involved.

Workshop

Following the presentation the delegates were split into two groups, one for dentists and one for dental nurses. Each group was asked to reflect on the following questions in relation to their current working environment:

- How the dental team is made up (or could be made up).

• How the team could work together for an improved patient experience.

• Individual responsibilities within the team.

Figure 2. Some of the participants during a workshop session.

• Working effectively as a team – how can improvements be made.

• Training for the team – what is needed.

The groups were led and facilitated by Dr Lydia Katrova and Amelia Taneva, using pre-prepared, translated, flip charts which reminded the participants of the five points listed above. The dentists were asked to list the duties that they would like team members to perform, which could make the day less stressful and improve patient care?

Meanwhile the dental nurse group, was asked to list what further involvement they believed they could have in their work environment, focusing on roles and tasks that might improve patient care?

The outcomes and comments from each group provoked much rigorous debate which was facilitated by Dr Lydia Katrova, who then took the opportunity to extend and lead a discussion to explore some of the points that had been raised by the participants. The outcome from each of the exercises was intended to assist in the future development of the dental team in Bulgaria.

The outcomes from the session were:

Feedback from the dentists on what aspects of their work they would like to receive help from dental nurses. They said that they would like:

1. Practical skills in relation to medical emergencies, radiography and aspiration.
2. Computer and reception skills.
3. Support with material and equipment and ability to anticipate the needs of the dentists during the treatment process.
4. Support with cross infection control.
5. Support and interest in the patient and the state of the patient, including communicating with patient, either in person or by the telephone.
6. Support with surgery (clinic) preparation and equipment.
7. Accountancy and payment skills.
8. Communicating with the dental laboratory.
9. Delegation of tasks: e.g. scaling and polishing

Feedback from the dental nurses was that they would like:

1. To be seated when assisting their dentists.
2. Involvement with the treatment of patients.
3. Consultation with regards to uniform.
4. Administration and reception skills.
5. Training in using a computer, and making payments.
6. Consultation with regards to the practice ambiance.
7. Recruitment and training of other team members.
8. Defined and appropriate tasking and manageable work loads.

Quality Training & Education for Dental Nurses

In the first presentation after lunch, Professor Stephen Lambert-Humble outlined concepts for training and educating dental nurses. He began by explaining the need for:

Clear learning objectives to address the questions:

- What does a dental nurse do?
- What does a dental nurse need to know?
- What skills and competencies does a dental nurse need?

An objective method of assessing dental nurses' skills and competence at their workplace.

He stressed the final need and the benefits of assessment of practical skills and competence at work, rather than at a distant college or training centre. He then described how a national curriculum for dental nurse training had been agreed. It included defined core skills and specific skills and was based on the principle of assessment of modules (parts of the curriculum) over time, until the curriculum had been completed. This gave flexibility and allowed dental nurses to continue training, if they moved their place of work or took a break from work for domestic reasons. He suggested that a blended learning approach was highly beneficial for this type of modular training. Blended learning is a mixture of face-to-face training, either in a practice or at a distant site such as a college, and distance learning delivered by computer programmes or books.

UK dental nurses are now assessed for their dental nurse qualification through written tests to assess their knowledge and competency tests in their workplace. These competency tests assess the skills and ability of dental nurses to perform their role and are assessed and witnessed. They take place over a period of some months and as they are completed are recorded in a portfolio. Prior to staring to take competency tests and develop a portfolio, dental nurses undergo induction training to ensure that they are:

- Safe to practice in a dental surgery.
- Able to control infection.
- Able to provide basic life support.
- Able to communicate effectively with patients
- Able to provide information to patients (under the direction of a qualified team member) on oral health and prescribed dental treatments.

Once they have subsequently completed a full course of training and been assessed as competent, dental nurses are issued with a certificate and can then register with the General Dental Council (GDC). Like all other members of the dental team they then have to undertake continuing education throughout their working lives. From 31 July 2008, all dental nurses in the UK must either be registered with the GDC or be registered as in training.

It is possible for dental nurses to undertake further training leading to national certificates in a number of areas including:

- Oral Health Education
- Dental Radiography
- Assisting in the Care of Sedated Patients

Once a dental nurse has a certificate in dental radiography, a dentist can delegate the taking of radiographs for patients to her.

A Blended Learning Approach to Dental Team Training

Kathryn Marshall and Deborah Reed then outlined how such a blended learning approach, which involved the use of a CD ROM either at home or at work and face-to-face sessions, had been employed to train dental nurses. In particular, they described the Dental Nurse Access to Registration Training (DNART) programme* designed and developed by Professor Lambert-Humble.

At present, several thousand dental nurses in the UK have not received assessed training, which they will need in order to register with the GDC by 31 July 2008. DNART is a multimedia CD-ROM e-learning programme for such dental nurses. It has been designed to overcome the problem and aims to help those, who have been working for at least two years, achieve registration with the GDC under a special arrangement. The programme provides the relevant knowledge and allows dental nurses to show proof of their competence in the six key areas identified for their "special" registration. The areas are:

- Health and safety.
- Infection control.
- Medical emergencies.
- Personal development plans.
- Working with dentists.
- Ionising Radiation.

* DNART, Smile-on Ltd, Treasure House, 19-21 Hatton Garden, London, EC1N 8LF, United Kingdom (www.smile-on.com)

Team Learning –a Team Lesson

The session culminated in an interactive demonstration and exercise using the DNART blended learning and assessment package.

Final Workshop and Questions from the Participants

The final session of the day consisted of an open discussion with participants on the topics of:

- How do you (the participants) move forward with team dentistry?
- What help do you need?

The points raised by the participants were recorded *(Figure 3).*

Figure 3. Points from the participants being recorded on a flipchart.

Points Made by the Dentists in the Audience

The dentists made the following points:

1. There is a need for a qualification for dental nurses in Bulgaria.
2. Bulgarian dental nurses should be encouraged to participate more actively in patient care and to take more interest in the "state" of the patient.
3. All members of the team need regular practical skills training in relation to Medical Emergencies
4. There is a need for training to acquire knowledge and skills in the following areas:
   - computer usage and reception
   - stock control of materials and equipment and ability to anticipate the needs of the dentists.
   - disinfection, decontamination and sterilisation.
   - dealing with initial patient contacts either in person or by the telephone.
   - moisture control (rubber dam and aspiration).
   - the facilities and equipment within the practice and how the equipment operates.
   - taking patient payments and financial accounting.
   - communication with dental laboratories.
   - radiography
   - scaling and polishing
   - operating a patient recall system
5. There is a need for a shared attitude to life long learning.

Points Made by the Dental Nurses

The dental nurses suggested that their training needs were as follows:

1. A need to know how to take payments from patients.
2. Improved ergonomics (i.e. the need to be seated when assisting dentists)
3. Involvement in the preparation of patients for treatment.

4. Consultation with their dentists with regard to a uniform.

5. Improved computer skills.

6. Dealing with child patients.

7. Reception skills, including making appointments.

8. Consultation with regards to the practice ambiance.

9. Involvement in the recruitment of other dental nurses.

10. Involvement in the training and mentoring of other dental nurses.

11. Enhanced communication skills in order to be more involved with patients (more involvement in discussion of treatment with patients)

12. How to manage work loads.

Evaluation of the Workshop

At the end of the Symposium participants were given a questionnaire which asked them to score different aspects of the workshop from 1 (very poor) to 5 (excellent) and to suggest topics for future team training workshops. 34 participants (17 dentists and 17 dental nurses) completed the questionnaire. The mean scores are depicted in *Table 1.*

Suggested Topics for Future Workshops

In their evaluations the participants suggested the following topics for future workshops:

- Four handed dentistry
- Ergometrics
- Training in reception skills
- Dental clinic management
- Risk management and conflict solving
- Ethics

Conclusions

It was very apparent that this introductory seminar had stimulated considerable thought about how dental nurses could take a wider role in oral health care in Bulgaria as team members and active participants in the overall dental care delivery to the population. The introduction of new staff with new tasks, for example the possible use of receptionists to assist with the administrative aspects of practice such as making appoint-

Table 1. The mean scores

	Dental nurses	Dentists	Overall
Content and relevance of the lecturesa			
Content of the lectures	4.11	4.11	4.11
Relevance of the information given	4.24	4.41	4.32
Up to date information given	4.47	4.70	4.59
Helpfulness of the information	4.18	4.47	4.36
Quality of the Presentations			
Clarity of the speakers	4.65	4.70	4.68
Quality of the slides	4.65	4.76	4.70
Maintained interest	4.47	4.41	4.44
Language and style	4.82	4.76	4.79
Organisation			
Length of the workshop	4.82	4.59	4.70
Appropriateness of the venue	4.76	4.47	4.61
Convenient date	4.76	4.53	4.65
Ambiance of the day	4.59	4.49	4.54

ments for patients, ordering materials and taking payments from patients, or dental assistants involved in preventive care, is of real interest. Improvement of standards of care and team relationship, including ergonomics, communications and ethics is hoped will be achieved by follow up workshops to address these topics in the future.

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