

Finland



Oral and Dental Care

Helsinki City College of Social and Health Care



Lifelong Learning Programme



Education and Culture DG

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Introduction

Dear Student

◆ *Welcome to Finland*

The purpose of this handbook is to give you a most versatile view about the Finnish system of dental health care, its history and the future challenges. We have collected a description of the central tasks of the dental nurse, collaboration with other professionals in oral health care field and the legislation and instructions influencing the dental nurse's work. We also recommend that you read the descriptions written by two different dental nurses of their work, which will give you a good overview of a typical working day of the dental nurse.

There is plenty of information collected in this handbook, but we do hope that you find the information needed for your training period in it. We wish you a rewarding period of training!

1. Guidelines on Oral and Dental Health Policies of WHO and EU

Oral health is not to be seen just as a specific of health care and promotion of well-being – it means more than just good teeth, it is integral and essential to general health. This viewpoint has been identified in the World Health Organisation's (WHO) '**The World Oral Health Report 2003**' resulting in '**Continuous Improvement of Oral Health in the 21st Century – the approach of the WHO Global Oral Health Programme**'.

The future oriented disease-preventing and health promoting policy is based on the following common facts: oral health as an integral and essential factor of general health implies being free from chronic oro-facial pain, oral and throat cancer, oral tissue lesions and other diseases and disorders that affect oral, dental and craniofacial tissues. Oral health problems and general health problems are primarily the result of the same common risk factors that are interrelated. Although these points capture the wider meanings and target it does not take away from the relevance of major global oral problems such as caries and periodontal diseases.

Preventative work and early detection of oral diseases with proper treatment is crucial and positive is crucial and has positive as in the reduction of premature mortality, microbiological

infections and immune disorders to mention a few.

From a broad based viewpoint such as common oral health issues like caries and periodontal diseases are global problems as well as other oral diseases too, they are to be considered as major public health problems. This applies both to industrialised countries as well as developing ones. According to WHO's global estimation some five billion world-wide have experienced dental caries. Such estimation is convincing evidence that oral health is an integral part of general health and any person's well being.

What makes oral care and combating the most common problem, dental caries, challenging is that dental caries has been perceived in developed countries, e.g. Member States of the EU, as a problem that has already been overcome. The true situation however is that it affects 60-90% of school children and the vast majority of adults. In a similar manner dental caries is also the most prevalent disease in several Asian and Latin American countries as well.

While it appears to be less severe in most African countries, the report states that with changing living conditions, dental caries is expected to increase in many developing countries in Africa,

particularly as a result of the growing consumption of sugars and inadequate exposure to fluorides.

According to WHO's Global Oral Health Programme the prevalence of oral cancer is the eighth most common cancer of men worldwide. In south central Asia, cancer of the oral cavity ranks amongst the three most common types of cancer. The sharp increases of oral/pharyngeal cancers have also been reported in several countries and regions such as Denmark, Germany, Scotland, central and Eastern Europe, and to a lesser extent, Australia, New Zealand, Japan and the USA. Smoking, smokeless tobacco, chewing betel and alcohol use are all risk factors.

The major priorities and components of WHO's Global Health Programme focus on not only to addressing modifiable risks such as oral hygiene practices, sugar consumption, lack of calcium and micronutrients and tobacco use, but also to major socio-cultural factors. These include: poor living conditions, low education level as well as lack of traditions supporting oral health. Globally countries should ensure the appropriate use of fluorides for the prevention of caries, while unsafe water and poor hygiene are environmental risk factors for oral as well as general health.

Oral health systems need to be focused towards primary health care and prevention. WHO's Global

Scholl Health Initiative, which seeks to mobilise health promotion and education levels at local, regional, national and global levels, has recently been strengthened by an oral health technical document. Increasing emphasis has also been placed on targeting the elderly; by 2050, there will be 2 billion people over the age of 60, 80% of them living in the developing world. The Oral Health Care Programme will make an important contribution to early diagnosis, prevention and treatment of HIV/AIDS, which often shows up first in oral fungal, bacterial or viral infections and lesions.

Poor oral health can have a profound effect on general health and the quality of life. The experience of pain, endurance of dental abscesses, problems with eating, chewing and missing, discoloured or damaged teeth, has a major impact on people's daily lives and wellbeing.

European Strategy for Oral Health

In 2007 the European Council of European Dentists outlines recommendations at a conference in Lisbon; '**Health Strategies in Europe**'. The recommendations are parallel to the WHO's Oral Health Programme are based on the same socio-epidemiological surveys.

Oral health is an integral part of general health and well-being. Good oral health

enables individuals to communicate effectively, to eat a variety of foods, and is important to the overall quality of life, self-esteem and social confidence. A range of diseases can be classified as oral diseases, including dental caries, periodontal disease, oral pathology and cancers, dentofacial trauma and dental erosion. These diseases, although largely preventable, affect a significant proportion of the European Union population and exact a heavy burden on the individuals quality of life and costs to the health care system.

The major risk factors for oral diseases are the same as for major chronic non-communicable diseases such as obesity, heart disease, stroke, cancers, diabetes and mental illness. Rather than attempting to tackle each chronic disease in isolation, a more effective approach is needed with greater emphasis on prevention and health promotion. Directing action at the common-risk factors – e.g. diet, smoking, alcohol, stress Improvements – is an effective and efficient way of reducing the burden of these diseases.

The European Council of Dentists' recommendations in short:

Prevention and oral health promotion

- ◆ A reorientation of oral health care systems is needed to focus more on prevention.
- ◆ Preventive measures must take into account different population groups

according to their differing lifestyles, life stages and life conditions, including children and elderly people.

- ◆ Oral health promotion, based on a common-risk approach, must be an integral part of chronic disease prevention.
- ◆ The public, patients and oral health care professionals must be educated to promote a healthy lifestyle.
- ◆ Member States need to recognise their role in actively and financially supporting measures relating to oral health promotion.

Action on health inequalities

- ◆ Evidence-based population strategies need to be developed and implemented to address underlying determinants of oral health inequalities, paying particular attention to high-risk and disadvantaged individuals or groups.
- ◆ A multi-strategy approach is needed – clinical prevention and health education are not enough to reduce oral health inequalities, so further measures such as legislation, fiscal policy and community development need to be considered.
- ◆ Policies must be encouraged and promoted to ensure access to fluoride for the whole population; this should include the decrease of VAT on fluoride products.

Oral health surveillance

- ◆ Essential oral health indicators must be integrated in health surveillance and data systems.

- ◆ An EU Oral Health Surveillance Institute should be considered.
- ◆ Oral health indicators should be used as markers of health inequalities.
- ◆ Oral epidemiology needs to be regularly monitored across the EU – at national, regional and local levels.

Quality assurance

- ◆ Availability and access to high quality and affordable oral health care needs to be guaranteed.
- ◆ Quality assurance, clinical governance and patient safety initiatives should be supported.
- ◆ Access for patients to accurate oral health and service information needs to be improved.

Capacity building

- ◆ Oral health professionals need to be trained in evidence-based prevention and health promotion at undergraduate level and during continuing professional development (CPD).
- ◆ General medical training should include an oral health component.
- ◆ Better use of resources should be ensured by the evaluation, sharing and dissemination of knowledge and experiences across the European Union – at national, regional and local level.

National level recommendations should be in line with stated recommendations.

2. Oral Health Services in Finland

2.1. History and Challenges for the Future

◆ Dental care in Finland was still in the late 1800s mainly implemented by inexperienced people. Dental care at the time was based on symptoms and extractions of teeth were carried out by e.g. shoemakers and barbers. Matti Äyräpää, one of the first dentists in Finland, although trained abroad, is regarded as the father of dentistry in Finland. Officially, training of dentists started in Helsinki in 1892.

Some history and ideas for the future

Dental care in Finland was provided by non-professionals till as late as the end of the 19th century. Dental care at the time was based on symptoms, and extractions of the teeth were carried out by e.g. shoemakers and barbers. Matti Äyräpää, who was one of the first dentists in Finland, though educated abroad, is regarded as the father of dentistry in Finland. Officially, dentistry education started in Helsinki in the year 1892.

Dental assistants, later on called dental nurses, were first mentioned in 1883, when Matti Äyräpää's wife Hilda Ingman was working in her husband's reception

room. There had been discussion about the need of dental nurse training from the year 1922, but the first measures were taken only in 1945. As a result, in the years 1947- 48, the Finnish Dental Association and the Department of Dentistry at the University of Helsinki began to run courses which gave the training for 19 reception assistants for dentists. In the years 1959 – 1965 the Association of Finnish School Dentists arranged two-week basic courses for dental nurses who had been working as dental assistants for at least half a year. In addition, continuation courses for dental nurses were organized.

In 1940s and 1950s the dental nurses' duties were to take care of the general tidiness and of the instruments at the reception. Dental nurses' work could also include some assisting duties while the dentist was treating the patient. The national dental nurse training began in Turku (Åbo) in 1966. Later on, training was provided also in other towns, Helsinki, Kuopio, Jyväskylä, and Oulu. Dental nurse training was transferred to be given under the supervision of the Central Medical Board by the Statute of 1968 and after that the training was given in the nursing schools. In the 1960s the dental nurse's duty was to be responsible for the functional readiness of the dentist's reception. The dental nurse was responsible for reservations of time, patient records, care of instruments and other tools and

equipments, assistance of the dentist by laying down all necessary instruments, tools and equipments and e.g. for mixing the materials of the patch for the dentist, if needed.

When the dental nursing changed more towards team work, the distribution of duties was also reconsidered and it was found out that a new group of professionals, specialized dental nurses were needed for the work with the dentists and dental nurses. The training of specialized dental nurses began in Helsinki in 1976. Their duties covered e.g. oral health promotion of people in different ages and clinical work in parodontological care, as e.g. extraction of tartar and refining of the fillings. In 1997 the dental nurse training was totally transferred to the polytechnics. While confirming the curricula, the Department of Education also confirmed the new title of the degree, viz. oral hygienist. This title compensated the earlier titles of dental nurse and specialized dental nurse.

At the moment you can take the basic examination of a dental nurse (practical nurse) at the social and health field with orientation in oral and dental care. The examination of a practical nurse based on comprehensive school studies changed to cover three years in 1999, and the examination gives the qualification for further studies in polytechnics or at universities. Training based on upper secondary school examination lasts for two years and the second year consists of studies within the field of oral and dental care. The practical nurse examination can also be completed by studies within oral and dental care and this is done as the so called further education. The practical nurse training can also be completed as 'on place training', which consists of oral and dental care training (25 %) and on the spot training (75 %). Application for the training is done through national joint election and the applicants also take part in the tests of adaptability. The training is arranged in nine towns: Helsinki, Jyväskylä, Kotka,

History of dental nurse training

- 1947-48 The first courses for receptionist assistants were organized in Helsinki.
- 1966 The national dental nurse training is arranged in Turku
- 1968 Dental nurse training is transferred to the responsibility of National Medical Board and teaching is given in nursing schools.
- 1976 Specialized dental nurse training begins in Helsinki.
- In 1995 the first practical nurses who have completed the basic degree with orientation in oral and dental field complete their degrees..
- 1999 The degree of dental nurse js officially changed to be the official basic degree of practical nurse within social and health field.

Kuopio, Oulu, Rovaniemi, Turku, Tampere, and Vaasa courses also given in Swedish).

Development of dental nurse training in Finland

The activity of school dentistry became established in Finland in the 1950s. Accordingly, in many distant schools, the rocking chair of the teacher became the chair for dental nursing, in which only the check-up of the teeth was done. Schoolchildren were taken to the dental clinic for the filling and extraction proper. The responsibility of the dental nurse included the tidiness of the reception room and the cleanliness of the dental instruments. The nurse was not involved in the patient care, but was called to mix the filling patch if needed. At the time, the status of oral health was not very good in Finland, and thus, the focus of the care was in corrective treatment.

When the Law on Public Health came into effect in 1972, the focus on oral and dental care switched to preventive care. Dental nurses began to visit the schools and day care centres and they taught the children how to brush the teeth. Also rinsing with fluoride became familiar to the children. Due to preventive dental care and nutritional information, the threatening DMF figures began to go down and the oral status of children and the young people improved remarkably. Accordingly, Finland became a WHO model country

in oral care. In the 1970s the so called sit-down patient stools were provided at the receptions and the working routines changed. Dental care became close team work between the dentist and the dental nurse. The dental nurse assisted the dentist in different phases by using the evacuator tip, changing the instruments and preparing the materials and observing the patient, and taking care of him/her. Children under 18 years of age in the first place had access to the communal dental care. They were invited to the check-up once a year and the treatment was free. Year after year new age groups were invited to organized care, until at last, in 2002 the whole population was entitled to have municipal dental care. Unfortunately, local differences in possibilities to have access to the treatment vary a lot in Finland. In the biggest town areas you may have to queue up and wait for half a year.

In the future, there are many different kinds of challenges for dental care related to oral care and effective implementation of dental care services for people in different age groups. Elderly people have more and more often their own teeth in their mouths and probably also various prosthetic solutions (bridges, crowns, implants) in their mouths. This brings challenges **for oral self-care** at home and for good maintenance of oral care both for the staff of dental care and for those working with the elderly. Even the oral health of the children and of the young

has worsened a little since the 1990s and the DMF figures have risen a bit. Eating the sweet snacks and the modern culture add the risk of the caries of the teeth. According to the WHO survey on schoolchildren the Finnish boys are the laziest teeth brushers in Europe.

At the moment, in particular within the municipal dental care, it is considered by which means more extensive and more effective health care services would be achieved with the present resources of the dental care. Even the division of the work among the dental care staff is regarded as a challenge. Transfer of the duties from the dentists to the oral hygienists (formerly specialized dental nurses, dental assistants) and from the oral hygienists to the dental nurses is being discussed and partly implemented in some work places.

2.2. Variety of Clinics

◆ The Finnish system of dental care services consists of three different service options: municipal, private and the so called targeted dental care.

Municipal dental care

All Finnish people, regardless of their age and place of living, have in principle access to municipal dental care. On weekdays, at the weekends and on Sundays dental care is arranged by 'on duty' system, and then only

hasty and acute pain cases, oedemas and accident cases are treated. In the biggest municipalities, it is not, however, possible to take care of the whole population, and therefore the access is restricted or there are long queuing times. About half of the patients of health centre dentists are under 18 years of age. Depending on the town, more than half of the patients can be under 18 years of age. Preventive dental care in health centres has been concentrated to the oral hygienists and the dental nurses. Also dentists do give preventive dental care, but the focus in their work is on corrective dental care. Dental care is free for children from 0 to 17 years of age. Older patients have to pay the dental care fee accepted by the boards of health and these fees vary according to the exacting nature of the task. For example, in Helsinki a visit to the health centre dentist costs 7 euros and in addition, there is a fee based on the exacting nature of the task, which is between 5 and 130 euros. Furthermore, you have to pay the laboratory fees based on the real costs.

Private dentist reception

There are private dentist receptions all over Finland and anybody can search for care there. About half of the 4500 dentists working in Finland work in health centres and half of them as private dentists, and both sectors provide mainly the same kind of basic dental care services of the same content. Patients in the private sector are mainly

adults and there are less patients under 18 years of age, because there is free dental care in health centres till the age of 18 years. At private dental clinics basic dental care is provided, but also specialized dental care within prosthetics, bite physiology, oral surgery, parodontology and endodontics is supplied. At private clinics, the dental care services must be paid, but the Social Insurance Institution of Finland compensates about 40 % of these fees depending on the services provided.

Targeted dental care services

Targeted dental care services mean dental care services provided by e.g. students' health care foundation, defensive forces, prisons, and the biggest employers. For example, the students' health care foundation provides services for the students of both science and art universities. In addition to dental care services, the activity covers even other health care and nursing services. Also the users of targeted dental care services are mainly adults, e.g. students or persons doing the military service. The dental care services consist of acute care, oral and dental health care and preventive dental care, basic care of the teeth, and specialized dental care. The prices of the services are very low (call at the dentist's reception 6 euros), and the student does not apply for the compensation from the Social Insurance Institution of Finland him/herself, but the compensation is already included

in the fees. The laboratory costs based on prosthetic care and orthodontic care are paid by the student. The laboratory and X-ray exams related to the care are free. Similarly, the first call at the dental check-up is free.

2.3. Organization of OHC for Special Groups

Dental care of children under school age (0–6 yrs) and of children in school age

Children in the age of child health centre (0 – 6 yrs) services consult the health sister at the age of 6 months and then the parents are guided for prevention of the child's mutans infection and for prevention of caries, for healthy diet and for restriction of the use of nipple. According to the recommendations, the use of nipple should be finished at the age of 9 months. After this the children under school age and the schoolchildren go to the check-up either to the oral hygienist / dental nurse or dentist: Assessment of the need for care is made for each child and in this the risk of caries or gum diseases is assessed. If the child has a high risk of getting caries An assessment of the need for care is made for the children and thus, it can be seen, whether the child has a high risk to get caries or gum diseases. For example, If the child has a high risk to get caries,

he/she consults the oral hygienist or dentist yearly, if needed. All children under the school age are given guidance in healthy diet, correct washing of the teeth and the use of fluoride. In addition, schoolchildren are advised of the dangers of smoking for oral health. The dental health staff collaborates with the child health centre, day care centres, schools and school nurses about promotion of children's oral health care by providing them with topical information on oral health.

Table 2. *Example of timing of oral health check-ups in different age groups in one health centre*

Age /yrs	Examiner
0,5	Nurse
1	Oral hygienist/ dental nurse
3	Oral hygienist
5	Oral hygienist (whole age group invited)
7	Dentist
8,5	Oral hygienist
10	Dentist
12	Oral hygienist
14	Oral hygienist
15	Dentist
17	Oral hygienist

For children with healthy teeth oral check-ups and preventive measures are implemented after 24 months and patients with larger risk of getting e.g. caries go once a year or more often to the treatment to the oral hygienist or the dentist.

Special forms of oral care

The disabled

The health centre is responsible for the dental care of the disabled in open care. Those in long-term care in central institutions of the care of the disabled generally get the dental care as part of the institutional care. The institution can arrange these services as its own service or use the paid services e.g. from the health centre.

The patients in long-term hospital care

The municipal health centre is responsible for the dental care of the patients in long-term hospital care. The patient can, if he/she wants, also visit the private dentist. The problem is, how to take the patients to the dental care, in particular, if the patient is handicapped. The oral hygienists also visit the institutions with long-term patients and the old people's homes in order to check and clean the patients' teeth. At the same time they also guide the nursing staff towards the maintenance of good oral health. The institutions with long-term patients may have a dentist or an oral hygienist appointed as responsible carer of the oral health of these patients.

2.4. Insurance Arrangements

◆ All Finns within the sickness insurance system began to get sickness insurance compensation for the dental care implemented by a private dentist from December 2002 onwards. Before that, only those born in 1946 or after, had got support for their dental care from the taxation money. The KELA (Social Insurance Institution of Finland) card is a card indicating national sickness insurance, and by showing the card you can prove that you belong to the Finnish National Sickness Insurance system. Decrees concerning the Law and Acts on Sickness Insurance and the Primary Health Care Act have their effect in the background of the compensation practice. Compensation of the private dentist fee is 60 % on the payment confirmed by KELA, which in practice means 30 – 40 % of the costs. The payment of KELA, which is the basis of the compensation, determines the limits to the fact how high a part of the amount the dentist has taken and it can be accepted as the basis for the compensation. The board of KELA has confirmed the fees according to the grounds determined by the Ministry of Social Affairs and Health. The fees have been the same from the year 1989. The compensation of KELA is paid for the oral and dental check-up made by the private dentist once a calendar year (for a task lasting 20 minutes at the

most), for the costs and expenses of the treatment caused by laboratory and X ray exams, medication and travels related to the dental care. The general principle in travel compensation is that the trip is compensated according to the cheapest way of travelling and for the part exceeding the person's own responsibility. As to the medicines, only those bought at the pharmacist's are compensated according to the law on sickness insurance.

The KELA compensation for the dental care is not paid for municipal dental care fees, prosthetic procedures, dental technical costs, orthodontic costs, for the time, when the person insured has been in care in a public hospital or institution. An exception is made by war (frontier) veterans and mine sweepers, who also get compensation for prosthetic and dental technical costs. The above mentioned persons have to have the frontier soldier emblem, frontier service emblem, frontier emblem or certificate of the War Archives. In orthodontic care the compensation is paid only in exceptional cases. The compensation for dental care can be paid for the person insured in two ways. The patient can him/herself apply for the compensation with the KELA form (SV 126), given by the dentist. The applicant of the compensation fills in the form and brings it to the KELA office by enclosing the receipt of the payment. The compensation has to be applied within six months from the payment of

the care and the compensation is paid on the bank account of the applicant. Part of the private dentists have made an agreement of proxy with KELA, and then the patient gives the proxy to the dentist, with which the dentist applies for the compensation directly from KELA on behalf of the patient. Thus the patient pays to the dentist only his/her own share which is the difference between the dentist's fee and the KELA compensation.

Comparison of the dental care costs in 2006

	Health centre	Private + Sickness insurance compensation	Private
Check-up	5	31	37
Prevention	5	21	29
Small filling	11	34	50
Big filling	32	83	123
Fees per visit	3 x 7		
Total	74 euros	169 euros	249 euros

Price in private care. Follow-up of the fees by Centre of Statistics 10/2006

3. Oral Health Care Teams

3.1. General Dental Clinic

Staff at dental clinics / oral care teams in Finland

The core team in dental care consists of the dentist, the dental nurse and the oral hygienist. In addition, the person responsible for the instruments, the office worker and the cleaning person work at the reception. The dentist is mainly assisted by the dental nurses, but particularly in the private sector the oral hygienists can work as collaborative pairs of the dentist. The oral hygienists generally work alone at the receptions of the health centres or the so called targeted services, or at group receptions of the private sector. The dentists send the patients to the oral hygienist.

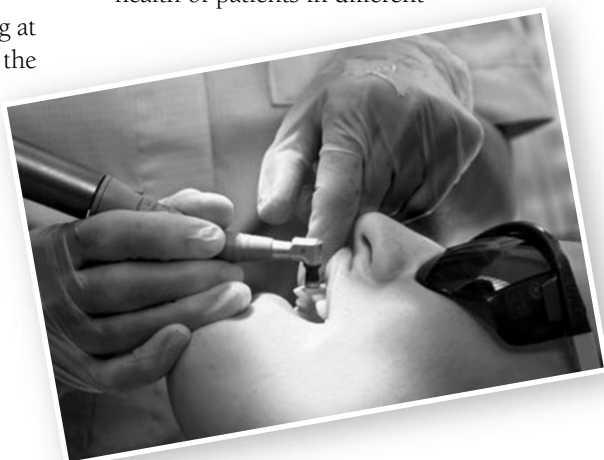
Dentist

The dentists get their basic training at the university and they complete the degree of the licentiate in dentistry (hll). Dentists are trained in three towns in Finland, in Helsinki, Turku (Åbo) and Oulu. The dentist works in tense collaboration with the dental nurse. The average working hours at the clinic are about 30 hours per week in public sector and in addition, they spend about 4 –

7 hours per week for administrative duties. In the private and the so called targeted sector the working hours vary according to the reception and the work agreement. In clinical work the work of the dentist consists of preventive care and the basic dental care, which covers the examinations of the mouth area, X-rays, cariological and parodontological basic care. The dentists also do endodontic, prosthetic and oral surgical procedures. Every dentist having a private clinic has to take a patient insurance according to the law. Dental care activity within the sphere of the municipality and the state is covered by the patient insurance of the employer.

Dental nurse

The dental nurse (practical nurse) takes part in the investigation and in the care of the oral illnesses together with the dentist. The dental nurses may work independently for promotion of oral health of patients in different



ages. He/she takes care of the functional status of the clinic and the nursing environment and implementation of aseptics. The dental nurse has to be able to master different nursing practices of dental nursing, medication and instruments. The work necessitates mastering of the oral nursing and knowledge of different areas of dentistry (cariology, endodontics, orthodontics, parodontology, oral surgery, and prosthetics). The dental nurse can act as independent dental nurse in his/her working place.

Dental hygienist

The aim of *the oral hygienist's* work is to promote the welfare of oral health. The oral hygienist is responsible for health counselling and takes part in health promotion nursing work. The work consists of e.g. oral check-ups and assessment of the need of care of different age groups, and implementation of the care in collaboration with the other personnel in oral health care work. The work requires mastering of oral care work and skills in different sectors of dentistry and skills to work independently at the clinic. The oral hygienist implements the nursing measures according to the individual nursing plan based on the skills given by his/her training. The duties of the oral hygienist may vary in different working places, and in particular in the public sector, part of the dentist's tasks have been transferred to the oral hygienist. The oral hygienists can also act as directors of their unit

in all service sectors of the dental care system. Oral hygienists can also work as independent professionals or entrepreneurs.

3.2. Special Areas of Dentistry

Dental specialist

The dental specialist is a person who has received the right to practise the dentist's profession independently as a legalized professional and who has after that done the clinical duties of a dentist for at least two years. It takes 3 – 6 years to complete the degree of specialized dentist depending on the area of speciality. The duties of a dentist consist according to his/her option of orthodontic care of the teeth, dental care (odontological radiology, caries skills and endodontics, children's dental care, parodontology, prosthetics, and bite physiology and oral pathology), oral and jaw surgery or health care. The dental specialist works both in public and private sector and also in the so called targeted sectors of dental care. Dental specialists also work in hospitals e.g. in oral and jaw clinics.

Orthodontic

Orthodontists work both in public and private sectors, and also in the so called targeted sectors. The aim is to get functionally good and visually good-

looking bite. The reason for orthodontic care is irregular bite, which harms the normal development and functioning of the teeth. Orthodontic care is done in health centres for children and the young, but there are exact criteria for access and only the most difficult functional bite disorders are nursed in health centres, the care being free until 18 years of age. The dentists assess the difficulty level of the irregular bite by 10 – step scales and the bite irregularities in the scales of 10 – 8 are cared first. In health centres the orthodontic measures have been divided to other dentists, the so called ‘assisting orthodontics’ and oral hygienists. It is not possible to care all child patients in health centres and the minor bite irregularities are taken care of at private dental clinics. In these cases the parents have to pay the costs for orthodontics. In the private sector the dental specialists implement the orthodontic measures for patients in all ages.

Oral surgery and implantology

Oral surgeons work in all sectors of dental care and they work also to some extent in the outpatient clinics of oral and jaw diseases of the hospitals. Oral surgeons implement different surgical measures of oral sector, as e.g. extractions, root surgery, extraction of cysts in the jaw area and setting the implants (artificial roots). Oral surgeons generally work in group receptions and they may work both in public and in private sector. Oral surgeons work in

collaboration with dental nurses, oral hygienists and for example with dentists specialized in prosthetics.

Prosthetics

Dentists specialized in prosthetics work in all sectors of dental care, but most of them work in private dental clinics. They have also specialized in bite physiology, and thus they also take care of the patients’ biting organs. Dentists specialized in prosthetics make the patients’ prostheses, partial prostheses, crowns and different tooth bridges. They plan and implement prosthetic care according to the needs of the patient and they do intensive collaboration with the dental nurse and the dental technician, who prepares the prostheses, crowns and bridges in the laboratory. Total or partial prostheses and crowns and bridges can be made by dentists or dentists specialized in prosthetics and bite physiology. Restrictions have been made, though, in health centres, due to lack of resources, as far as more extensive prosthetic care, such as bridge prosthetics and dental implants are concerned.

3.3. Dental Laboratories

◆ Dental laboratory is an important partner for the dentist, and different prosthetic solutions according to the instructions of the dentist are implemented there. The team of the dental laboratory consists mainly of

the dental laboratory worker and the dental technician. Dental laboratories in Finland are almost always in private ownership, except for some health centres and university laboratories. Dental laboratories in Finland are small enterprises, with generally 2 – 5 workers.

Dental technicians

The dental technician works in collaboration with the dentist implementing the technical duties of different dental, jaw or facial prosthetic treatments. The central areas of responsibility in his/her work are technical planning and implementation of different kinds of dental prostheses and preparation of necessary equipments needed in dental orthodontic and bite disorders. Also part of the technical work of facial and jaw prosthetics and hearing aids belong to the sphere of the dental technician. Dental technicians normally work in private dental laboratories or as representatives and salesmen in the service of dental equipment manufacturers

Special dental technician is a professional of dental prosthetics, who makes the whole prostheses directly for the users and repairs and presses all prostheses. By the special dental technician we mean a person, who has worked for five years as a legalized dental technician and completed the necessary special qualification. They can receive

customers, and then a direct customer relationship without any mediators is created. As manufacturer of the whole prosthesis, having special training, as fitter and provider, the special dental technician provides all services in the same place of care. Special dental technicians work in most cases as private entrepreneurs.

Dental laboratory workers

Dental laboratory workers work in dental laboratories together with the dental technician. They can also do the basic duties supporting the function of the dentist's or special dentist's clinic and in sales and consultation duties in the importing businesses importing materials, tools and machines. The dental laboratory worker can work either in the service of the private or public sector or independent entrepreneur or as an independent entrepreneur according to the regulations of the field.

4. Status and Position of the Dental Nurse

4.1. The Law and Ethics

◆ The work of all the dental care staff is regulated by the legislation, norms and statutes of the social and health care field and the professional ethics. The aim of the legislation is e.g. to create equal rights for access to care for the patients as well as to provide vocational and qualified dental care services. The Primary Health Care Law, which took effect in 1972 (66/1972) obliges the municipalities to maintain oral health care, which includes promotion of the oral health care of the population and prevention and care of oral diseases. The law also obliges the municipalities to organize hasty oral care. According to the Primary Health Care Act (1019/2004) people have to have access to the health centre during the office hours. The assessment of the need of the patient's care has to be done within three days from his/her contact to the health centre. The necessary care odontologically estimated has to be organized within reasonable time, in six months at the latest.

The Act on the Status and Rights of Patient's (785/1992) determines the patient's rights for good care of health and illness and the related treatment. The law defines the patient's right to get information about the time concerning access to care, status of health and effects of different nursing options.

Regulations concerning compiling of patient documents, maintenance, keeping, giving information, secrecy of the documents have particular influence on the work of the nurse. The Act on Health Care Professionals (559/1994) stipulates, who in Finland has the rights to pursue the profession and who is authorized to use a certain vocational title. This law also obliges the professional people of health care to maintain and develop their vocational skills.

Particularly the nurses working in the private sector have to be aware of the contents of the paragraphs of the Sickness Insurance Law (1336/2004) concerning compensation of dental care. The Social Insurance Institution of Finland confirms the grounds and the amounts of the dentistry fees to be compensated regulated in the sickness insurance law. The aim according to the Law on Health Care Equipments and Fittings (1505/1994) is to maintain and promote the safety of the health care equipments and fittings and their use. The necessary requirements of the health care equipments and fittings, training concerning their use and duty to inform about dangerous situations have been stipulated in the law. (Legislation concerning Social and Health care field 2006).

The National Authority for Medicolegal Affairs (TEO) is the authority which, upon application,

grants the right to practice health care profession as a licenced or authorized professional, such as for example the profession of a dentist or a dental hygienist. Practical nurses belong to the group of professions which have the protected occupational title. Furthermore, other persons with adequate education, experience and professional skills may practice the profession which has the protected occupational title. However, these persons do not have the right to use the protected occupational title, as e.g. the practical nurse. The National Authority for Medicolegal Affairs supervises the register of the persons with authorized and protected occupational titles.

Vocational and ethic instructions

So called ethic instructions have been compiled for the dental nurse/practical nurse, in which instructions for patient work and its high-quality implementation are given. In addition, instructions for maintenance of vocational skills and promotion of good collaboration and services of holistic oral care are given.

General information

- ◆ gives oral health care and nursing services according to his/her education for those in need in good understanding with them so that the

Table 3. Legislation concerning oral health care

<i>Law/statute/act</i>	<i>Aim of law/statute/act</i>
Primary Health Care Law (66/1972)	Obliges the municipalities to maintain oral health care and organize urgent oral health care
Primary Health Care Act (1019/2004)	Along with the guaranteed care access to health centre, assessment of need of care within three days and necessary odontological care within six months
Act on the Status and Rights of the Patients (785/1992)	Estimate on patient's rights to know about access to care, status of health and different options of care
Act of Ministry of Health and Social Affairs on Compiling of Patient Documents (99/2001)	Stipulation of compiling and keeping the documents, giving information and keeping them secret
Act on Health Care Professionals (559/1994)	Stipulates who in Finland has the right to pursue profession and permission to use a certain vocational title
Law on Sickness Insurance (1336/2004)	Estimates the grounds for payment for compensation concerning dental care
Law on health care equipments and fittings (1505/1994)	Maintains and promotes safety of health care equipments and fittings and their use

Guarantees equal rights for access to care

Guarantees the citizens' vocational and qualified dental care

patients and their families feel that they are in professional and safe care and get good care and treatment

- ◆ applies in his/her work the nursing and medical principles generally accepted for nursing and care

The dental nurse's obligations towards the patient

- ◆ treats the patients in a human way in good interaction with them, by securing the patients' possibilities to influence and determine independently – in the oral health care given to them
- ◆ is honest in his/her work and gives the patients information on their oral health and the nursing plan
- ◆ information must be comprehensible and the patient has to be secured the right and possibility to take part in decision-making concerning his/her care
- ◆ works so that the confidential aspect of the nursing relation and the safety of the patient's privacy are fulfilled in oral health care
- ◆ treats the patients in a righteous and equal way regardless of the patient's age, place of living, social status, mother tongue, gender, ethnic background, culture sexual orientation or conviction

The dental nurse's vocational duties

- ◆ takes care of the maintenance and promotion of his/her vocational skills
- ◆ is aware of his/her own welfare as well as that of the other members of the working community and

works according to the responsibility by promoting the welfare and satisfaction of the community in interaction with the other members of the working unit

- ◆ with his/her work promotes interaction and respect between vocational people and decision makers within oral health care and other health care, so that oral health care is capable to respond in a human and ethically sustaining way for the increasing need for care of the population (www.stal.fi)

4.2. Some Facts

- ◆ There are about 5.3 million people living in Finland and regionally, the majority of population live in southern Finland. In 2004 the average gross yearly income of the Finnish wage-earners amounted to 32 000 €.

Use of dental care services and the oral health

The annual use of dental care services has risen slowly in Finland, but the use of the services is smaller than in the other Nordic countries. The adult population visit the dentist 1,3 times per year. The pensioners visit the dentist on an average 0.9 times per year, which is less than among the other population and this is partly due to the use of dental prosthesis. The recommendations for individual intervals of the care have also effect on

the amount of those who yearly go to the care. Those with higher education and in higher income classes go more frequently than the others to the dental care and they also have better oral health. Also the gender has effect on the use of dental services, women go more often and more regularly to dental care than men and they also take better care of their dental hygiene than men.

Although the oral health of the Finns has improved a lot during the last few decades, the status of the teeth particularly among children and the young and the elder population has deteriorated a little in the last few years. The most common illnesses of the mouth and the teeth are still caries and gum infection. About a third of those between 65 – 74 years of age are toothless and every second among the older ones is toothless. There are on an average 8.8 dentists per 10 000 inhabitants in Finland.

Dental nurse

Salary:

In public sector the dental nurse's basic salary is 1587 euros. The salary in the private sector is based on working duties and working hours and the basic salary is 1508 euros. After all supplements, like age-based supplement, the salary may amount to 1894 euros. Dental nurses may also have private work assignments and then their salary per hour may vary between 8 – 17 euros.

Working hours

The dental nurse's working hours per week in the public sector are about 37.55 hours. The regular working hours amount daily to 8 hours and the work begins at 7.00 at the earliest and ends at 22.00 at the latest. In most health centre dental clinics work is also done in the evenings and then the work ends at 19.00. In private sector the weekly working hours may amount to 40

Table 4. Oral care professional people in working age in Finland according to the gender 31.12.2003

Profession	Women amount %		Men amount %		Total amount %	
Dentist	3185	70	1422	30	4607	100
Dental technician	299	35	558	65	857	100
Oral hygienist/dental nurse	1196	97	31	3	1227	100
Dental nurse/practical nurse	6325	99	27	1	6352	100

Lähde: www.stakes.fi/statistics

hours, and the working time may vary between 7.30 in the morning till 22 o'clock in the evening. Both in private and in public sector, reception on duty is organized also at the weekends and on Sundays.

Right for holidays

According to the municipal collective work agreement the worker has the

right to have two weekdays free per each month. Those who have worked a longer time (at least one year) in the same working place get 2,5 days free for each full month entitled for leave.

Two typical work ads (private and public sector) from IT-based employment services administrated by Ministry of Labour.

TYÖMINISTERIÖ **MINISTRY OF LABOUR** Open vacancies

Dental nurse **Oral Dentists Ltd, Turku**

Oral Dentists Ltd. is service organisation providing holistic and versatile oral and dental care in most pleasant and efficient way.

Our modern, well-equipped (and ventilated) practice is located in centre of Turku, in Wiklund department store.

We are looking for **DENTAL NURSE**, first in part-time employment, and to assist our dentists and to take care of our client services (also office work) and equipment maintenance.

We expect from applicant practical nurse's oral and dental care qualification. Work experience is considered as an advantage. In addition, applicant should have both positive service attitude and be initiative and also have team work skills. We provide versatile, interesting and development-oriented field of work tasks together with nice working atmosphere.

www.dentists.fi

Contact: nija.hietanen@oral.fi, tel: 040-5146896

Employment address: Eerikinkatu 11, Wiklund department store, 20100 Turku

Beginning of employment: according to agreement to be made

Working hours: part-time

Period of employment: over 12 months

Applying expires: 30.04.2008

Announcement handed in: 08.04.2008

Number of announcement: 6936362

Source: database of open vacancies, Ministry of Labour, employment services 11.4.2008.

TYÖMINISTERIÖ **MINISTRY OF LABOUR** Open vacancies

Dental nurse **Kouvolan alueen yhteinen kuntien terveyskeskus**

Kouvolan alueen yhteinen kuntien terveyskeskus on avannut dentisti työn.

Kouvolan alueen yhteinen kuntien terveyskeskus koostuu kunnista Kouvolasta, Kuusankoskelta ja Anjalankoskelta yhdessä kuntien Valkoalan ja Jämsän kanssa. Yhdistetty väkiluku on noin 81 000 asukasta. Vuonna 2008 kaikki kunnat yhdistyvät yhdessä kaupunkiin, johon sisältyy myös kunta Elimäki. Väkiluku kaupungissa on noin 89 000 asukasta.

Alkuperäisessä suullisessa ja kirjallisessa haussa on 95 suullista ja kirjallista terveyskeskuksissa toimivaa dentistia. Työ on versatile ja haastava, ja haluamme rekrytoida ammattilaisia, jotka ovat valmiita kehittämään itseään ammattimaisesti. Odotettua koulutusta on suullinen ja kirjallinen terveyskeskuksien tutkimusohjelma. Palkan ja muiden työehtojen osalta sovelletaan kuntien yhteistä kollektiivista sopimusta. Sopimusta tehdessä hakijat on esitettävä tarvittavat todistukset heidän työnsä tilasta.

Contact: head nurse Arja-Liisa Miettinen, tel: 040-7247005, email: arja-liisa.miettinen@ktsk.fi

Employment address: Mäntymäentie 8, 45100 Kouvolan

Salary: according to Municipalities' General Collective Agreement

Beginning of employment: according to agreement to be made

Working hours: full-time

Period of employment: over 12 months

Applying expires: 24.04.2008, 15:30

Announcement handed in: 08.04.2008

Number of announcement: 6936323

Source: database of open vacancies, Ministry of Labour, employment services 11.4.2008.

5. The Dental Nurse in the Workplace

5.1. Hygiene and the Maintenance of Equipment

◆ The nurse is responsible for the functional readiness of the reception. This means in practice that the nurse is responsible for the function and care of the equipments used at the reception. The nurse takes care of aseptics so that no danger of contagion is caused for the customer or the personnel. The nurse does the necessary morning duties of the reception according to the instructions given by the Medical Board e.g. letting the water run from the tap, which has been standing during the weekend. The nurse wipes the surfaces at the reception with efficient disinfection detergent before the customer arrives in order to kill the bacteria and viruses. The nurse finds the steriles/sterilized instruments and

other necessary equipments according to the principles of aseptics.

Before the new customer comes, the nurse lets the water run from the three-way syringe and runs idle the handpiece for about 30 seconds. He/she draws one litre of water through the intensive evacuator tip in order to clean the inner surface of the tube. Handpieces, 3-way syringes and the dirty instruments of every patient are moved to the space of instrument care or to the vessel meant for dirty instruments. After this the nurse removes the dirty gloves and the mask, puts disinfection lotion on his/her hands and takes clean gloves. The nurse does the wiping with twofold towel by starting from the instrument bridge. After having changed the towels to new ones, he/she continues to wipe by starting from the lamp, tray table and evacuator. With the next towel the nurse wipes the head and arm surfaces of the patient chair. With the last big towels he/she wipes the small equipments and the auxiliary table and the surfaces he/she has touched during the treatment. In addition to alcohol, the disinfection material has to include washing detergents. After taking off the gloves the nurse takes forth the necessary instruments and materials with disinfected hands for the next patient.

In instrument care the nurse has to know how to treat different materials and equipments meant for



the washing of instruments, e.g. ultra sound cleaning or disinfecting washing machine. In addition to disinfecting the handpieces they have to be oiled after each use before sterilizing. The nurse has to recognize the warning marks related to instrument care e.g. in connection with sterilizing. He/she has to master the use of autoclave and hot air cupboard and take care of the control of adequate sterilizing ability.

Closing the reception also belongs to the duties of the dental nurse. He/she makes sure that no dirty instruments are left in the nursing space. The final cleaning of the room is made according to the instructions of the National Agency for Medicines.

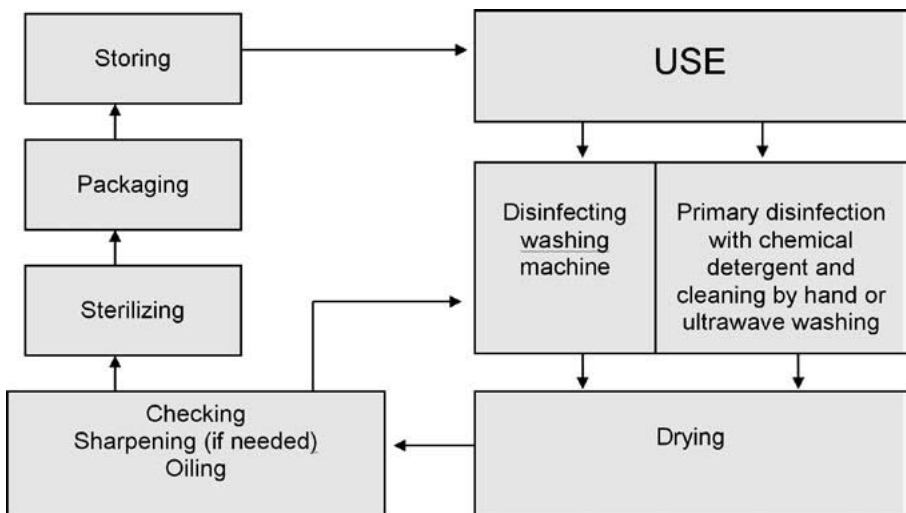
The nurse confirms that the current and the water have been switched off before he/she goes out. Even the weekly/ monthly caring measures belong to the duties of the nurse. Once a year an annual care of the caring units has to be carried out and it is implemented by a person authorized by the supplier of the equipment.

5.2. Documentation and Administration

◆ According to the legislation, the basic information of the patient, as e.g. name and identity number, allergies to medicines and substances,

NB After sharpening the instruments have to be re-cleaned

Table 5. Chain of maintenance of instruments and equipments



have to be indicated in the patient documents. Necessary information concerning arrangement, planning and implementation of the care of patient have to be given in the patient documents. Patient documents are secret records and they have to be kept so that outsiders do not have access to see them. Only with the consent of the patient can the documents be given to another unit or care. After the care has ended or the patient has died the documents have to be stored during the time stipulated in the law.

One of the duties of the dental nurse is documentation of the patients. He/she endeavours to study the lists of patients, the necessary X rays and the models for the next day and thus be prepared for the caring events for the next day. There are generally computer-based patient records at the reception, but particularly in some smaller private receptions they might have patient records of old design available. The most common programmes in the public sector are Efficca or Finhit, in private sector the patient programmes Assisident are used. In addition to computer-based patient records the nurse has to master also manual forms of saving.

General health

When the patient comes to the reception for the first time, he/she fills in the preliminary information form assisted by the nurse. It is important for the care that possible illnesses and

medication, which can influence the oral care and nursing treatments, are revealed. The patient has to mention also probable allergies to medicines or other substances in the preliminary questionnaire. Also some other issues affecting the dental care, e.g. dental care phobia, shall be mentioned in the preliminary information form. The nurse records the issues related to general health in patient documentation and keeps the records up to date every time when the patient comes to the reception. *Appendix: Preliminary information form*

Dental health

Dental health

In connection with the oral examination the nurse records the patient information correctly: cariological and parodontological and the findings related to biting and oral gums. After the care the nurse records the procedures implemented according to the agreement to the patient documentation, e.g. which teeth and which surface/surfaces have been filled and what filling material has been used. The nurse has also to interpret the recordings done before and thus to be able to anticipate the following treatments e.g. by choosing the right kind of anaesthetization. Sometimes the nurse has to clarify the measures that have been taken on the basis of the patient card to the patient on the phone. In case the patient needs further treatment or medical care the dentist writes the necessary referral to the dental laboratory.

X-ray technology, intraoral, extraoral, digital and traditional

It is the dental nurse's duty to inform the patient of X-rays and to find all necessary equipments, like e.g. films and holders for X-raying. The nurse also protects the patient with so called X-ray protection and after this the nurse develops the picture. The traditional X-ray technique is used in many smaller dental care units. Development of the X-ray pictures is done with developing automats, which develop, fix, rinse and dry the films ready. X-ray pictures can also be developed by hand, and then developing, fixing and rinsing is done by hand. **The pictures are stored in so called film pockets, in which the subject of the picture and the date of filming are marked.** Digital filming technique has generalized and it has improved the information received in X-ray investigations. It also facilitates storing of the pictures and less time for finding and storing of pictures is needed.

The most common intraoral X-ray exams include periapical pictures and bitewing pictures. Periapical pictures are taken when illnesses of teeth and jaw bone areas are examined, as e.g. infections of root or illnesses in fixing tissues, or caries. Bitewing photographing is used in particular in caries investigations when caries between the teeth and below the fillings becomes visible. Pictures taken outside the mouth (extraoral) include panorama, cephalometric images of the skull and different kinds

of computerized tomography. In the panorama pictures it is possible to see the bone changes caused by periapical infections, teeth not burst out (teeth of wisdom), jawjoints, and the lower part of cheek cavity. Cephalometric skull pictures are used in principle in the planning and follow-up of orthodontic care. With the help of computerized tomography we can make three-dimensional photos of images taken of teeth, jaws, jaw joints and cheek cavities, which develop, fasten, rinse and dry the films ready. The pictures are archived into so called film pockets, in which the target and the date of the photographing are recorded.

Digital photographing technique has generalized and it has improved the information received in X-ray exams. It also facilitates the archiving of the pictures and less of the nurses' working time is used for searching and storing up in the archives.



5.3. Prevention and Promotion of Oral Health Care

◆ Healthy nutritional habits, oral hygiene and strengthening of the teeth are regarded as cornerstones of knowledge of oral health. As means of making these issues everyday actions for the patients, health promotion work is done both on individual as on group level. Daycare centres, schools, old people's homes and long-term nursing homes belong to the field of action in the promotion of oral health. With the help of good preliminary plan the nurse is able to target his/her health education according to the needs of the group.

Diet and nutrition

(tell-show-do methods)

Healthy eating habits are part of welfare, and versatile variety of food guarantees adequate supply of vitamins and trace elements. At the reception the nurse can give individual guidance to the patients by using e.g. the form indicating sugar clock or nutrition anamnesis form. By clarifying the eating habits the nurse pays attention to the good matters that the patient has and aims at encouraging him/her to continue in the same way. If the clarification shows that the patient eats some unhealthy things all the time, uses a lot of sweet or sour products, the nurse tries to search a solution for a change together with the patient. The

total status of the patient (age, general illnesses, fitness) must be taken into account when nutritional guidance is given. Xylitol is a Finnish invention and from the year 1988 The Finnish Dental Association has recommended the use of xylitol. The bacteria of the mouth do not produce acids from xylitol, in other words it cuts the attack of the bacteria in the mouth after the meals. It is recommended for use after every meal during five minutes at a time. Xylitol adds mucus secretion and buffering capacity and decreases the amount of mutans bacteria in the mouth. The best result is received with full xylitol products. It has also found out that xylitol has a remarkable preventive effect on children's ear infections.

Oral hygiene

(tell-show-do methods)

At the reception and in group health education advice for maintenance of good oral hygiene is given. Advice for correct way of brushing the teeth (the normal brush or the electric tooth brush) and the use of fluoride and xylitol is given. People may easily forget to clean the space between the teeth and at the reception the aim is to find the right medium (tooth thread, tooth stick or brush for the space) to clean them. For demonstration, artificial jaw is used and on information events for



groups video or dvd presentations on the topic are watched.

Some basic treatments

Fluoride is the most important ingredient of caries prophylaxis. We get fluoride in Finland mainly from tooth paste, fluoride pills, different fluoride

liquids, but also from the drinking water and nutrition. At the reception the dentists and oral hygienists make the fluoride treatment for the patients, who have a risen risk of caries. It is also possible to describe fluoride pills and rinsings available from the pharmacist's for the patients active in caries. Xylitol is a Finnish invention and from the year

Table 4. Fluoride recommendations for different age groups

<p>Children below school years</p> <p>1. Healthy children</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1-0,15 % F) 2 x day- fluoride lacquering, once a year max. <p>2. Children active with caries</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1-0,15 % F) 2 x day- fluoride pills (Dentiplus, Fludent) or – chewing gum (Fluorette) according to estimated need- fluoride lacquering 2 times per year <p>Schoolchildren</p> <p>1. healthy</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1–0,15 % F) 2 x vrk- fluoride lacquering 1 time per year <p>2. Active with caries</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1–0,15 % F) 2 x day- fluoride pills (Dentiplus, Fludent) or – chewing gum (Fluorette) according to estimated need- fluoride lacquering 2 times per year <p>Adults</p> <p>1. healthy adults</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1-0,15 % F 2 x vrk) <p>2. Active with caries</p> <ul style="list-style-type: none">- fluoride tooth paste (0,1-0,125 % F)2 x vrk- fluoride pills (Dentiplus, Fludent or chewing gum (Fluorette)- lacquering with fluoride, 1 – 2 times per year- lead fluoride gel (e.g. 5 %) in incoming root caries mistakes	<p>(Source: Therapy Odonologica)</p>
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1988 the Finnish Dental Association has recommended the use of xylitol. The oral bacteria do not produce xylitol acids, in other words xylitol cuts the acid attack in the mouth after the meals. Xylitol adds the secretion of the saliva and the buffering capacity and decreases the amount of mutans bacteria in the mouth. It has also been noticed that it prevents children's ear infections significantly. As a preventive step for the children also sealing the teeth is implemented when the permanent teeth have appeared. Sealing is carried out according to the consideration and the most common case is sealing of the molars, the so called sixth teeth.

Chlorhexidine is an efficient preventer of biofilm and its main goal of use is to compensate temporarily mechanical cleaning of the teeth. Such occasions are e.g. postoperative periods in the mouth, acute gum diseases and the patients who cannot themselves take care of their oral hygiene. The patient can rinse the mouth at home with chlorhexidine solution for short periods according to the instructions. At the reception chlorhexidine gel or lacquer treatments are provided to the patient.



5.4 Treatments, Assisting the Dentist

Cariology

The dental nurse has to be able to assist the dentist in filling treatment (glass ionomer, composite and amalgam) and to know the different working phases of the packing materials. In filling treatment the nurse has to reserve all necessary instruments and materials and prepare the course of the treatment, e.g. anaesthetizing. He/she has to assist the dentist according to the principles of four-hand working by following the principles of ergonomics and aseptics. In filling treatments the nurse has to be able to use different materials economically.

Endodontology

In root care the nurse has to know different phases of the care of root (start and filling of the root)

and the necessary instruments and materials. Before the procedure the nurse takes forth all necessary instruments and materials and plans together with the dentist the course of procedure. During the procedure the nurse assists the dentist e.g. by measuring the

right lengths for the root needles and takes care of the fact that there is enough rinsing solution in the rinsing syringe for the whole length of the procedure. Aseptics is emphasized in root care and the nurse has to help the dentist so that the saliva does not have access to the root canals of the patient (working with the evacuator tip) and so that the root care can be implemented in as sterile a way as possible. After the procedure the nurse has to check the condition of all the root treatment needles and to destroy the needles in bad condition according to the instructions.

Parodontology

The nurse has to know the birth and process of gum infection. In treatment of gum infections and extraction of tartar, the nurse has to know all the necessary instruments and materials needed and to take forth all necessary instruments for the treatment. During the treatment the nurse assists the dentist by measuring the gum pockets and by recording all findings, as e.g. the depth of the gum pockets, furcations, and CPI-index. In extraction of tartar/ in scraping the nurse pays attention to necessary visibility on the area of the working (working with efficient absorber). The dental nurse also has to be able to sharpen the tartar instruments in the right way.



Oral surgery

Oral surgery: extractions, operations: normal or complicated

One of the dental nurse's duties is to prepare the oral surgical measure ready so that he/she wipes all surfaces with the disinfecting material and lays the sterile instrument table ready before the procedure. The nurse has to know the instruments and other materials needed in the procedure and how to clean and sterilize them in the correct way after the procedure. Before the procedure the patient is given the necessary preliminary medication and he/she rinses his/her mouth with the disinfecting material e.g. with chlorhexidin. The nurse also wipes the surrounding area of the mouth with the disinfection material. During the procedure it is the nurse's duty to pay attention to adequate visibility (efficient suction) and of good water cooling

during the drilling. During the care before the procedure the nurse has to give instructions for the preparation of the operation and after the procedure both oral and written instructions about further care are given. It is also worth while giving the patient sterile bandages for possible bleeding. The dental nurse has to observe the patient's state of health during the procedure. Extraction of a tooth by operation is the most common oral surgical procedure. Other oral surgical steps include resections of root tips, revealing of the teeth, tooth implant and flap - operations. The most difficult oral surgical procedures are implemented by oral and jaw surgeons and they are carried out in hospitals in the wards of oral and jaw diseases and you always need a referral of a doctor or a dentist for that.

Prosthetic dentistry

Prosthetics: crowns, bridges, overdentures

The nurse has to know about the prosthetic forms of care and to understand the character of the care as part of the patient's total care. Prosthetic care can be divided into immobile prosthetics (crowns, bridges, implants, porcelain fillings) and to removable prosthetics (dentures, dental plates and partial dentures). The nurse's duty is to assist the dentist during the prosthetic procedures by reserving the necessary materials and instruments, and by mixing the copying material in the correct way. In

occlusional physiological care a biting splint is made for a client and dental nurse has to be able to help in the procedure and to guide client in its use and cleaning. Guiding and advising the patient before and after the procedure is also important for the success of the prosthetic work. The nurse is also for his/her part responsible for the collaboration with the dental laboratory.

Cosmetic dentistry

The colour of the teeth may darken for different reasons. For example, coffee, tea, tobacco, red wine and some medical substances may colour the teeth. Naturally, teeth also darken while people are ageing. Whitening of teeth can be made both at the reception and as home care. For home care the dentist copies the dental arch and the laboratory prepares dental matrix



according to the arch. Whitening substance is spread to the matrix at home according to the instructions. Carbamidperoxide or hydrogenperoxide is used for whitening and these, being strongly oxidizing substances, go through the gloss to the dentine. Whitening can also be made with laser.

Whitening done at the dentist's reception is regarded as more effective than whitening made at home. Its result also lasts longer. In most cases the teeth whiten 1 – 2 degrees, some products are promised to become as much as 12 degrees whiter than it was before. As drawback effects the patient can have piercing and sensitiveness for cold for some time after whitening. Whitening is not recommended to youngsters under 18 years of age, for the teeth are still developing.

The effect of the whitening tooth pastes is based on the rubbing influence on the gloss of the teeth. Only slight colouring can be removed from the surface of the gloss in this way.

Excessive use deteriorates the surface of the gloss and after that the colour sticks to the surface more easily than before.

Orthodontology

Orthodontic can be carried out with removable, fixed or extraoral orthodontic equipments. The nurse has to know the basic principles, the course of the care and different instruments

and materials needed in orthodontic care. The nurse assists the dentist in different procedures, as e.g. in setting the fixed orthodontic equipments. Guiding the patients in washing the teeth and in maintaining good oral hygiene is an important part of the work of the nurse during orthodontic. Also good collaboration between the child's parents is important, so that the orthodontic succeeds in the best possible way.

6. Communication

6.1. Communication with Patients

◆ Communication skills, good ability to observe and to assess, ability to solve problems and ability for critical decision-making based on ethic consideration are needed in the dental nurse's work. Vocational interaction starts from equal meeting of different kinds of people. The work in the social and health field is work with people and work for them. Essential features in the professional skills consist of interactional skills in human relations, particularly the ability to support the resources and functional ability of different kinds of people in different ages and to take into account their world of different cultures and values. In dental care the nurse has to be able to communicate naturally with different kinds of patients and to guide them professionally in different situations. Individuality and respect of human values have to be taken into account in customer service. The nursing personnel must also understand the significance of non-verbal communication. The patients expect that the nursing event is not hasty, the nursing personnel is kind and listens to their wishes. A lot of expenses have been spent for customer services, particularly in private dental clinics, because they are competing for

the customers. Finland is a bilingual country and the nurses should be able to communicate also in Swedish, if needed. Interpreter services may also be needed at the reception, if the patient has communication difficulties e.g. if the common language is missing or if there are other obstacles for being understood.

6.2. Communication with the Team

◆ The practical nurse works both independently and as a member of a multidisciplinary team. Communication between the nursing team members is an essential part of the quality of good care. Respect of the members of the nursing team, help and collaboration are also reflected in good care. Within the organization it is possible to communicate in different ways, e.g. the directors inform about the issues related to the work of the organization by using electric mail and / or intranet. Meetings held regularly are an important channel for the nursing personnel to bring up the problems related to the work with the patients. The nurse has to understand that he/she is part of the working community and is thus responsible for the mental welfare of the working community. Good customer relations with the most important collaboration partners, as e.g. dental

laboratories and manufacturers of the materials are important for the work of the caring unit.

It is possible to collect customer feedback at the reception and its aim is to develop and improve dental care services. Good customer relations with the most important collaboration partners, as e.g. dental laboratories, manufacturers of the equipments, antenatal and postnatal clinics, child care, schools and social field are important factors, so that holistic dental care services can be offered to the whole population.

7. A Day in the Life of a Dental Nurse

◆ An example of a typical dental nurse's working day at two different receptions (public and private).

Employer: Helsinki City (public)
working hours : 7.30 – 15.00 and once a week 11.30 – 18.30

Three dentists work at the clinic, two of them work part-time and they work only one day per week at this clinic. In addition, two dental nurses, one oral hygienist and a person who is responsible for instrument care /office work, work there as well.

Dental nurse's work covers assisting the dentist, taking care of the instrument care and the office duties, which includes answering the phone, customer service, the patient record and mailing.

In the morning the nurse opens the room and makes preparations for the first customer. The nurse checks the names of the patients for the day in the printed list and arranges the course of the day according to the list. The nurse fills in the lacking materials whenever it is possible during the day and takes care that the whole caring unit and all necessary equipments function alright.

The dentist him/herself opens his/her diary about half a year in advance. A certain amount of different times have been scheduled for each day. For example, if the patient has an acute

disorder or pain, the time is given for the same day. Nursing times with no haste have also been given for check-ups of schoolchildren and adults, for orthodontic, further care and for the first calls without haste. Also reception times for oral hygiene are given for those needing hasty care, children's check-up times, dental care for children's welfare clinic, orthodontic calls and adults' calls. During one working day there is packing, extractions, check-ups and controls of orthodontic.

The oral hygienist makes check-ups to certain groups of schoolchildren and children. The oral hygienist also circulates in old people's homes checking elderly people's teeth and guides them and the caring personnel in oral care. The dental nurses also visit schools and daycare centres disseminating oral health education. The nurse also has patients of his/her own whose teeth he/she seals, makes paste cleanings and to whom he/she gives guidance for care at home.

Orders for needed materials and different purchases for the reception have been divided between the nurses. In addition, there is a person responsible for ecological issues, another one for problem waste and hygiene issues in dental clinics. The person responsible for necessary materials takes care that there is

anything that is needed from protection masks to office items available at the reception. In each caring room there is a copybook in which all lacking materials are written down and once a month an order is made to the shop of dental accessories. The dentists take care of the orders for medicines, like antibiotics, painkillers and denatured spirit (A12T).

Employer: private dental clinic: a small, private dental reception of one nursing unit.

The staff consists of two dentists, an oral hygienist and a dental nurse. The duties of the dental nurse consist of: assisting the dentist, care of the instruments, time reservations, archiving of the patient records and maintenance of the functional readiness of the reception (e.g. maintenance of the store of the materials, and of the machines.).

The working hours vary between 8.00 – 19.00 hours.

Following description is written by a dental nurse working in private dental clinic:

My working hours are 38 hours per week. On two days per week longer working days are done, and then there is reception in the evening and on Fridays we finish the work at about 14 o'clock.

The atmosphere at the reception is relaxed and calm, the nurse may speak as well.

My aim is to take care of promotion of the patients' oral and dental health by giving them e.g. hints for the use of the materials needed for brushing, nutritional and oral care. The patients are mainly adult people, and they are from different 'social classes.' The daily nursing measures consist of basic dental care, prosthetics and aesthetic dental care. About 1½ hours per day is used for instrument care and I do it in the morning, in connection with the patient change and at the end of the working day.

An example of the working day:

8.00 - I began the morning by cleaning and sterilizing the dishes which had not been done yesterday. (Yesterday the day was prolonged over the working hours and I did not have time to do the instrument care. The telephone was ringing all the time and I wrote down the time reservations at the same time. The times for today were already



booked up and so I had to guide the painful patients to some other clinic for care. For customers without any haste times could be found for the next days. I put the nursing unit ready for function and put the instruments on their places. The representative of McNeil brought a boxful of samples of Listerine.

8.25 - The dentist arrived. We went quickly through the patients of the day.

8.30 - The first patient.
He suffers from a tooth painful when biting and we will start a root care for him.

9.00 - The patient's bridge is loose and we will fix it.

9.25 - Cementing of the crown.

9.45 - d 37 cracked tooth

10.00 - Check-up, extraction of tartar and X-ray photographing

10.30 - d 47 cracked tooth

In the meantime I put the soaking dirty instruments into the ultra sound cleaning machine.

11.00 - d 12 mending and extraction of tartar.

11.30 - Care of instruments.

12.00 - dd 25,27 mending and tartar extraction

12.50 - Lunch pause and care of instruments.

13.15 - d11 cracked tooth

13.30 - d 37 extraction. One hour is reserved for extraction of a tooth. Today the dentist extracted the tooth rather

smoothly and so I had more time for care of instruments.

14.15 - Care of instruments.

14.30 - Check-up and tartar extraction.

15.00 - Grinding of the crown d 46.

16.00 - Check-up.

After the patient has left, I take care of the whole unit and make the final cleaning, about 16.30 - Leaving for home. The instruments of the last patient remain soaking till the next morning.

Beside the work with the patients I answered the phone and wrote down the time reservations. The telephone may ring 3 -4 times during the care of one patient (30 minutes). Sometimes it is irritating, because the work is interrupted during the calls. It also sets stress for maintenance of high-level aseptics and many gloves are used. People also come to reserve times at the reception. Then I interrupt my work and go with my time reservation book to the front room to give the times.

8. Vocational Education in Finland

Finnish education system can be divided in five different levels. Compulsory schooling lasts from age of seven to age of sixteen and consists of lower and upper basic education. After completing basic education young person has to choose whether she or he is interested in upper secondary education or vocational education on level three. Most young people apply for upper secondary education preparing them for national matriculation examination. These young people are mainly looking for further education routes directly to universities (level 5) or polytechnic (level 4). Term “University of Applied Sciences” is also used instead of Polytechnic. Third option for those students that have completed their upper secondary general education studies is to apply for same level (3) vocational education. When choosing this option their vocational studies will last only two years in vocational schools.

After compulsory education an alternative route leading faster to working life and employment is to apply for level three vocational education. This will take three years of studies. While studying at vocational college on level three student is also able to study in upper secondary school and to prepare her/himself for matriculation exam; thus acquiring both vocational qualification and completing upper secondary general education.

After completing level three vocational qualification student can apply both to polytechnic or university.

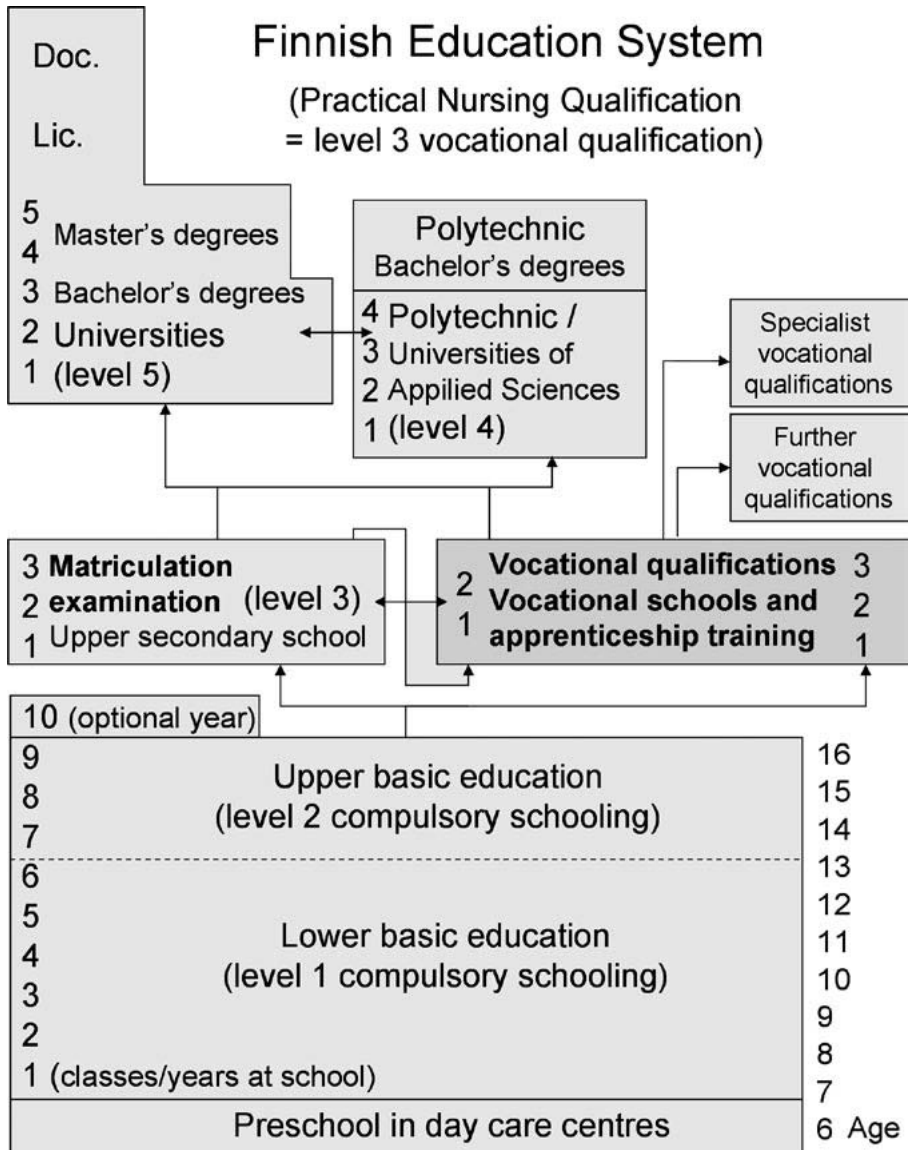
Basic vocational qualification of practical nursing is one of level three social and health care qualifications.

In order to give an overall comprehension of this qualification the structure of a practical nursing curriculum is presented in the diagram in page 42. Each vocational basic study module also includes a work placement learning period. After completing the three vocational basic study modules, the student must choose one of the study programmes, each of which is 40 credits long.

The duration of practical nurse studies is 3 years (120 credits). The qualification includes vocational basic studies (50 cr), general studies (20 cr), optional studies (10 cr) and study programme (40 cr).

The study programme is carried out at the final stage of the studies and they yield more specialised expertise in one sector of the study programme. The student can choose one of the following options: children's and youth care and education, customer service and information management, care for the elderly, care for the disabled, oral and dental care, mental health work and substance abuse welfare work, rehabilitation or emergency care.

Following diagram will describe the structure of Finnish education system:



STRUCTURE OF PRACTICAL NURSING CURRICULUM

POSSIBLE WORK PLACEMENT ABROAD

Study programme (40 cr, final year)
<p>Optional study programmes (on-the-job-learning 14 credits)</p> <ol style="list-style-type: none"> 1. Study Programme in Children's and Youth Care and Education 2. Customer Services and Information Management 3. Care for The Elderly 4. Care for the Disabled 5. Oral and Dental Care (<i>as an example</i>) 6. Mental Health Work and Substance Abuse Welfare Work 7. Emergency Care 8. Rehabilitation 9. Nursing and Care

Vocational Basic Studies (50 cr)			
<ol style="list-style-type: none"> 3. Supporting rehabilitation (12 cr) Theoretical studies and on-the-job learning (5 credits) 2. Care Work and Nursing (22 cr) Theoretical studies and on-the-job learning (2 + 6 credits) 1. Supporting and Guidance of Growth (16 cr) Theoretical studies and on-the-job learning (5 credits) 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">General Studies (20 cr) Mathematics Chemistry Finnish Language Swedish</td> </tr> <tr> <td style="padding: 5px;">Optional Studies (10 cr)</td> </tr> </table>	General Studies (20 cr) Mathematics Chemistry Finnish Language Swedish	Optional Studies (10 cr)
General Studies (20 cr) Mathematics Chemistry Finnish Language Swedish			
Optional Studies (10 cr)			

1 cr = 40hours work

A practical nurse has various tasks in changing environments of social and health care services.

8.1. General Goals of the Practical Nursing Curriculum

The essential qualifications required within social and health professions care are social and interaction skills, especially the ability to support their clients' own resources and functional ability. A social and health care professional can work with a diversity of people from different age groups and backgrounds. Professionals must also be able to respect people's different cultural background and values, as well as take them into consideration in the everyday work. Other essential skills and abilities are high professional ethics and tolerance, as well as interactive and problem solving skills in a balanced combination with practical caring and upbringing skills.

When a practical nurse works with promoting people's health and well-being, one fundamental requirement is that he/she has a good understanding of the dependencies between a person and both his/her social and physical environment and the society as a whole. A practical nurse must also be aware of the increasing demands arising from the economical and ecological reality. New technologies also set

certain qualification requirements, as well as increasing multi-professional cooperation and team work within social and health care.

Metacognitive skills (learning-to-learn skills), understanding learning as a lifelong process, as well as continuous development of one's own professionalism and work are essential core skills for all modern professionals, and life-long learning is the only way to respond to the renewing and constantly changing challenges of care work. Broad professional competence also includes the ability to plan work processes from a holistic perspective and a basic knowledge of administrative and entrepreneurial skills. Due to the rapidly increasing migration between societies both by workers and client groups, multicultural skills and competence become more and more important as part of care and nursing work.

A practical nurse has solid knowledge in the social and health service system, and always acts according to the professional ethics and norms that direct the work in the field. A practical nurse is able to work both individually and as a member of multi-professional team, acknowledging both the resources he/she can offer to the work and the limitations of his/her own competence. A practical nurse appreciates his/her own profession and strives to develop the work with a client-oriented and service-oriented approach.

A care worker in the field of social and health care services is capable of and willing to take care of his/her own professional capacity. He/she is always able to justify his/her own actions, and knows when and where to seek assistance in making decisions when necessary.

8.2. Description of the Practical Nursing Profession and Core Competence

A practical nurse works within the field of social and health care in basic care work both in the homes of the client and in different care and service units in the sector. A practical nurse takes care of people of different ages and cultural backgrounds who are in various life situations by supporting their growth and development, by promoting their health and social welfare, and by treating illnesses.

The work of a practical nurse means helping and assisting people in various situations that concern their health, functional ability, well-being and coping in different crisis situations. A practical nurse always recognises the autonomy of the clients over their own lives and supports their individual initiative that arises from their daily needs, aims, resources and possibilities.

In situations where a client does not have the strength and/or the resources to manage on one's own, assisting his/her may require intervention and carrying out tasks on behalf of the client. Also - and in particular - in these situations the promotion of the client's autonomy, integrity and independence is of great importance.

A practical nurse actively motivates the client to self-care and to utilizing his/her own internal resources. A practical nurse's work is regulated by the legislation, norms and professional ethics of the social and health care sector.

A practical nurse participates in planning, implementation and evaluation of her/his work as a responsible actor in cooperation with the client and his/her social network, experts and multi-professional teams. He/she is able to recognise different alternative ways to act and assists the client, and to choose the most expedient, sensible and client-centred way possible. A practical nurse assists the client to recognise both the various resources and threats and obstacles that are relevant to his/her coping with the everyday life.

A practical nurse guides and supports the mental and social growth and development of the individual clients and client groups. Similarly, a practical nurse assists the client to create, maintain and develop human

relationships. A practical nurse assists the client to care for his/her own basic needs in different life situations and to remove obstacles that are due to illness, impairment or other shortage of resources that have effect on the client's ability to manage in the everyday life. A practical nurse assists and encourages the client to act towards reaching his/her own goals in achieving, maintaining, and promoting autonomous command of one's own life, functional ability and working ability. A practical nurse also guides the client in matters related to the appropriate social and health services for his/her needs, as well as for social, cultural and recreational activities.

The work of a practical nurse in care work and nursing, as well as supporting and guidance of growth, development and rehabilitation is based on a multi/interdisciplinary scientific basis. The broad knowledge basis of a practical nurse and the theoretical professional acquisition is visible in all the activities and their justification. The work of a practical nurse demands interactive skills, the sensitivity to make careful observations and the ability to identify different situations and problems, as well as evaluation and problem-solving skills. Decision-making is based on careful and well-grounded ethical consideration.

Professional interaction is based on encountering different people as equal individuals. In order to make

confidential and genuine interaction with the clients possible, a practical nurse always tries to set him/herself in the place of the client and make interpretations of the client's situation and experiences from that perspective. A practical nurse is bound with the clause of confidentiality. He/she has no right to discuss the client's affairs with outsiders.

A practical nurse is able to identify the most essential factors that have an impact on his/her own professional growth and development. A practical nurse constantly evaluates and develops the working methods and approaches at his/her working unit, and assesses their significance to quality of services. Moreover, a practical nurse is an active participant in the society and strives to improve especially the living conditions of his/her clients.

The basic vocational qualification of the social and health care field, practical nursing is carefully designed to be a broad-based and multidisciplinary qualification. A registered practical nurse is fully qualified to perform basic care work duties in the many different and changing work environments of the social and health care field.

8.3. Study Programme in “Oral and Dental Care”

The extent of the study programme is 40 credits (or study weeks).
The themes and included subjects of oral and dental care –study programme:

I Operation In Oral Health Care Service System (4 cr)

Basics of oral and dental care work (1 cr)

Quality in working / developing oral and dental care work (0,5 cr)

Entrepreneurship and labour market legislation (0,5 cr)

Swedish (1 cr)

II Operation In Oral And Dental Care Unit (4 cr)

Preparing clinic for operation / vastaanoton toimintavalmius ? (2 cr)

First aid II (0,5 cr)

Work safety (0,5 cr)

Practical training at public dental clinic (1 cr)

III Oral Health Care Promotion (4 cr)

Oral health (1,5 cr)

Oral health and general health (0,5 cr)

Methodology in oral and dental care working (1 cr)

Promotion of oral and dental health in specific situations (1 cr)

IV Basic Oral And Dental Care (20 cr)

Anatomy ,physiology and morphology (1 cr)

Oral health, illnesses and care (1 cr)

Oral and dental care nurse's work in basic oral care (6 cr)

Senior thesis (2 cr) (Finnish language, IT, guidance)

Practical training at health centre's dental clinic (4 cr)

Practical training at private dental clinic (6 cr)

V Specific Oral And Dental Care (8 cr)

dental nurse's work in orthodontic care

dental nurse's work in prosthetics and stomatographic physiology

dental nurse's work in surgical care

Before Practice; Theory, Laboration, Working With Dental Hygienists and Dentist Students

Senior Thesis: 2 credit/study weeks

In the final work / senior thesis the student shows his/her orientation in one of the working sectors of the practical nurse within oral and dental care. The work is completed during the degree programme studies and it is related to the studies carried out during work placement periods. The aim of the final work is to serve the needs of working life and to facilitate moving to the work.

According to the curriculum of the Study Programme in Oral and Dental Care a qualified practical nurse is expected to have the following skills:

- ◆ is able to establish a care relationship with clients of different ages and from different cultural backgrounds and to guide clients in the use of oral health care services;
- ◆ supports clients and alleviate their fears;
- ◆ is able to function in reception assignments, charge fees and guide clients to apply for compensation;
- ◆ assists dentists in basic periodontal care, dental restoration through fillings and endodontic care, extraction of teeth as well as in four-handed dentistry and pain relief;
- ◆ assists in oral-surgical operations, such as surgical removal of wisdom teeth, root resection, and surgical placement of dental implants;
- ◆ attends to hygiene in oral and dental care, protect clients against x-radiation and develop x-ray films;
- ◆ handles materials used in oral and dental care in accordance with their instructions for use and reserve instruments and materials;
- ◆ guides clients in oral and dental care and in the promotion of oral health and also to perform systematic cleaning of the mouth and fluoridation of teeth;
- ◆ is able to care for, educate and guide children, young people, adults and elderly people in oral health care at different institutions and in home care.

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Appendix: Preliminary Information form in Dental Care

PRELIMINARY INFORMATION FOR TREATMENT

To ensure that you get the best treatment it is important that your dentist has proper information on your health status. The information is confidential.

Name _____ Time of birth _____
 Home address _____ Postal code _____
 Place of employment _____ Profession _____
 Telephone _____ (home) _____ (work)

1. What health checks have you had since arrival to Finland _____
- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| 2. Are you in good health right now? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you at the present (or have you previously been) under continuous medical treatment
by a physician (other than dentist)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you use medication regularly (of often) (preventive pills also included)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please indicate what medication: | | | |
| 5. Are you sensitive or allergic to some medicine or other substance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please indicate the substance: | | | |
| 6. Have you ever had a local anesthetic? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has it caused any trouble? | | | |
| 7. Have you received radiation treatment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you pregnant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have one or more of the following diseases or symptoms? | | | |
| heart or vascular disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pacemaker | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| hypertension or elevated blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| haematological disease or anaemia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| disorders or blood coagulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| pulmonary disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| thyroid disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rheumatic arthritis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| gastric ulcer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| renal disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| liver disease, hepatitis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| HIV-infection, AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| epilepsy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| repeatedly occurring headache | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| psychic disorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| some other general disease, what | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you have: | | | |
| an artificial joint (e.g. hip joint)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| an artificial heart valve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Something else, please state what: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. When did you last time have your teeth fixed or treated? | | | |
| 12. Why did you know come in for treatment? | | | |

..... /..... Patient's signature

Finnish Dental Association

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Oral and Dental Care – Finland

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