

# The Netherlands



## Oral and Dental **Care**

Kellebeek College



Lifelong Learning Programme

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# Oral and Dental Care in The Netherlands

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# Introduction

## Dear Student

◆ *We are happy that you have decided to undertake your clinical experience in The Netherlands.*

*We hope that you will have a worthwhile experience and that you will enjoy staying in our country.*

*The purpose of this handbook is to give you a brief overview of oral health care and dental nursing in The Netherlands.*

*For you to better understand our services, descriptions have been given of the roles and responsibilities of all those involved in providing dental care, and of those of the dental nurse in particular. You can compare this information to the situation in your own country, and it will be useful when you undertake your work placement in The Netherlands.*

*Most European countries face similar challenges of ensuring that an efficient and competent workforce should be trained for the future. There are concerns about the decline of the birth rate and that there will be skills shortages since people live longer than ever nowadays. It is required to have transferable skills in the future and in some subjects work is being done to streamline courses, so that they will meet the needs of different countries.*

*We hope you will find this handbook useful and we wish you every success in your studies.*

**Welcome to the Netherlands!**



# 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 21<sup>st</sup> 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 the Netherlands

### 2.1 History and Challenges for the Future

◆ Most people are unable to pay for all the medical care they need. Formerly, health care was a privilege of the rich. After the Second World War The Netherlands have developed into a welfare state. On the basis of solidarity a system was gradually developed, making it possible for everybody to claim they should be cared for from the cradle to the grave, medical care being an important part of this.

For years the funding of care was based on a distinction between private patients and those insured for by Dutch national health service, the distinction being based on the height of income. People earning higher salaries had to contribute more money towards care, in this way contributing towards the care of people with lower incomes. From 2006 there has been a new system of health care.

Health insurance is a basic insurance compulsory by law for all inhabitants of the Netherlands. A regular check-up by a dentist or a general practitioner is affordable for most people. But hardly anybody can afford being admitted

to hospital, or long-term care in a nursing home. Part of all cost incurred for health care, whether mental or physical, is paid for by yourself by means of health care contributions, and part is paid for by employers. But the government also contributes a considerable amount, though this is part of overall tax income, so a present you pay for yourself.

All working people, companies and a number of pensioners pay taxes and contributions, such as contributions for care or pensions, amounting to about 200 billion euros annually. The tax department deposits this money in the government coffers. In spring all ministries draw up plans for the following year. All these plans have to be paid for. During the summer months the cabinet will decide which plans are feasible and which are not. On the day of the Queen's speech (the third Tuesday of September) the Finance minister will make a proposal on behalf of the cabinet for the funding of the ministries (The Finance minister's government budget). There will be parliamentary debate in autumn, and in December the final approval of next year's budget will be given. In this way the taxpayers' money will be returned to the ministry of Health, Welfare and Sport, who will reimburse the tax payers' money to the population.

## **THE SYSTEM OF HEALTH CARE**

The then minister of Health, Welfare and Sport (Hoogervorst) intended to introduce competition in order to curb the fast rising cost. Between 1953 and 2003 health care cost have increased from about 3 to over 10 percent of the Gross National Product (48 billion euros). All patients have had to opt for a particular health insurance company. The health insurance companies had to negotiate with care providers about rates, and in this way try to achieve lower contributions. General Practitioners were supposed to negotiate about part of their income with the insurance companies, who have a budget of about 200 million euros to divide amongst the general practitioners. If for instance they have a great many patients with chronic disease, or if they work in an innovative manner, they may get some extra money from this budget.

### **What are the main characteristics of the new system?**

- ◆ The distinction between national health service and private insurance has disappeared.
- ◆ Instead of this, there is one basic insurance plan for everybody, containing practically the same kind of compensation as formerly in the national health service (general practitioner, specialist, hospital and pharmacist.)
- ◆ Patients choose their own health insurance company.
- ◆ Insurance companies have made an offer to their customers which can be compared to their present insurance policy. People who did not respond were automatically insured.
- ◆ It is compulsory for insurance companies to accept any customer, no matter how old or sick.
- ◆ Patients are allowed to choose a different insurance company each year.
- ◆ Health insurance companies have been given greater influence on how the general practitioners work. General Practitioners have to negotiate individually about part of their income with the insurance companies.

### **How much does basic insurance cost?**

The average contribution for a basic package is 1058 euros a year. Children and the young up to the age of 21 are insured free of charge. Before 1st January 2006 a national health service patient used to pay an average annual contribution of 600 to 800 euros. In compensation for this, a care allowance has been introduced of a maximum of 400 euros for singles and 1150 euros for couples annually.

Civilians may take out insurance for additional medical care. There is no allowance for these extra contributions. In order to reduce the cost of health care, a risk of 150 euros per insured person will be introduced as from 1<sup>st</sup> January 2008.

From CBS (Central Bureau of Statistics) figures it appears that the estimated amounts spent on care in 2004 come down to more than 60.1 billion euros, 37.3 (62%) billion of which are connected with health care, 20.8 billion euros (35%) are spent on welfare and 1.9 billion euros on policy and governance organisations.

**Figure 1**  
Graph Care expenditure, 2004\*

Health care	62,10%
Welfare	34,70%
Policy and governance	3,20%

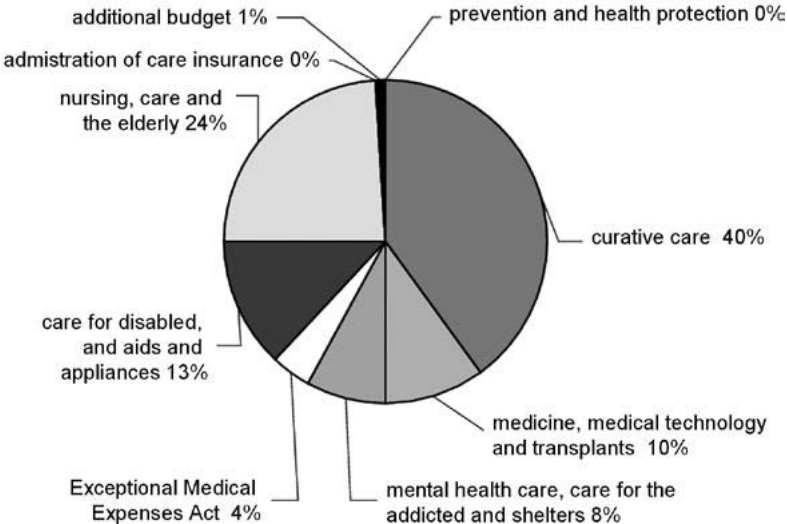


**Figure 2**  
Financiers care expenditure

FINANCIERS CARE EXPENDITURE 2004		
	%	Billion euros
Government and social security	68	40,8
Private health insurance	14	8,7
Families, companies and institutes	18	10,6
	<b>100</b>	<b>60,1</b>

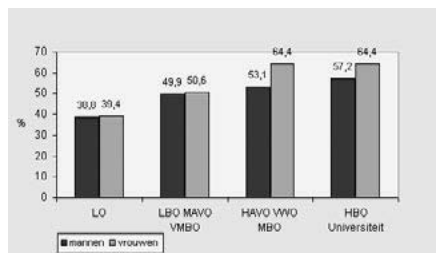


**Figure 3**  
Spread of care expenditure in terms of percentage for 2006 (source: min. VWS)



For everybody to have dental check-ups twice a year is not standard practice yet. This appears from a survey held in 2003, from which a number of results have been printed below.

**Figure 4**  
Differences according to sex.

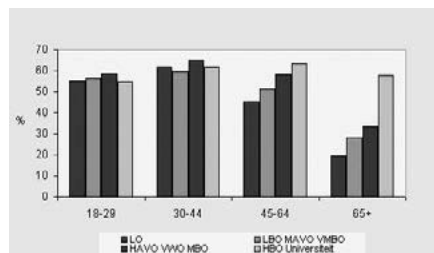


**Prevalence** of dental consultation, according to sex and level of education; standardised to the population of 2003. (Source: POLS, health and labour, 2003)

The percentage of both men and women with the lowest level of education consulting a dentist is relatively low.

This is still the case after correction for age differences between levels of education.

**Figure 5**  
Differences according to age groups



Prevalence of dental consultation, according to age and level of education; standardised to the population of 2003. (Source: POLS 2003, health and labour)

Fortunately there is a rise in the average number of patients consulting a dentist. After the renewed introduction of dental check-ups in the basic insurance package, this rise is expected to accelerate.

In the younger age categories (under 45) there is hardly any variance in the consultation of dentists across age categories.

Over the age of 45 there is a difference, though: the percentages having an annual dental check-up are relatively low at the lowest level of education.

## **Future developments and trends**

Some dental care providers have noticed a decline in dental health of young children and youths in particular, and of other specific groups (such as those in specific areas, asylum seekers with sub-standard dental health and often acute need of care), requiring more attention to be paid to collective and individual prevention (more attention to dental hygiene). Apart from this gums and the bones around dental elements receive greater attention.

As a result of these developments, it is also expected that the demand for regular check-ups will increase. This will require more time and attention, also because more information will have to be exchanged between care provider and patient. Furthermore, a shift towards a greater demand for private health care is expected to take place.

*Consequences for the dental nurse*  
Tomorrow's team will have to cater for greater, more intense and more complex care requirements, with a capacity that will in all probability decrease. The pressures of work of the team, and accordingly of the dental nurse, will therefore increase. The nurse will have to learn how to deal with this pressure and will have to adapt her working methods in such a way that reasonable care can be delivered. The pressure on the agenda of care providers has

increased, thus creating more pressure on the management of it. Planning has become more complicated and therefore the nurse will have to judge pain and complaints independently and plan accordingly. Improvement of co-operation, delegation and substitution of tasks and more efficient ways of running the surgery and the organisation will contribute towards this.

In order to cater for the more complex (medically compromised) and more specific care requirements, the dentist (specialist) will have to avail himself of more knowledge and skills (dental and medical). Besides, the dentist (specialist) will have to have a better overview of different treatments possible in dental care, and also in medical care, making it possible to better navigate patients through the system of health care. It is to be expected that the nurse will have to assist during more complex and specific treatment. She will also have to provide information about various methods of treatment and she will have more frequent referral contacts with various specialist dentists and medical care providers. Together with her colleagues the nurse will have to cater for changing health care requirements flexibly. The dental team will have to pay more attention to individual and collective prevention (more attention to dental hygiene), probably increasing the role of the prevention nurse in this area.

## **What demands will the future care customer make on the dental nurse?**

### *Developments*

The patient will behave like a critical consumer more and more. He is an individualist, conscious of quality and will have an increasing amount of information at his disposal at any time, which will stimulate him to make demands on treatment, ask for more advice and he will be more directional. He expects speedy service. To a certain extent the patient is prepared to invest in dental care. The population is becoming increasingly multi-cultural.

### *Consequences for the dental nurse*

The dental nurse must be well prepared for a more service-oriented approach of patients. She must be ready to answer the patient's questions. This will make greater demands on skills such as: communication, social interchange, consultation, negotiation etc. As a result of the increasingly multi-cultural nature of society, the nurse will have to be able to deal with patients from all kinds of backgrounds. Due to the increased working pressure of the dentist, the nurse will have to present herself more often as the "visiting card" of dental surgery. She will be the most important representative of the surgery even more than she is now, so that the dentist can concentrate on dental treatment. Doing so she must also be able to set limits to the service provided to the patient.

An increasing number of patients do not turn up for appointments without

cancelling. The dental nurse is therefore faced with unexpected gaps in the agenda. The dental nurse will have to anticipate this and take decisions on the spot whether or not she can still call up another patient.

The dental nurse will have to be even more aware of quality, and act accordingly due to increasing demands by patient, government and insurance companies. Complying with regulations of surgery hygiene and the prevention of infections will generally be part of the nurse's duties.

## **What demands will be made on the dental nurse by future care professionals?**

### *Developments*

The supply of dental professionals will remain scarce. An increasing number of dentists will be retiring, thus increasing the shortage. The group of female dentists will become larger. They, and indeed their male colleagues, will wish to work in different labour conditions (part-time work if possible, combination of care and labour). Labour productivity per worker will decrease. Workers will ask for more fun and variation in work and career. As a result of care requirements increasing and becoming more intense, work will become (even) more professional, and there will be more referrals and delegation. It is to be expected that more specialisation will occur, and that new positions and occupations will arise. As a result of this, horizontal and vertical referrals

will increase. The work of the dentist as a generalist will become less well-organised. Due to internationalisation and the shortage of professionals in The Netherlands, more and more professionals from surrounding countries will enter the profession.

#### *Consequences for the dental nurse*

The dental nurse will have to cope with a shortage of team members. This could well make more demands on her as more tasks will be delegated. The nurse will have to work together with new dental care providers. Increasingly, the nurse will assist a specialist dentist or oral hygienist. This may require different knowledge and skills. The dental nurse will have to be aware of the responsibilities of her colleagues and if necessary should be able to refer to others. Working with foreign professionals requires the dental nurse to be alert and to be able to empathise with both patient and care provider.

### **Developments in technology**

#### **What demands will be made on the dental nurse by society, government, and health insurance companies?**

##### *Developments*

Society is turning into an information society making more and more knowledge readily available, while patients are better informed. Society requires life-long learning. The use of information and communications technology will increase, causing a corresponding increase in digital

communication. Electronic patient files may play an important role. In addition to new dental materials, techniques and technologies will become available as a result of further developments. In health care new and modernised medicine will come on the market. These may have negative consequences for the condition of teeth.

The government will be concentrating on the laws and regulations concerning quality and European agreement (internationalisation), possibly creating system changes (for instance the abolition of maximum rates). It is assumed the government will withdraw. Apart from this, an increased influence of health care insurers is expected as a result of privatisation. It is expected that there will be more room and need for private care.

## 2.2 Variety of Clinics

◆ Annually 12.4 million people consult a dentist. This number will increase rather than decrease, because more and more people will keep their own teeth for life, and the awareness grows that children should get used to seeing a dentist from a young age.

From the view of the customer, dental care or oral care distinguishes itself from other health care sectors in a number of respects.

◆ There is a life-long relationship with the customer. Since an increasing

number of people will keep their own teeth, they see a dentist from early age till the end of their lives.

- ◆ As the result of the preventative nature of dental care, there is usually at least one, but often more frequent, contact annually. Some clients see their dentist more often than their GP.
- ◆ Due to the preventative nature of dental care, consumers of dental care feel they are clients rather than patients. They do not feel sick when they see a dentist and they expect a client- oriented approach from care providers.
- ◆ The relationship between a dentist and a client is influenced by the fact that the client can only express himself non-verbally during treatment. The client is not able to talk, whereas he is fully conscious.
- ◆ Apart from medical aspects, cosmetic aspects and comfort play a role as well.
- ◆ Dental care has a structure of finance in which the client, more than in other health care sectors, is wholly or partly responsible for the bill being paid.

A distinction may be made between professional quality and the quality that is perceived. Professional quality consists of medical quality and the quality of the content of care. This is prescribed by the standards and regulations of the NMT. (Dutch Society for the improvement of Dental care, the NMT being a professional organisation of dentists.) Dentists are supposed

to act evidence based; meaning that the activities of a dentist should be scientifically defensible. He may be tested for this by the Health Care Inspectorate.

Perceived quality is the way the patient thinks about care. This perception plays a major role for care customers in the eventual appreciation of the care offered. Care delivered in a technically sound manner may still be judged negatively when it was accompanied by bad interaction, insufficient information, careless handling of privacy-sensitive data or uncomfortable accommodation.

In actual practice it is about the interaction between care customer (client) and care provider (dentist). The customer brings along his own experience and will have to indicate what he thinks is important in the care given by a dentist. The dentist is expected to possess knowledge of his profession and each time he is supposed to ask himself: what does this client want, and what does he need to take responsibility for the upkeep of healthy teeth. Trust and respect for each others' expertise contribute to a good professional relationship, as does a certain measure of appreciation.

Dental care customers indicate they appreciate being able to choose their own dentist. When a client is not satisfied about his dentist, he is free to choose another one, though it must

be noticed that in certain parts of The Netherlands choice may be limited as a result of the shortage of dentists. A surgery should be within reach and easily accessible for all, even for people with bodily impairments. When an appointment has been made, the patient should be able to consult the dentist within a reasonable period. The period between making the appointment and actual treatment should not be so long that the condition of the teeth may deteriorate. In case of emergency, the client will receive treatment within 24 hours.

Clients should arrive at the surgery in time. Subsequently, they will be treated at the appointed time. If this is not possible, they will be given information about the reason of the delay and how long it will last. Advance information about the cause of the delay helps to prevent dissatisfaction about the delay. Waiting is a stress-enhancing factor for clients in dental care.

The dental surgery should always be accessible by telephone. When the surgery is closed, callers will be referred to a practising dentist by means of (telephone) instructions. The nurse or receptionist answering the phone is client-oriented and takes ample time. She knows which client she is dealing with when the name and address have been given, as many clients think it is very impersonal to be associated with a number. When making an appointment the client is asked what date and time

he prefers. The time of treatment is adequately planned so that the client may be treated at the appointed time and in all quiet.

Clients appreciate it when they are treated without haste and to-ing and fro-ing between surgeries. The demands made on the dental surgery by the patient are obvious. But however natural these demands may seem, actual practice is sometimes different. Therefore the most important demands should be discussed once more.

It goes without saying that the surgery should be clean and well-kept. Both the waiting room and the dental surgery should be fitted out in such a way that both children and adults will feel at ease there. A well-appointed waiting room contributes towards diversion and relaxation of the client. From the perspective of clients this means there will be comfortable chairs, recent magazines, relevant information, agreeable lighting, neutral decorations and attractive toys.

The dental surgery is preferably appointed in a neutral manner as well. No horrid posters of rotting teeth here either. Both from the viewpoint of privacy and the reduction of stress it should be impossible for people in the waiting room to hear what is being discussed and what is going on in the surgery. Many clients will get nervous when they hear the sound of drilling from the dental surgery. The

relationship between a client and a care provider has been regulated in the Health Care Treatment Act (WGBO).

You should start off by asking whether there are any complaints. Subsequently, on inspection of the teeth, the dentist will explain what he has found. He will discuss what preventive care or treatment is necessary, discussing the advantages and disadvantages of any treatment and the substances to be used (different filling materials and medicine if any).

The dentist will adjust the amount of information to be given to the level of understanding and the need of the client. The use of language will also be adapted to the client. The diagnosis and different methods of treatment should be explained in an understandable way. Subsequently, the client is asked to make a choice as to the treatment, involving the choice not to be treated at all. He should be allowed to do so after the cost of the treatment proposed have been explained.

Care consumers assume that the quality of care is safeguarded by the professionals themselves and by the Health Care Inspection. Working according to professional guidelines for dentists, and having knowledge of and possessing skills in handling the equipment used during treatment, is considered normal by clients. Dental treatment is successful from a client's point of view when complaints have

been prevented and / or fixed. If this is not the case, the client should be offered the opportunity to be treated further. At his request the client will be referred to a different dentist for a second opinion about a proposed treatment.

Prior to treatment known to be painful, the client should always be offered the opportunity of getting a local anaesthetic. The client is informed about the possibly adverse effects of different kinds of alleviation of pain, so that he may make ample consideration before each separate treatment.

Prior to the check-up or treatment hygienic measures are taken – visible to the client, meaning that a dentist dons new gloves in the presence of the client. The treatment unit is clean and if necessary, there is a clean cup for rinsing the mouth. Even though mouth caps are used for the protection of the dentist himself, clients generally like the person treating them to use these. For the treatment of children this is different, since they might be scared of seeing a mouth cap.

Adequate measures are taken concerning the disposal of toxic substances and for the protection from X-rays. All drills, hooks and other tools are scalded before re-use, or they are sterilised in a different way.

Clients prefer to be invited personally by the nurse or dentist to enter the

dental surgery. A personal approach helps clients to feel at ease. A bell or beeper will have an adverse effect.

The dentist should take into account that the treatment may cause stress and he will deal with this adequately. Nervous clients should be put at ease as much as possible. The dentist ensures that the client can talk about his complaints in a sitting position. Talking when lying down is thought uncomfortable by many clients. The dentist will only talk to a client when the latter is able to reply. Clients think it a nuisance when they are being talked to when they are lying in the chair with their mouth open and therefore unable to talk. It is appreciated, though, when the dentist explains during the treatment what he is doing or will be doing. A client will know what is going to happen and will be able to prepare himself for it. In all circumstances the client should be addressed in a friendly, personal and adequate manner.

The image of the dental nurse described applies to all fields of work in which dental nurses may operate. The most important types of organisations where dental nurses work are:

- ◆ the general dental surgery, both solo and group surgeries
- ◆ dental centre
- ◆ health centre
- ◆ hospitals (department of oral disease and oral surgery)
- ◆ orthodontic surgery (solo and group)
- ◆ differentiated dental surgery

(periodontology)

- ◆ oral hygienists
- ◆ (clinical) education in dental training colleges

**The dental surgery where you will have your work placement will prove to be unique. No two surgeries are identical. We shall try, however, to make you familiar with different types of dental surgeries during your work placement in The Netherlands. In the different surgeries the tasks and responsibilities have been outlined in their own different ways. The dental nursing training college strives for every student to be educated as widely as possible in the various aspects of the job, so that they can make themselves useful in any surgery. It is up to the student to develop himself in a broader or more specialist way as a qualified dental nurse.**

## 2.3 Organisation of Oral Health Care for Special Groups

- ◆ In The Netherlands specific dental care is given in:
  - ◆ Regional institutions for dental youth care, with extra emphasis on prevention by providing information on the check-up of milk teeth
  - ◆ Nursing homes where neighbouring dentists perform check-ups and treatment of complaints during (part of) a day each week

- ◆ Institutions for the physically and mentally disabled, where neighbouring dentists perform check-ups and treatment of complaints during (part of) a day each week
- ◆ Prisons where neighbouring dentists perform check-ups and treatment of complaints during (part of) a day each week
- ◆ The army where dental care is carried out by dentists and dental nurses who are seeing military service. During foreign missions they can avail themselves of specially equipped clinics (military hospitals) and equipment
- ◆ Centres for asylum seekers: for asylum seekers the ZRA applies, which means that dental care is provided by regular dental surgeries, but that the fee for this is paid on the basis of the Medical expenses Regulation for Asylum Seekers (ZRA)

## 2.4 Insurance Arrangements

- ◆ For the under 21's nearly all dental treatment is paid for, such as periodical check-ups, fluoride applications, sealings, fillings, X-rays and periodontal aid.

The over 21's are not compensated for normal treatments and consultations of a dentist, unless they have taken out additional insurance. Each insurance company has different types of additional insurance. The client

should therefore ask his insurer what compensation will be given; the dentist is unable to provide information about this. The dentist, however, is supposed to inform his client about the cost of each treatment he intends to carry out.

To the dentist it should be irrelevant whether the client is insured additionally or not, when offering or performing a treatment. It is up to the client to decide whether he wishes the treatment or whether he can afford it.

The client and the dentist will make arrangements beforehand about the method of payment.

Many clients think it is a nuisance that they are asked for cash payments by substitute dentists who treat them outside normal surgery hours. They do understand this measure, however, since there are also clients who have not been treated recently, or who refuse to pay. Sometimes treatment can also be done (cheaper) by a care provider from a different professional category. If this is the case the client should be informed about this, and should be referred if necessary.

Criteria:

- ◆ Every client should be given the choice between possible treatments
- ◆ Every client should be informed about the prices of the different treatments
- ◆ The dentist and the client should make arrangements beforehand about

the method of payment

- ◆ If a treatment can be done (cheaper) by someone from a different professional group, the client should be informed about this

Dentists regularly work together with other professional groups. They may refer patients to the prevention nurse, the oral hygienist, orthodontist, periodontologist or oral surgeon. To support this, future use will be made of the electronic patient file. Data about the amount of X-ray use will be included, as will be the use of medicine, toxicity levels (mercury, cadmium) and other data that are relevant to the client's health. If referrals are made, the client should be informed about the availability of any other care providers.

The dentist will transfer patient data, only after being given permission to do so by the client.

## 3. Oral Health Care Teams

### 3.1. The General Dental Clinic

#### Dentist

**As a dentist one checks up on and treats teeth. Your work is concerned with preventing and treating disease and abnormalities of the mouth and chewing system. You also provide clients with advice and information about oral hygiene.**

The profession of the dentist has been regulated by the Individual Health Care Professionals Act (BIG Act), which was introduced in 1997. The Individual Health Care Professionals Act is a law intended to promote and safeguard the quality of the profession. The Act also protects the client from unskilled and negligent treatment by professionals.

The title of dentist is a title recognised and protected by law and may only be used by those who have been entered in the so called BIG register of the Ministry of Health, Welfare and Sport. Such professionals are governed by disciplinary rules.

Certain risky treatments are reserved to qualified professionals by the BIG Act. Dentists have an individual qualification to perform on their own initiative all reserved treatment, such as injections or anaesthetics. Others too,

such as oral hygienists are allowed to perform reserved treatments, but only when ordered to do so by qualified professionals. Anyone performing a reserved treatment (on their own initiative or when ordered to do so) is only qualified to do so when they are skilled at performing the treatment as it should be done. (see [www.bigregister.nl](http://www.bigregister.nl))

You can establish yourself as a dentist and build up your own surgery, take over a surgery or merge with other dentists / oral hygienists in a group surgery. In that case you act as an independent professional. You can also enter the services of a dental care youth centre, care institutions for the disabled or become a teacher at the department of dentistry or training colleges for oral hygienists and dental nurses. The need for dentists is great.

In The Netherlands there are about 7,000 dentists at work (2001). Most of them own their own surgeries, but one can also decide to enter paid services. At the moment there is a tendency towards establishing larger team surgeries, where various dentists, oral hygienists and dental nurses work together.

Further specialist courses are also available in dental surgery and oral surgery, as well as in orthodontics. These will take about 4 years (to become an oral surgeon you will also

have to pass your doctor's exam.) Through additional and extra courses it is also possible to specialise in a particular field of dentistry.

## Dental nurse

**“Without a dental nurse in surgery, things will go pear shaped”**

This slogan has been used by the Dutch Society for the Promotion of Dentistry (NMT) in a campaign to attract more people towards the profession of dental nurses and their training.

It indicates that the dental nurse is an important link in dentistry. Various developments have caused the profession of dental nursing to grow. The existing profile has been revised



*Dental nurse*

according to the demands made on the profession nowadays.

The previous professional profile dates from 2000. Professions are always developing, however.

Developments in the sector and around it influence professional practice. Therefore it is necessary to revise the professional profile from time to time. Besides, the 2000 profile is not suited to the format that is being used by training colleges to organise the courses for dental nurses. The present profile has been brought up-to-date, and certain competences have been added. The new profile is therefore called professional competence profile. The dental nurse works together with different types of dentists, specialists and oral hygienists. For readability purposes the people whom the dental nurse co-operates with are indicated by the term “other dentistry professionals”. Also for purposes of readability, “he” is used to indicate the other dentistry professional and “she” for the dental nurse. Of course both male and female are meant here for all dentistry professions.

## Functions of the profile

The professional profile has different functions:

- ◆ It is used by education as input in order to adapt the courses to professional practice
- ◆ It may be used in further professionalising the occupational group

- ◆ It is a visiting card for the outside world. Patients, related professional groups, referrers, government, health insurers will gain insight in what they may expect from the professional group.
- ◆ It is a basic document for developing regulations and protocols for professional practice
- ◆ It may be used in providing information about the profession to for instance future dental nurses.

The dental nurse contributes to dental care in a recognisable manner, which may be described as follows:

She creates the conditions, by offering professional, active support, so that other dental professionals may treat the patient effectively and efficiently. The dental nurse performs tasks in the preparation, execution and completion of the treatment of patients.

She performs a number of treatments independently and provides advice, information and instruction according to working regulations. She is responsible in the broadest sense for a well-run dental surgery. Through her work and attitude she will contribute towards professional patient-oriented service. The dental nurse works on the instruction of the employer, in many cases a dentist or specialist. Characteristic to the job is the co-operation in a limited space in which physical contact with the dentist / specialist and the patient may occur.

Her assignment has been described in the job description in general terms. Depending on the situation the dentist or specialist will also give oral or written instructions. Depending on the type of organisation and the arrangements that have been made, the dental nurse may also carry out instructions of other dental professionals.

In the performance of duties the dental nurse plays various roles, most frequently involving support, advice, job performance and the organisation.

What activities are carried out in actual practice depends on the kind of surgery, the number and kind of professionals working there, the working methods of the dentist / specialist and the skills of the dental nurse.

It is estimated that there are a total of 15,350 dental nurses in The Netherlands, working in 5,482 surgeries. (source: Onderzoek Tandheelkundige Praktijkvoering / Omnibusenquête najaar 2002: Samenwerking in tandheelkundige praktijken), 2,200 of which are also prevention nurses. Dental nurses are subject to regulations in the Individual Health Care Professionals Act (BIG). This Act prescribes which reserved actions may only be performed by individually qualified professionals.

Doctors, dentists and midwives are authorised professionals. The dental nurse has no independent qualification

to perform reserved actions. According to section 39 of the BIG Act the dental nurse cannot independently perform reserved actions. An authorised person may, however, order a dental nurse to perform certain reserved actions under strict conditions, such as the expertise and skill of the dental nurse. Both the dental nurse herself and the authorised person need to be reasonably certain that the dental nurse is capable of performing the action. Further to this, the authorised person should (if necessary) give instructions, keep an eye on things, and ensure that he will be able to intervene. The dental nurse acts on the orders of the care provider, but will perform certain actions independently. Doing so, she works according to professional guidelines, working instructions and the guidelines of the organisation. Her independence at work may range from carrying out direct orders to independent judgement whether certain tasks are necessary or not.

### **Typical professional attitude**

Professional attitude is a combination of one's view on man and society, attitude, behaviour and methodical principles generating certain values and moral standards. Apart from this, the dental nurse has her own moral standards and values, and the organisation may set limits to actions (for instance as a result of denominational aspects).

The general professional attitude will be coloured individually through this, determining the way the dental

nurse treats the patient during the performance of tasks. An important aspect of the professional attitude is for the dental nurse to be able to reflect on her own professional actions and to adapt them if necessary. The dental nurse's professional attitude is characterised by an empathic, helpful, patient-oriented, straightforward and open approach to patients and a loyal and cooperative attitude towards colleagues and other dental professionals.

Due to the nature of her work the dental nurse often comes across patients who may be anxious. The dental nurse is alert to this and she will pay attention to it. She takes care to look presentable. She treats patients with care. She shows respect to the patient, irrespective of their social or economical status, denomination, political convictions, education, race, sex or age. She takes into account the moral standards and values, wishes, customs and feelings of the patient. She realises that her relationship with the patient is not always on an equal footing, because the patient is dependent on care and service. She is aware of her position and knows how to handle it. In ethical matters she deals consciously with her own moral standards and values, the rules of the surgery or department and relevant laws.

She is able to work independently, and thinks proactively along with other dental professionals and the patient. She

deals with privacy-sensitive information correctly.

The NMT takes many initiatives in the promotion, recruitment and development of the profession and the education of dental nurses. CNV Publieke Zaak, which incorporates the professional union of dental nurses, has become more and more active in professionalising the group. The social partners organise conferences and seminars and offer further training and refresher courses or provide information about this. The training for dental nurses is level 4 intermediate vocational education, and is basic training in order to work in all types of organisations where dental nurses are allowed to work. Due to the development of the profession, dental nurses take a lot of refresher courses. The dental nurse has various career opportunities.

Horizontal career steps are possible when the dental nurse transfers to a different type of organisation. Apart from this, vertical steps are possible by specialising to be a prevention nurse, taking a higher vocational course in oral hygiene, or by taking on responsibility in coordination or management. The names and content of management positions are dependent on the type of organisation.

Specific research data about the position of dental nurses on the job market are available. There have always been great shortages of dental nurses,

the position on the labour market differing by the region. In 1999, 51% of dentists indicated there was a shortage of dental nurses in their region. (source: Omnibusenquête voorjaar 1999, Onderzoek tandheelkundige praktijkvoering voor 1999: Tandheelkundig team), and in 2001 this shortage had risen to 73%. (Omnibusenquête najaar 2001: Promotiecampagne tandartsassistenten).

In 2004 an average of 2.6 dental nurses were working per surgery. A survey has been drawn up about variations resulting from specialisation of duties in large group surgeries and between different types of surgeries (context) where dental nurses are working.

Surgery types that occur:

- ◆ dentist (group en solo)
- ◆ orthodontic surgeon (group en solo)
- ◆ specialist dentist (group en solo )
- ◆ oral surgeon

Functions that have resulted from specialisation:

- ◆ all-round dental nurse
- ◆ dental chair assistant
- ◆ desk clerk
- ◆ prevention nurse
- ◆ sterilisation/ circulation nurse
- ◆ head assistant

Analysis of the data has made it clear that the core tasks, core assignments and competences in the various surgeries do not fundamentally differ. The differences that do occur are at

the level of sub tasks in core task #4. (performing actions before, during and after patient treatment.)

For the duties resulting from specialisation, the differences occur at the level of complete core tasks that may be performed or not.

### **Overview of tasks**

*The core tasks are:*

1. Reception and introduction of patients
2. Advice and information
3. Assistance during treatment of patients
4. Performing parts of patient treatment
5. Organising work processes

*The tasks related to the organisation are:*

1. Working together with and consulting with colleagues and other disciplines

*The tasks related to the profession are:*

1. Increasing one's expertise
2. Developing the quality of the work
3. Further training and promoting the profession

### **Dental nurse with a special education for prevention**

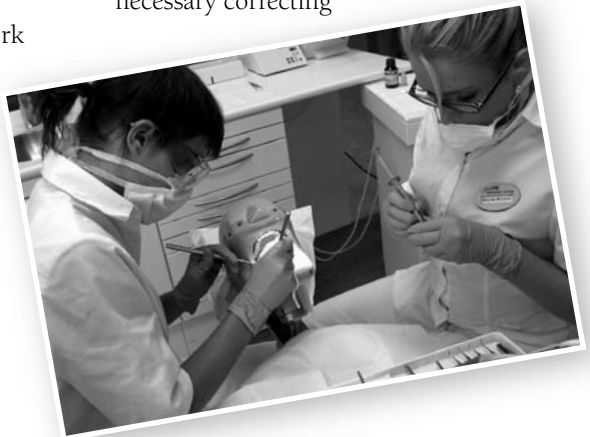
Under the influence of the introduction of the BIG Act a development has started in which dental nurses perform more duties in the field of patient care. An example of this is scaling supra-

gingival tartar for patients without pathological periodontal problems.

A dental nurse plus is a dental nurse who on the basis of a specific advanced course or training performs independently patient care duties other than those mentioned in the professional profile, by order of the dentist. These dental nurses operate especially in dental prevention and oral hygiene.

The duties of the dental nurse plus involve:

- ◆ recognising the symptoms of tooth decay, gingivitis and periodontitis and performing plaque tests, bleeding tests and retention tests.
- ◆ performing a pocket status
- ◆ providing the individual patient with information and advice about dental hygiene and nutrition
- ◆ demonstrating, checking and if necessary correcting



*Dental nurse with a special education for prevention*

the application of dental hygiene instruments

- ◆ scaling supra gingival tartar using hand instruments and high frequency apparatus
- ◆ polishing dental elements
- ◆ preparing and maintaining instruments for the cleaning of teeth
- ◆ the application of sealants

## Dental hygienist

In individual health care the dental hygienist is an expert at preventing disorders of the teeth and face, correcting and ameliorating any disorders of the tissues surrounding the teeth. The care to be provided can be divided into curative dental hygiene and preventive dental hygiene and dental care. Prior to treatment the dental hygienist examines and judges the condition of the teeth and the tissues surrounding the teeth, records data and draws up a treatment plan. The previous is done by means of a medical and dental assessment, clinical examination and X-rays. As from 2007 the duties of the dental hygienist have been extended to doing simple restorations. They graduate with a new title: oral care professional.

The dental hygienist carries out independent examinations of disorders of the teeth and the tissues surrounding the teeth. On the basis of diagnosis, he performs curative dental hygiene and preventive dental hygiene and dental care. When he comes across disorders the treatment of which is outside the

range of his expertise or competence, he refers the patient to other providers of dental care.

In order to gain insight into the general health condition of the patient the dental hygienist takes a case history relevant to dental hygiene treatment. In situations of doubt or lack of clarity the dental hygienist will contact the referring dentist, the patient's general practitioner or the specialist whom the patient is being treated by. Dental data are gathered by means of an extra- and intra-oral exam and by determining a number of indexes such as plaque and bleeding indexes and by making a periodontium status and present status. If necessary, X-rays and dental casts are made and / or samples are taken for the benefit of bacterial examination. On the basis of the data collected, the dental hygienist draws up a care or treatment plan and discusses this with the patient.

Curative dental hygiene is about cleaning the patient's teeth. The aim is either to cure the tissues supporting the teeth from acute and chronic disorders, or to guide the patient to a situation that is no longer threatening (oral) health. Cleaning comprises supra- and sub-gingival tartar, tooth plaque and / or deposit on the teeth.

The smoothing of root surfaces and the polishing of fillings and dental surfaces by means of the appropriate equipment and instruments are also part of dental hygiene.

On the tissues surrounding the teeth substances may be applied that combat gum disease. Preventive dental hygiene and dental care comprise providing information on dentistry (for instance the prevention of tooth decay), dental hygiene (for instance the prevention of gum disease), providing instruction concerning dental hygiene (brushing instructions, instructions involving different hygiene appliances) and the application of substances preventing tooth decay (fluoride varnishes and fissure sealants). In relation to the above, nutritional advice may also be given.

If an examination or treatment might be too painful for the patient the dental hygienist may apply a local anaesthetic. When the local anaesthetic involves giving an injection, an order by a dentist to do so is required. For diagnostic radiology the order of a dentist is required as well. Moreover supervision and intervention must be guaranteed.

Dental hygiene treatment is evaluated afterwards, determining what aftercare may be necessary. (recall system). The dental hygienist provides written information to the referring dentist about the course of the treatment, and of what has been decided upon by way of subsequent treatment or aftercare.

In providing care the dental hygienist will have to deal with the limits of his qualifications. He operates effectively and efficiently as part of the dental team

and adopts an adequate professional attitude towards both the patient and the other professionals in the surgery.

He observes the regulations on the prevention of infection, as well as the professional code of dental hygienists. He takes adequate care of the surgery and its equipment and keeps a careful administration, as far as patient data and finances are concerned (in accordance with legislation). He keeps his professional knowledge and skills up to standard and has a critical attitude towards his own actions.

## 3.2 Dental Specialisms

### **Orthodontic Oral surgery**

In the first part of this chapter we discussed the professional groups working in general dental surgeries. In the next part we shall discuss two dental specialisms, which are nearly always performed outside general dental surgeries. In The Netherlands only two dental specialisms have been established by law, namely orthodontism and mouth and oral surgery. Orthodontists and oral surgeons have studied an extra 4 years in a special area after obtaining their dentist's diploma. Orthodontists usually work in separate orthodontic surgeries and oral surgeons practically always work in hospitals. But the difference is that they may not call themselves

specialists. A general dentist may therefore refer patients to official specialists, but also to dentist colleagues who have acquired special skills in certain areas of dentistry.



### 3.3 Dental Laboratories

#### Dental technicians Dentistry worker

The dental technician produces dental provisions outside the mouth of the patient. He or she does so by assignment of a dentist or other dentistry professional. These appliances are unique and individual and should not be distinguishable from real teeth, except for orthodontic pieces such as braces for children. The dental technician uses a great range of materials, such as metal alloys, plastics, plaster and ceramics. In order to do so he will have to have knowledge of production techniques, anatomy, materials, communicative and business aspects. Of course the dental technician

should also be creative. Apart from mathematical insight, he or she should also have a feeling for aesthetics. The greater part of dental techniques consists of manual work. CAD/CAM techniques are growing increasingly important for safeguarding uniform dental quality.

As a dental technician you also carry out preparatory work concerning crowns and bridges. If you have opted for graduating in dentures, you will also produce partial and complete teeth prosthesis. When graduating in crowns and bridges you will produce all kind of pieces. In order to be able to do this, you will need manual skills and theoretical knowledge.

<b>The core tasks for the dental technician graduating in denture techniques:</b>	
	Producing plaster models and mounting these in an articulator.
	Producing individual casts, bite and registration plates and other aids for the registration of bites
	Producing complete and partial artificial teeth (simple and non-extensive).
<b>The core tasks for the dental technician graduating in crowns and bridges:</b>	
	Producing plaster models and mounting these in an articulator
	Producing individual casts, bite and registration plates and other aids for the registration of bites.
	Producing crowns and bridges (simple and non-extensive).

# 4. Status and Position of the Dental Nurse

## 4.1 The Law and Ethics

◆ The BIG Act (Individual Health Care Professionals Act) is intended to promote and safeguard the quality of professions in individual health care and to protect the patient against inexperienced and negligent treatment by professionals. The act concentrates on individual health care, meaning care directly concerning a person.

The BIG Act has replaced twelve old acts and has put a stop to the strict prohibition of the unqualified practice of medicine. This prohibition is no longer tenable. Assertive patients should be able to consult any regular or alternative care provider from whom they expect the most benefit. The strict prohibition of the old legislation also proved to be difficult to maintain. There were so many offences that in actual practice only those unqualified practitioners were penalised, who caused damage to their patients.

The BIG Act arranges the provision of care by professionals. Instead of a prohibition to practice medicine, there is now legislation that leaves medical practice free, thus increasing everybody's liberty to choose any care provider they wish. The BIG Act mentions a number of reserved actions, however. These may only be performed by care providers who are

qualified to do so, in order to prevent unacceptable health risks to the patient due to inexperienced treatment. Moreover, the act adds a penalty clause to the freedom of medical practice: damaging someone's health is a criminal offence. For a limited number of professional groups protection of titles has been introduced. Such a title indicates that the bearer is an expert in a particular field of health care. Disciplinary law has been adapted for various groups of professionals. Certain groups have come under disciplinary law for the first time.

### Quality

The main aim of the BIG Act is to create the conditions for the promotion and safeguarding of the quality of professional practice in individual health care. Therefore the act contains regulations about such matters as the protection of titles, registration, reserved actions and disciplinary law.

### Protection of titles

The abolition of the prohibition of unqualified medical practice has brought about the end of the system of professional protection. The practice of medicine is no longer reserved to particular professional groups. The BIG Act introduces a system of title protection for a limited number of professional groups. Whoever carries out a profession that has been legally regulated, may use a

professional or educational title that has been protected by civil law. Such a practitioner should comply to a number of legal regulations, the most important of which concern education and training. By using a protected title professional practitioners make clear to the public and to insurers in what field they are experts. Eight professions are regulated by law: pharmacists, physicians, physical therapists, health care psychologists, psycho therapists, dentists, midwives and nurses. Educational standards are set for each of these eight professions. Moreover, there is a description of the field in which the practitioner concerned is an expert.

### **Registration**

The national government has set up registers for the eight professions, so called BIG registers. Only registered persons are allowed to use a professional title, and only they will fall under disciplinary laws. The registration is not automatic. Practitioners need to apply to the Health Care Inspectorate. Registration is only granted when the practitioner meets the demands, the most important of which is the education that has been followed. Registered practitioners, but also third parties, may be given information from the register when they request it. For instance, one may ask whether the practitioner is justified in using the title, and whether there are limits set to professional practice.

### **Disciplinary law**

For the eight professions regulated by law, there will be disciplinary law, to promote and safeguard the quality of professional practice. Civil law and criminal law do not contain adequate instruments to do so. There used to be disciplinary law for physicians, pharmacists, dentists, midwives and nurses. The first aim of disciplinary law is and will remain the safeguarding of proper professional practice with a view to the interests of those cared for.

Not only physicians, dentists and midwives are allowed to perform reserved actions. Others too, such as nurses, care workers, operation assistants, radiologists and dental nurses are also allowed to do so. They do not belong to those authorised. Other than physicians, dentists and midwives they do not draw up an indication and they always work by order of an authorised practitioner. Practitioners of professions not regulated by law cannot be authorised either. In actual fact any practitioner in individual care who has received an order and who is an expert is authorised to perform reserved actions. An authorised practitioner may therefore give an order to a non-qualified practitioner to perform a reserved action. A number of conditions apply, however, the most important being that the practitioner giving the order may reasonably assume that the person taking the order is competent to perform the action adequately. A physician may for instance ask

a qualified nurse with sufficient experience to give an injection, but not a trainee nurse who has never done so. If necessary the authorised person should provide instructions. Moreover, he or she should supervise the execution and be available to be able to take action, if necessary.

The practitioner who is not authorised is only allowed to perform a reserved action in a number of conditions. To begin with, there must be an order by an authorised practitioner. Besides, the person concerned should be competent enough to perform the action adequately. Further to this the non-authorised practitioner should adhere to any instructions given by the practitioner giving the order.

If a dental nurse performs a reserved action, she will be accountable and responsible herself according to the BIG Act. This also applies to non-reserved actions. The dental nurse may be held liable on the basis of civil law.

Dental nurses will have to take a vow or promise in the presence of the exam board and those present when the diploma is handed to them. They may make their own choice of whether to take the vow or the promise. Both have been added here by way of illustration.

### Core assignments

Core assignments describe the choices or dilemmas the dental nurse faces regularly, which are characteristic to her work and for which the dental nurse

#### OATH / VOW

In the presence of the chairman of the examining board, charged with the final examination of the  
Training for: **DENTAL NURSE** at KELLEBEEK COLLEGE (name of school)  
in Etten-Leur (place of diploma)  
Name assistant

Date of birth .....

Has sworn the following oath or made the following vow:

***"I swear to keep secret everything that has been entrusted to me as a secret in the execution of my duties as a dental nurse, or what has come to my knowledge as such. So help me God Almighty"***

***So I solemnly swear"***

**OR**

***"I promise to keep secret everything that has been entrusted to me as a secret in the execution of my duties as a dental nurse, or what has come to my knowledge as such.***

***So I promise"***

Etten-Leur, day month year

On behalf of the examining board,

The chairman ,

the examinee,

signature

signature

is supposed to provide a solution and an approach. Choices and dilemmas are also described in the description of the core assignments. These are choices and dilemmas the dental nurse is faced with when performing a specific core assignment. Core assignments describe choices and dilemmas the dental nurse faces in various or all core tasks and which occur in one or more contexts.

## **Overview of core assignments**

### **1) Dealing with the interests and expectations of both the patient and of other dental professionals.**

On the one hand the dental nurse is faced with the assignment to cater as well as possible to the needs of the patient and the avoidance of risks in meeting the demand. On the other hand she tries to create the optimum conditions for the dentist / specialist to carry out his profession efficiently and effectively. In her considerations of meeting the interests of both sides, she takes into account factors such as the condition and the situation of the patient, pressures of time, daily planning and for instance waiting periods for other patients. If the patient expected different treatment, the dental nurse will try to find out why the patient desires something else, and she shows empathy. She will explain to the patient clearly what the advantages are of the treatment proposed by the dentist / specialist and will try to match it with the considerations that are of importance to the patient.

### **2) Professional versus personal interaction**

The dental nurse is faced with the task of acting in a professional manner and also to indicate clearly where her personal and ethical limits are. She empathises with the situation of the patient and shows understanding of it. She provides explanations for her answers and advice. In case of conflict, impatience, irritation and / or aggression on the part of the patient, the dental nurse knows how to act in a professional, quiet and convincing manner. The dental nurse will indicate clearly and convincingly her own limits in dealing with the patient, thus preventing escalation and channelling frustrations, so that she may work in an agreeable manner and help the patient to the best of her abilities. Besides convincing the patient she also needs to motivate the patient to enhance the chances of the patient following up certain advice. She should try to keep on motivating, even if she estimates that the patient will give little or no heed to her efforts.

### **3) Setting the limits of one's own working area**

The dental nurse faces the task of deciding per situation where the limits of her own responsibility lie, and where those of others (colleagues or dentist / specialist). On the basis of working instructions and experience she will decide in what cases she can deal with a question independently and / or perform (part of a ) treatment, and

when she needs to consult with or refer to the dentist / specialist. In this way the patient is treated adequately and by a qualified person. Setting her limits is also connected with her physical posture. Especially when working at the dental chair she should indicate clearly when her posture is not ergonomically well-balanced, even though it is desirable for the patient or dentist / specialist.

#### 4) Setting priorities

The dental nurse needs to set priorities in all her duties, both planned and unplanned. She has insight in the different working processes and assesses priorities on the basis of the information available at a particular moment. She sees and mentions the consequences and any risks of doing one thing and leaving another. She informs her colleagues so that everybody knows what is to be done. If necessary she informs third parties of any changes in planning. She is able to quickly switch between the different duties while keeping an overview at the same time.

#### Professional competences

Competences refer to individual abilities. They should be demonstrated within a particular context, since this context decides what is adequate behaviour and what is not. Whether dental nurses really achieve adequate results not only depends on their personal skills, but also on the possibilities offered by the context. Due to the mutual influence of person and

context any limitations in the working environment may hinder someone in showing her competences, while on the other hand organisational conditions or a favourable climate of learning may stimulate a person to show her competences. A particular context or situation may also make a limited appeal on competences.

The competences have been described on the basis of core tasks and core assignments. The competences the dental nurse should possess enable her to perform the core tasks and to deal with the core assignments. The competences concern the performance of all duties and cannot be attributed to separate tasks and / or core assignments.

Two examples to illustrate this: In order to be able to perform the core task of providing advice and information adequately, the dental nurse needs competences from the competence areas A (dealing with patients), B (working in a client-oriented manner) and C (setting one's own limits)

In order to provide a solution for core assignment 2 (professional versus personal interchange) she will need competences from areas A,B,C and F (cooperation and consultation). For each competence a description is given which process (method or procedure) leads to the desired result, and what the result of certain actions or behaviour should be. It is important

for the dental nurse to be able to apply the competences in professional situations. She should not only master the competences separately, but also be able to perform them in combination. Many situations require combinations of competences. Below you will find the overview of competence areas and the competences connected with them. These will be elaborated on later.

## **Overview of competence areas**

### **Competence area A: dealing with patients**

- A1) The dental nurse is able to notice verbal and non-verbal signs so that she will know what the patient needs and so that the dentist / specialist can cater for the needs and condition of the patient adequately.
- A2) The dental nurse is able to inform the patient in a professional and helpful way about the surgery, so that the patient knows what he may expect.
- A3) The dental nurse is able to communicate clearly and convincingly with the patient, so that the patient will know what to expect from the dental nurse concerning and during the treatment.
- A4) The dental nurse is able to deal with different and conflicting interests of the patient and the dentist / specialist, so that the patient will be treated adequately and the dentist / specialist can perform his tasks adequately.
- A5) The dental nurse is able to reduce anxiety of the patient concerning

and during treatment and to gain confidence of the patient so that the treatment runs as smoothly as possible.

### **Competence area B: Working in a client-oriented manner**

- B1) The dental nurse is able to clarify the request for aid and the measure of urgency systematically, so that the patient may be aided correctly and in time.
- B2) The dental nurse is able to clearly inform the patient and to provide advice whether he asks for it or not, so that the patient will know what he is up for and what he should do.

### **Competence area C: Guarding one's own limits**

- C1) The dental nurse is able to judge whether she is competent and qualified to perform the task at hand, so that the patient is aided by a competent and qualified practitioner.
- C2) The dental nurse is able to work well under great pressure so that the quality of her work remains high.
- C3) The dental nurse is able to act professionally even when behaviour of the patient oversteps limits, so that her work is carried out adequately even then.

### **Competence area D: Patient connected actions within and outside of the mouth**

- D1) The dental nurse is able to perform actions in the mouth carefully and effectively so that the patient runs no

unnecessary risks and has as little pain as possible.

D2) The dental nurse is able to assist the dentist / specialist pro-actively, so that the treatment is done efficiently and effectively.

### **Competence area E: Organisation of the work**

E1) The dental nurse is able to organise her activities systematically and to set priorities so that her duties are performed effectively and efficiently in a situation where different work processes require attention simultaneously.

E2) The dental nurse is able to act in a proactive manner so that the treatment and the working processes run efficiently and effectively and the patient runs no unnecessary risks.

### **Competence area F: Cooperation and consultation**

F1) The dental nurse is able to communicate clearly with colleagues and other dental professionals about her activities, so that adequate consultation will take place.

F2) The dental nurse is able to cooperate and communicate in limited space with the dentist / specialist so that they understand



each other well and treatment runs smoothly.

### **Competence area G: Professionalising and promotion of quality**

G1) The dental nurse is able to work and develop professionally, so that she may carry out her profession according to high standards of quality.

G2) The dental nurse is able to contribute actively towards the development of the quality of work processes and the work.

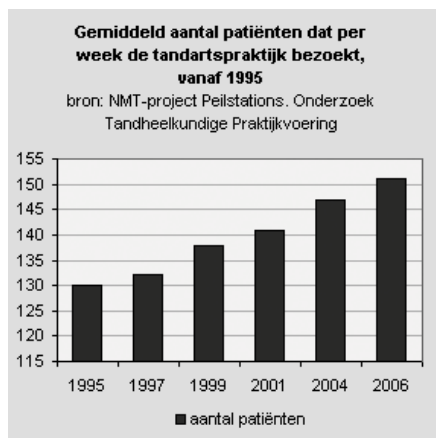
## **4.2. Some Facts**

The Netherlands have about 16 million inhabitants. For December 2007 the core indicators have been presented in the table below. The figures below are published every month by the Central Bureau of Statistics. They tell us something about The Netherlands in a nutshell.

Figures  
Core  
indicators

	Figure	Period
Number of inhabitants	16 404 282	December 2007
Economic growth	4,4%	4th quarter 2007
Unemployed	4,0%	November 2007–January 2008
Consumer trust	-10	February 2008
Inflation	2,0%	January 2008
Victims of crime	25,8%	2007
(very) healthy	80,9%	2006

Figuur 6



*Average number of patients consulting dental surgery, as from 1995*

## Manpower in dentistry

Apart from the dental nurse many more practitioners work in dentistry. Dentists, dental technicians and oral hygienists provide so called primary care. Anyone experiencing a problem concerning (artificial) teeth or gums will, at the first instance turn to a care provider from primary care. General practitioners and midwives also belong here. Secondary health care comprises for instance hospitals and rehabilitation centres. An example of referral from a primary care provider, for instance the dentist, to a secondary care provider, such as the oral surgeon, may be related to a complicated extraction of a wisdom tooth of a patient. If people cannot be aided by primary or secondary health care they logically end up in tertiary care, for instance housing for the mentally handicapped.

**Figuur 7**



*Data from 2005/2006*

1. 16,000 dental nurses
2. 7,600 dentists
3. 5,300 dental technicians
4. 2,500 oral hygienists
5. 500 dentistry specialists
6. 400 specialised dentists
7. 300 dental technicians

In the survey above you may see what kind of practitioners there are in health care. The dentist is seen as a guardian, who sees the patient regularly and if necessary treats him, and also notices in time when a patient will benefit from care by someone else. This may be the case when a patient has frequent gum inflammations and tartar. The dentist may delegate the scaling of the teeth to an oral hygienist. Government politics stimulate dentists with a surgery of their own, to join in larger co-operations or a bigger group surgery, or even better, a (dental) health care centre, the advantage of this being that the patient will find all the care he needs under one roof. Apart from dentists, dental nurses and oral hygienists you may also come across orthodontists or dental technicians.

## **Legal position dental nurse**

In the text below you will find the most important labour conditions for dental nurses as of 2008. A dental nurse has a 38-hour working week when fully employed. Working hours are parallel with dental surgery opening times. Overtime is done outside regular opening hours in the evenings or over the weekend. A full-time employee is entitled to 178.5 off-hours a year, which is about 23 holidays a year.

In The Netherlands about 50% of dental nurses possess a diploma. In general, this may be explained historically, but at the same time the demand for dental nurses is greater than the number available. The opportunity to combine training with working in a dental surgery is becoming increasingly popular for young adults as well as for people who wish to train to be a dental nurse at a later age.

Three salary scales may be distinguished depending on whether someone has a diploma or not, and in view of the possibility of gaining an extra qualification in prevention.



**Table 1: Trends in the use of health care**

	1981	1986	1991	1995	1998	2000	2001
<i>% persons with at least one annual contact with</i>							
General Practitioner	69	73	76	75	76	76	76
Specialist	36	38	39	39	38	38	38
Dentist	61	68	72	75	78	78	78
Physical therapist	7	11	14	14	15	16	17

**Table 2: Use of health care in 2001**

	Total	Sex		Age (years)			
		Male	Female	0-19	20-44	45-64	65+
<i>% persons with at least one annual contact with</i>							
General Practitioner	76	70	82	70	75	77	89
Specialist	38	35	41	30	32	42	62
Dentist	78	77	79	83	89	74	43
Physical therapist	17	14	19	6	18	22	23

**Table 3: Average number of contacts health care in 2001**

	Total	Sex		Age			
		Male	Female	0-19	20-44	45-64	65+
<i>Average number of contacts per person with</i>							
General Practitioner	4,0	3,3	4,6	2,7	4,0	4,2	6,1
Specialist	1,8	1,7	1,9	1,0	1,7	2,1	3,1
Dentist	2,3	2,0	2,6	2,0	2,4	2,6	1,8
Physical therapist	2,8	2,5	3,2	0,9	2,5	3,8	5,4

Source: CBS (Central Bureau of Statistics ([www.cbs.nl](http://www.cbs.nl)))

Employee under 21 Age Gross salary	Employee from 21: Number Gross salary	SALARY SCALE DENTAL NURSE-PLUS (prevention dental nurse) Number gross salary
16 € 910,00	0 € 1.456,00	0 € 1.607,00
17 € 1.019,00	1 € 1.530,00	1 € 1.689,00
18 € 1.129,00	2 € 1.607,00	2 € 1.738,00
19 € 1.240,00	3 € 1.689,00	3 € 1.792,00
20 € 1.347,00	4 € 1.738,00	4 € 1.854,00
	5 € 1.792,00	5 € 1.915,00
	6 € 1.854,00	6 € 1.972,00
	7 € 1.915,00	7 € 2.031,00
	8 € 1.972,00	8 € 2.091,00

# 5. The Dental Nurse in the Work Place

*The information in this chapter refers to the duties of the dental nurse.*

In Dutch dental surgeries trainee dental nurses are expected to carry out a number of important duties. Most dental surgeries will start at 08.00 a.m. and close at around 05.00 or 05.30 p.m., from Monday until Friday. On Saturdays and Sundays the surgeries will be closed. You are supposed to be present at these times, and the working day is divided into a number of important duties.

## 5.1. Hygiene and Maintenance of Equipment

The trainee is supposed to have knowledge of the measures to be taken in a dental surgery in order to be able to work hygienically. The prevention of infection is one of the most important duties in a dental surgery. The trainee should wear the professional uniform required and have well-groomed hands and nails. The regulations concerning hygiene in dental practice have been laid down in an act: The prevention of Infection Act. Dental surgeries must adhere by these rules. Practitioners in a dental surgery should be very careful about their appearance as well as their personal hygiene. Therefore you will always have to wear gloves and

mouth caps in the workplace. It is also desirable to have your hair in a tail or done up by means of hairpins.

Apart from good personal hygiene it is essential for the surgery and materials and equipment to be hygienically sound. Thus, the surgery will have to meet hygienic standards before the treatment of a patient. After the treatment of a patient everything has to be cleared away and disinfected according to the guidelines of the Prevention of Infection Act.

This involves flushing out the pipes of the dental unit and the dental nurse's unit, disinfecting the surfaces of the dental chair and the working surfaces. The specific cleansing of large and small instruments is also of importance. Sterilisation procedures will be discussed in this chapter.

## 5.2. Documentation and Administration

An important duty of the trainee dental nurse is managing patient files. Everything discussed with the patient by the dentist, oral hygienist or dental nurse must be laid down in writing, which is called documentation. Good and systematic documentation is an important duty of the dental nurse. Nothing must be left to chance, or

assumed to be in order of its own accord, or assumed that everything is known and speaks for itself. In order to prevent misunderstanding and problems, documentation must always take place. Patient files must always be up to date. The trainee dental nurse will contribute to handling this. Thus, after any dental treatment, you will have to note down in the patient file what exactly was done during treatment. For instance what molar has been filled and what material was used to do so, what instructions have been given and what follow-up appointments have been made. Usually documentation will be done by means of a computer, but in some cases patient cards will have to be filled in on paper by hand.

An important documentary task for the trainee is to take, record and interpret the general and dental health of the patient, the assessment. Additional patient information may be acquired by means of taking X ray pictures.

### **General health**

You will learn how to make general health assessments (about illnesses, disorders and the use of medicine by patients, about allergies of patients), to record them and to understand them. Of course you will be guided in doing this in a foreign country and you will learn to interpret the information acquired. You will do this together with the dental nurses and / or the dentist. In this way you will be able to



plan appointments for a patient with a medically more complicated history.

### **Dental health**

Apart from this, making a dental assessment is very important. You will do this together with the dental nurse and / or the dentist. Taking a present status, doing a simple check-up of teeth and recording a treatment plan, as agreed upon by patient and dentist is part of the job.

### **Radiology**

You will assist in making X-rays, both digital and analogous. Eventually you will make X-rays independently. It is very interesting to judge and discuss the pictures together with the dentist.

To conclude this paragraph we note that the dental nurse is responsible for the administration in the broadest sense. The invoices for the patients must be produced and forwarded. Letters of referral have to be drawn up. Correspondence to colleagues has to be sent. Maintenance contracts must be met. Correspondence with care insurers must be in order. Archiving

all the information and safeguarding all information acquired is a daily task. Remember to make back-ups.

## 5.3. Promotion of Oral Health Care

Another important duty of the dental nurse, is promoting good dental health for patients, for instance by providing information to them. In Dutch surgeries, information is provided about nutrition and oral hygiene. It is desirable for you to know the differences between healthy and non-healthy food. For instance compare the effects of a Bacardi breezer with those of a glass of milk on dental health of patients. Also providing information about teeth-cleansing methods, flossing, toothpicks and brushing methods are part of the package, as is regular promotion of check-ups by dentists. And more and more frequently advice about non-smoking is given to patients.

Working according to the tell-show-do method is preferable. It is not only important that you tell what patients should do, but actually showing and demonstrating how to do this contributes to better results of the information given. Apart

from promoting good dental care, there are also preventive treatments aimed at preventing dental problems. Preventive dentistry also comprises a number of simple treatments, that may be performed by you, for instance individual fluoride treatments, applying a sealant and polishing dental elements and performing tartar colour tests.

## 5.4. Treatments, Assisting the Dentist

In the previous paragraphs we have already discussed a number of core duties of the trainee dental nurse. But as you will have noticed we have not discussed all duties. We have not talked about the actual assisting during more extensive dental treatment according to the principle of four-handed dentistry. This involves correctly handing over instruments from dentist to dental nurse. This is preceded by laying out the instruments and materials you think you may need during the specific

treatment. Four-handed dentistry may be the most difficult task of them all, but during your work placement you will practice this a lot. And do not forget: practice makes perfect. Below we shall go into a number of dental areas where work will be done along the principles



of four-handed dentistry as much as possible. Good ergonomics are the starting point.

### **Cariology**

Cariology is one of the areas requiring you to assist at the chair. Cariology involves making fillings, such as glasionomere, composites and may be amalgam fillings and restorative dentistry.

### **Endodontology**

Endodontology is performing root canal treatment. You will also come across this quite often. They are often prolonged and complex treatments. You will be trained at this in order to be able to practice four-handed dentistry.

### **Periodontology**

Periodontology is all about gum treatment, cleaning teeth and scaling tartar, anything to do with the health of the supporting tissues of the teeth. These are all activities in which you will have to assist. The oral hygienist will certainly guide you in this.



### **Oral Surgery**

Oral surgery is the extraction of teeth (including easy and more difficult extractions) and gum operations (flap operations, gingivectomy) Simple apex resections also belong to the possible treatments. For placing implants the patients will go to a dentist implantologist or to the hospital department of oral surgery. At the request of a trainee it is possible to have a look at such a department in a hospital.

### **Prosthetic Dentistry**

This comprises both fixed and removable appliances, for instance full and partial prostheses in different materials. Crowns and bridges also belong to the parts of dentistry that are used to care of good and permanent replacement of teeth. More and more often structures will be made on implants.

### **Orthodontology**

You will also be able to get acquainted with orthodontology. In some general surgeries orthodontics is practised by the dentist, but mostly these patients are referred to a specialist. There certainly will be opportunities for trainees to spend a day at an orthodontic surgery.

### **Cosmetic Dentistry**

Patients become increasingly demanding about the aesthetics of their teeth. Under the influence of different media, such

as television, magazines, movies and advertising, many wish a beautiful smile with white teeth and a nice round tooth arch.

Of course as members of the dental team we know not everything is possible, but still more and more cosmetic dentistry is being done. The bleaching of teeth is done more frequently. Making porcelain facings, to correct tooth colour, tooth shape and positioning are also possible. In view of the large offering of different colours of composites, working with these composite materials has become a real art.

# 6. Communication

## 6.1. Communication with Patients

Whereas in the past the dental nurse did not play a very important part in communication with patients, she certainly does now. It is impossible for the dentist to take care of all this himself.

Patients want explanations about almost anything concerning dental surgery in general and specific dental treatments in particular. They are assertive and wish to be involved in decisions to be made. They expect to be addressed correctly and politely. Thus, the dental nurse must be able to listen to patients in order to understand what they would actually like and / or mean.

Patients should be addressed correctly and in a polite manner, according to the demands of these times, at the counter, but also by telephone, letter, email and even text messages. The non-verbal aspects are also important, both those of the patient and those of the nurse. Acquiring good social skills is of great value.

Providing dental information is also part of communication, such as providing brushing instructions and nutritional advice. (as you could see in chapter 6)

Dentists in The Netherlands are very busy and would rather concentrate on the profession of the dentist. There is great demand for dental aid, as you will have concluded on reading this. A dental nurse has an important role in the communication with patients, implying that the trainee dental nurse will have to be trained at this.

Moreover there is the obligation to keep things secret. What patients discuss in confidence with the dentist and dental nurses, must not be passed on outside the surgery.

In short, providing good information in a skilled and professional way is of great value for the dental surgery.

## 6.2. Communication with the Team

Apart from communication with patients, communication within the team is also important. Every member of the team should be aware of how things are run in the surgery. What happens to patients, the way they react, what they would like to happen, what arrangements have been made by dentist and patient. All such matters should be discussed with the whole team, so that the whole team is familiar with them (patient reviews).



Another form of communication, besides the communication with patients and that with the team is external communication or communication outside the dental surgery, such as consultations with dental nurses from different surgeries and communication with dental wholesalers or representatives of dental products. Communication with the dental laboratory or with specialists (orthodontists and oral surgeons) is also an important development. Not all technical work is standard, so the dental technician has to be briefed well, for instance about tooth shape and colouring.

Being a dental nurse is a quite diverse and multi-faceted profession, in which communication plays a major role.

You should pass on to each other what has happened in the surgery. Don't think: "This is not important", but keep on discussing things with each other. Rosters have to be made about who will go on holiday and for how long. Work will have to be re-distributed when someone falls ill, so team consultation is very important. This is of even greater importance when nurses and dentists work part-time.

It is the only way to maintain adequate quality of the organisation of a dental surgery.



# 7. A Day in the Life of a Dental Nurse

## Who am I?

My name is Linda, I am 23 years old and I work for an orthodontist called Hagen in Roosendaal. I have been working here since May 2002. After obtaining my dental nurse's diploma I started work here, after having been a trainee. It was quite nice, so I was very happy when I was offered a job. Mr Hagen started his surgery in Roosendaal in 1984. I am very fond of my work. We often work with children (and more frequently with adults), being able to do a lot of things independently. In short, it is just fun.



there are 8 dental nurses, both part-time and full-time, and 1 orthodontist. Our working day starts at a quarter to eight. First we switch on all computers and treatment units. We have six units in our surgery, three of which are in a large room, and three in separate rooms. Subsequently we take all clean instruments from the thermo-disinfector and put them in the cupboards next to the treatment units, after having switched on the thermo-disinfector the day before at the end of the day's programme. Each night technical work is delivered, such as plaster models and braces. We do not produce those in the surgery ourselves, but they are made at an orthodontic laboratory. The technical work is cleared away and the day's work can start.

## What does an orthodontist do?

An orthodontist is a specialised dentist who produces and adjusts braces. By means of models of the teeth and X-rays he judges the positioning of the teeth and the jaws, deciding what kind of brace is needed. A treatment takes two years on average. Teeth and jaws may be aligned wrongly in different ways. Therefore there are different types of braces. For adults there are braces that are practically invisible.

## What does the dental nurse do?

A dental nurse actually does a good many things. So I shall describe a day's work. In the surgery where I work,

The first patients usually come in at a quarter past eight. Today, I will start off by doing an extensive examination prior to treatment. All the information necessary is gathered to be able to judge what kind of brace(s) the patient will get. The dental nurse does the examination independently. We take light pictures of the patient first. Three pictures of the face are taken. Then I take 5 pictures of the teeth. I also take two X-rays, namely an OPT, OrthoPanTomogram, which is an overview picture of the entire upper and lower jaw and an LHP, Lateral Head Plate, which is a picture of the

skull profile. These pictures are taken in the X-ray room. I instruct the patient how to stand in the X-ray machine and explain what will happen. We have a digital X-ray machine. So the X-rays are no longer developed, but are recorded into the computer immediately.

Finally I take casts from the patient, usually in a separate room where the light pictures have also been taken. I put a plastic short and napkin on the patient. Then I fit spoons in the mouth, in order to make casts with them. Of course, I explain what is going to happen, because this is often the first time for the patient, and therefore quite stressful, so I try to put them at ease.

It is all quite simple. Alginate is mixed in electronic mixers, which is quite handy. First I make the lower cast, and mix some new alginate for the upper cast. Finally I make a wax bite, which is a piece of red wax that is first warmed up, and subsequently have the patient

*Below you see the two X-rays of myself.*

bite it. These casts and the wax bite will be forwarded to the orthodontic laboratory, where plaster models are made of them.

During the next appointment the patient will be fitted with fixed gear, a plate brace. First, brackets are fixed on the teeth. Then I polish the teeth, fit a mouth opener, so that I can see everything clearly and can reach it all. I also put a piston in the mouth so saliva will be sucked away. This patient will have brackets above and below. I start on the right side going on to the left. First they will be etched, then I flush the etch and blow dry everything. Then I apply a thin layer of primer on the teeth, which is hardened by means of a hardening lamp. I fix the brackets on the teeth one by one by means of a kind of composite. The orthodontist will then check if all brackets have been aligned correctly. Then I can harden the composite and start the same way on the left side. When it is finished, I put a fibre bow through the brackets, and fix the bow by means of elastics. There



are also braces with clips to fasten the fibre. To finish off I give oral hygiene instruction, which involves telling people how to brush and explain what the patient should and should not eat or drink.

In the afternoon there will usually be check-ups, of fixed braces (plate braces) and removable braces. The more lengthy treatments (which I described above) will be planned in the mornings. During check-ups of fixed braces the elastics will be taken off and the bows will be removed. Then the orthodontist will do the check-up and dental nurses will fix everything again. Removable braces will be adjusted by the orthodontist.

These are a number of duties of a dental nurse at an orthodontic surgery. Of course many more duties are performed by dental nurses, too much to describe here, though. Hopefully this will help in you choosing to come to The Netherlands for your work placement. If you do, I wish you a lot of success and fun.

### **And who am I?**

I am Daphne Ham, 19 years old. I have just finished my training as a dental nurse and have been working in a nice dental surgery for 12 months, where I have enjoyed myself very much.

I work in a practice with 4 surgeries, 1 for the oral hygienist, 3 for the

dentist. In each surgery there is a dental nurse, the dentist alternating between surgeries. We take care everything is ready for treatment and that the patient is in the chair. If necessary, we do the preparatory work. When the dentist comes to your surgery he can start immediately. When he is ready the dentist will go to the next room and you accompany the patient to the waiting room and clear up everything, getting things ready for the next treatment. When the dentist is performing a more lengthy treatment in another surgery, we do things like scaling tartar, making X-rays and casts, sealing, drawing up budgets, etc. I like this method of working very much, as I get a lot of variation in this way.

*I shall describe a day's work as a dental nurse:*

We always start at eight, get changed and switch on all the equipment, rinse the water pipes for two minutes and clear away clean materials and instruments which come from the thermo-disinfector from the day before. When everything is in order, we have a drink and talk through the day, whether there are things to keep an eye on during treatment and the like. At 8.30 the first patients arrive. I usually start off with a check-up. I lay out the mirror, probe and pocket probe and decide whether X-rays have to be made. When I am ready preparing, I ask the patient in, tell them they are here for a check-up and ask them if they have any problems with their teeth. I have

a look at their gums, scale tartar if any and take the X-rays if necessary. When I am ready I notify the dentist and he will do the rest of the check-up. He checks if the teeth are sound, or whether anything needs to be done, such as fill a hole. When there's a cavity I take the patient to the counter, and the desk clerk will make an appointment with the patient. A desk clerk always makes the appointments for us, she answers the telephone and does some administrative duties.

My next patient may be there for dentures. I have to make casts then. I prepare everything for this and seat the patient in a chair. They are often elderly people, who are nice to work with. I make the casts with alginate and have them approved by the dentist. When there is time left, I have a look at the colour and shape of the dentures. When the patient and I agree, I will see the patient again the following week for the second step of the dentures. Subsequently I fill out the technical form for the laboratory where the casts are sent. You have to communicate well with the laboratory for otherwise you run the risk that they do not understand what you mean and they will produce something different than what you intended.

At 10 we usually have a short break. Mostly I have a more lengthy treatment after this. Root canal treatment. You have to do a lot of preparation for this, so I take care to start in time. I have the

patient sit in the chair, check if there is an X-ray of the element to be treated, and if there isn't, I will make one. Next the dentist or a dental nurse who has taken a course, will give a sedation. During the time the sedation is taking effect, I insert the cofferdam, enabling the dentist to treat another patient meanwhile. When I am ready and the sedation is working, the dentist can start treatment. I assist him, arrange the files according to the correct length, and make a length and final picture. After the treatment I hand the patient some information about after effects and such, and have the patient leave the chair. During such lengthy treatment things may run out, and I think it important not to let the patient feel that we are running out of time or that things are not going well. Patients are often nervous and they become more nervous when they notice things are not going well.

Then I have a break from 12.30 to half past one. After the break we usually start doing check-ups. Then I assist treating a patient who needs a filling, and in between someone in pain comes in. Every day we keep about half an hour free for patients who need to be treated without having an appointment. For instance when a person has fallen and part of his front tooth has broken off. We can have a look at this and if necessary repair the tooth by means of a composite. I assist at this. As a dental nurse you have an important role here. The desk clerk has to find out on the



telephone whether it is an emergency, and we try to find out as much as possible about how much trouble the tooth is causing the patient, make X rays etc. The more information you have, the better you are able to treat the pain.

At three we have another break. Afterwards I have a plaque test of an 8-year-old girl. I show her where her mouth is not clean enough. I instruct her how to brush her teeth and how to clean interdentally. By the end of the day there are always a lot of check-ups in all the chairs. Mostly families, which is usually quite strenuous. Many children come in, while X-rays have to be made and tartar has to be scaled. After the last check-up we clear away everything, we clean the surgeries, clean the suction pipes with water. Subsequently we switch off all the equipment. When everything is ready at about 5.30 we can go home.

I like the work. It is a busy and varied job that is never the same. You never

know what may occur and how treatment will work out exactly. In this job you have a lot of contact with people and you have to be able to cooperate well with your colleagues and dentist.

I hope I have been able to give you some insight in what a day looks like in a Dutch dental surgery. I wish you lots of success in your training to be a dental nurse.

### ***I would also like to tell you something***

Let me introduce myself: I am Claudia Foesenek. In 2003 I got my diploma as a dental nurse and in December 2005 I successfully finished a special course in prevention. I have been working as a full-time dental nurse in a dental surgery in Roosendaal. The team comprises one dentist, two dental nurses working at the chair, 2 prevention dental nurses, two desk clerks and an oral hygienist. The practice has 4 surgeries, three of which are used by the dentist himself. This means that our work is quite varied. You not only assist at a chair, but also do treatments yourself. The fourth chair is used by the oral hygienist or the prevention dental nurse.

In the mornings when the alarm goes, I have some breakfast, get dressed, brush my teeth of course and go to the surgery. At eight I arrive at the surgery, get changed, and say hello to everybody and start getting the surgery ready for

treatment. We start by flushing the treatment unit and clearing away the instruments that have been taken from the steriliser and thermo –disinfector.

When all the surgeries are ready, we have a cup of tea and go through the schedule for the day.

Will there be any new patients today, has the technical work come in from the laboratory, are there any treatments requiring special attention?

When things have been discussed, which does not take long, we set to work. As I have told before, the dentist works at three chairs. A dental nurse assists at each chair and each chair has its own schedule, but they have been aligned to each other so the dentist is not faced with double bookings.

At 8.30 I open the patient file of the first patient, who is in for the half-year check-up. I see if the patient is up for bw's and dpsi. I pick up the patient from the waiting room, and tell him what is on the programme for today. From the patient file it appears he is up for bw's, which I make first. When they are in the scanner (we use digital X-ray in the surgery) I measure the dpsi score. There is some tartar in the lower front, which I scale right away. The dentist comes along, judges the bw's and does the check-up. He notices a number of fillings do not fit well any more. They will have to be replaced. An appointment has to be made, which I tell the desk clerk, by means of a short

note so that she will know what the appointment is for and how long it will take. I accompany the patient to the counter where the appointment is to be made. I go back to clear away the instruments that have been used and to disinfect the unit for the next patient.

The next patient is in for crown repair on the 15. In this element there is a root canal treatment. I first prepare all the stuff we need, which is quite a lot. I fetch the patient, put him at ease, and explain what we are going to do today. I start by making two alginate casts, a counter bite and a cast of the 15. I also fit a spoon for the cast after the preparation. When this has been done the dentist will come in to polish the 15. I do the suction. Then we have a look at the colour together. The dentist will insert the spoon with the cast material into the patient's mouth. I take over the spoon until the material has been hardened, which takes about six minutes. When the spoon has been removed, I start preparing the emergency crown, using the small alginate cast I took at the beginning of the treatment. When the cast has been judged by the dentist and has been approved I fix the emergency crown with a temporary cement.

I tell the patient what he may do and should not do with the emergency crown. The patient already has an appointment for two weeks from now, when the crown will be fitted. Now I need some time to get everything

cleared away and to fill out the technical form. It is a good thing I will have a break shortly. After the break a teenager girl comes in for an extensive cleaning of teeth and a plaque test. I fetch the patient and tell her that we will have a look at the way she brushes her teeth and what may be improved about this.

When I have settled her in the chair I start the plaque test. Together we have a look at the results: the edges of the gums and the space in between the teeth are not clean. I ask her how she brushes her teeth and what with. She brushes her teeth using a hand brush, tells me how she does this. She also says that she hates the fact that there is still plaque and that she is somewhat ashamed.

I tell her that she will no longer need to feel ashamed after today, because she will know how to brush her teeth after this. I instruct her how to brush, scale the tartar and instruct her how to use toothpicks so that everything will be clean between her teeth as well. Afterwards I polish everything so that it will feel fresh and smooth. Within a month I will have her back to see how things are going. She left the surgery satisfied and well motivated.

Yes, and then there is clearing and disinfecting for the next treatment again. For the next patient a restoration will have to be made at 26 do. At first sight you would say this is nothing

much, a piece of cake. But when I opened the patient file, I noticed this was a patient suffering from anxiety. You have to be a little more careful, take some extra time so that you can put the patient at ease. I fetch the patient who is so nervous he does not say much. As the patient is anxious he would like to be sedated, so that he will be sure it is not going to hurt. The sedation requires some time to sink in, and meanwhile I try to put the patient at ease and tell him what we are going to do.

The dentist starts off by cleaning the cavity, which goes well. When all tooth decay has been removed, I fix the strip and the wedge, so that the dentist may check up on or sedate someone in another chair. When the dentist is back, I have finished applying the strip, and he can close up and finish the cavity. I put the chair in the extended position so that the patient may flush. I ask the patient how he is, and he says it was OK. Walking to the door he got quite talkative.

There are still two check-ups at the end of this Friday morning. The desk clerk comes to tell us that the appointments have been cancelled, but that now there is a patient with a pain disorder.

I set out a tray with a mirror, a probe and a pocket probe and have a look at the patient file to see if anything has been done at the bottom right lately. Indeed there has been a mod in the 46 and in the notes it says that it is a deep

filling. The patient enters and he tells me that he is feeling a throbbing pain. The dentist comes in, and asks me to make a solo of the 46. It does indeed show some reaction at the root tip. The dentist sedates the molar and allows it to sink in for twenty minutes. The molar is opened, the nerve is removed and an emergency filling is applied. The patient gets an appointment for root canal treatment. The patient thanks us, as he is rid of the pain fortunately.

This was the last patient for the day. When I have recorded the treatment into the computer, I start cleaning and clearing things away. The suction equipment has to be vacuumed, the surgery has to be polished, the computer switched off. The instruments have to be put in the thermo-disinfector. The corner pieces need cleaning. When cleaning has been done, we get changed again and we can go home. This is an example of how a typical Friday morning might run.

After a morning's or a day's work we might have to go to a course or lecture too, because as a dental nurse you will have to keep up with things of course, so that you are not caught out when a patient inquires after a new brush you may never have heard of. The surgery regularly receives invitations for lectures in our field, which may range from prevention to dentures. We do not attend all the lectures, but we do attend some of them. This is not only very instructive, but also nice, and you

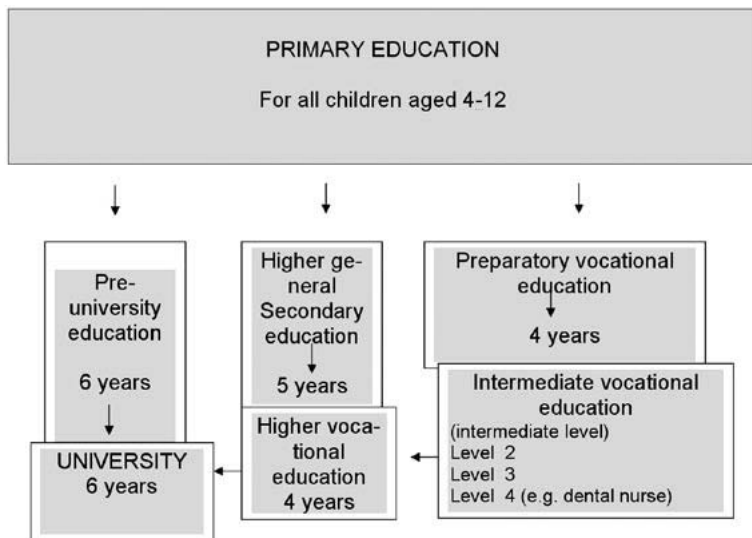
will have the chance of exchanging experiences with others. Of course, this is not a daily occurrence, but it may be part of your evening or day.

As you will have read, not a day is the same. You may be assisting the dentist or you may be at work independently. One time you will have a well-motivated patient, another time an anxious one. In short it is great fun and quite varied to be a dental nurse in The Netherlands.

# 8. Vocational Education in the Netherlands

## General

The Dutch educational system has been organised along the following lines;



Education prepares you for participation in society. That's why school attendance is compulsory for children of 5 and older. But most of them attend school from an earlier age. Primary education prepares children for secondary education. After eight years pupils will opt for secondary general education, preparatory vocational education or pre-university education. When they have obtained a diploma of secondary education, they will take the next step. The subjects they have chosen and the diploma obtained are decisive in this.

When they are 17 or 18, the young are usually faced with the question what course they will take, which is quite difficult for them. The possibilities on offer are quite large, varying from many different forms of vocational education at intermediate or higher levels, to a great many university courses. Everyone over 18 may also attend adult education. The schools decide about the content of courses independently, under the supervision of the education inspectorate. The schools account for themselves by means of long-term plans. You will find more information

in English about the Dutch educational system on (<http://www.eurydice.org>)

### **Training for dental nurses**

Training to be a dental nurse is a course in Intermediate Vocational Education, level 4, meaning that students will be eligible for Higher Vocational Education when they have obtained their diploma. They may be admitted to a course of oral care. Dentistry training is available at university.

There are two different tracks to become a dental nurse in The Netherlands. First through daily education. This is a three-year day course, in which students have clinical experience in various dental surgeries for about 30% of their training period. Another route is the so called Beroeps Begeleidende Leerweg (BBL), which enrolls students working in dental surgeries. They attend school one day a week. They get their diploma by combining work and training. They are usually adult students. In The Netherlands there are 24 schools offering courses in dental nursing. Usually such courses are combined within a department offering courses for pharmacist's assistants and medical receptionists. The present course has been based on the new professional profile. In daily educational practice we distinguish three professional core duties for dental nurses. Recognisable work processes have been connected to these core duties. Work processes are recognisable activities and duties that are frequent and repetitive.

Core task:

#### **Taking care of intake, providing information and advice**

Work processes;

- ◆ interviews the person asking for care, channels the demand for care
- ◆ provides information and advice

Core task:

#### **Contributing to dental care**

Work processes;

- ◆ prepares the surgery, materials and instruments for treatment,
- ◆ assists the care provider in dental care,
- ◆ performs dental treatment or part of it,
- ◆ guides the care customer,
- ◆ records data

Core task:

#### **Taking care of surgery**

Work processes;

- ◆ coordinates daily matters in the surgery,
- ◆ ensures that the equipment, materials and means are ready for use.

The core tasks are integrated during work and training. The dental nurse has many roles and responsibilities. The following roles of the dental nurse may be distinguished: organiser, care provider, communicator, cleaner, planner, hostess, administrative assistant and operator. So the dental nurse has a lot of different responsibilities during the day: keeping an independent administration, managing patient files, organising and planning surgery work

processes, being responsible for an unhindered progress of treatments. Still the dental nurse is a team player, as she is part of a dental team. Cooperating with and aligning with colleagues and other disciplines is an important and essential skill in daily work.

Intermediate Vocational Education distinguishes 25 competences. In the list below the competences relevant to the dental nurse have been printed in bold type.

- ◆ Taking decisions and initiating activities
- ◆ Management
- ◆ Guidance
- ◆ Showing attention and empathy
- ◆ Working together and consulting
- ◆ Acting ethically and with integrity
- ◆ Building relationships and networking
- ◆ Convincing and influencing
- ◆ Presentation
- ◆ Putting things in words and reporting
- ◆ Applying expertise
- ◆ Using materials and means
- ◆ Analysis
- ◆ Research
- ◆ Creation and innovation
- ◆ Learning
- ◆ Planning and organising
- ◆ Attending to the needs and expectations of the 'customer'
- ◆ Providing quality
- ◆ Complying with instructions and procedures
- ◆ Dealing with changes and adjusting to them

- ◆ Coping with pressures and setbacks
- ◆ Showing drive and ambition
- ◆ Entrepreneurial and commercial behaviour
- ◆ Acting in a businesslike manner

## **Elaboration of the competences**

### **Competence area A:**

#### **Interacting with the patient**

**A1) The dental nurse is able to take adequate notice of the needs of the patient, both verbal and non-verbal so that she or the dentist / specialist are able to cater adequately for the condition and needs of the patient.**

#### *Process*

- ◆ Observes the attitude and expression of the patient
- ◆ Checks observations with the patient, if necessary
- ◆ Probes into the condition and needs of the patient
- ◆ Uses her "tendrils"
- ◆ Listens actively
- ◆ Estimates whether the situation differs from the 'normal' situation
- ◆ Passes the information obtained on to the dentist / specialist

#### *Result*

- ◆ Hidden questions become clear
- ◆ The patient trusts the dental nurse and as a result provides the required information (more quickly).

**A2) The dental nurse is able to inform the patient in a professional and helpful way about the surgery, so that the patient knows what to expect.**

*Process*

- ◆ Makes herself known as a contact
- ◆ Ensures optimum accessibility
- ◆ Is helpful and hospitable
- ◆ Explains how the surgery has been organised
- ◆ Is open to questions
- ◆ Indicates clearly what patients may expect from her, the treatment and the organisation
- ◆ Keeps the patient informed about any changes in appointments

*Result*

- ◆ The patients knows what he may expect.

**A3) The dental nurse is able to communicate with patients carefully and convincingly, so that they know what to expect from the dental nurse concerning treatment.**

*Process*

- ◆ Has an open attitude inspiring confidence
- ◆ Explains convincingly why she does or says things
- ◆ Is able to empathise with the patient and responds adequately
- ◆ Has knowledge of oral hygiene, dental, oral surgery and orthodontic disorders and treatments and knows how to use this knowledge and to talk about it appropriately
- ◆ Informs the patient about the next steps in the treatment and the possible consequences of the treatment
- ◆ Motivates the patient to follow up on the advice of herself and / or the dentist / specialist

*Result*

- ◆ The patient trusts the dental nurse and provides the correct information
- ◆ The dental nurse comes across professionally and credibly
- ◆ The patient feels he / she is taken seriously
- ◆ The patient knows what will happen during treatment

**A4) The dental nurse is able to deal adequately with different or conflicting interests of the patient and / or the dentist / specialist, so that the patient is treated well and the dentist / specialist can perform his tasks adequately .**

*Process*

- ◆ Recognises and judges the interests of the patient in a specific situation
- ◆ Recognises and judges the interests of the dentist / specialist in a specific situation
- ◆ Determines what is the most important goal of that moment
- ◆ Estimates the risks of both situations
- ◆ Takes a decision on the basis of the above information and experience and justifies this to the patient and the dentist / specialist
- ◆ Remains calm and professional in conflicting situations

*Result*

- ◆ The patient is aided adequately and to his satisfaction
- ◆ The dentist is able to carry out his tasks adequately

**A5) The dental nurse is able to reduce anxiety of the patient**

**concerning treatment and to gain the patient's confidence so that the treatment runs smoothly.**

*Process*

- ◆ Observes verbal and non-verbal responses of the patient
- ◆ If necessary is prepared and able to put her observations up for discussion
- ◆ Is aware of the different response patterns of patients towards “threatening” situations and anticipates towards them
- ◆ Anticipates towards the differences in awareness of children and adults
- ◆ Speaks the language of the patient
- ◆ Empathises with the situation of the patient
- ◆ Employs techniques and instruments that help reduce anxiety
- ◆ Uses basic medical knowledge

*Result*

- ◆ The patient has confidence in the dental nurse
- ◆ The anxiety of the patient becomes manageable
- ◆ The treatment can be performed adequately

**Competence area B:**

**Working according to demand**

**B1) The dental nurse is able to systematically clarify the demand for aid and the degree of urgency, so that the patient is aided correctly and in time**

*Process*

- ◆ Systematically asks questions in an open, critical and effective manner
- ◆ Listens to the patient and gives him space

- ◆ Asks persistent questions so that she may uncover the hidden question
- ◆ Uses knowledge of dentistry, orthodontism and oral surgery, and knowledge of oral hygiene in order to be able to ask questions adequately.
- ◆ Complies to working instructions and house rules
- ◆ Analyses the information acquired independently, and judges what following step is desirable.
- ◆ Explains convincingly to the patient what she does or says
- ◆ In case of doubt or uncertainty consults the dentist

*Result*

- ◆ The patient is aided well, with care and in time

**B2) The dental nurse is able to provide the patient with suitable advice and information whether he asks for it or not, so that the patient knows what he is up for and what he should do.**

*Process*

- ◆ Listens and asks persistent questions
- ◆ Repeats the question and checks with the patient whether the question is correct
- ◆ Has knowledge of most frequent complaints, treatment methods and risks in general practice, orthodontic practice, practice for specialised dentistry (for instance periodontology), oral surgery and oral hygiene
- ◆ Is able to judge which information is suitable and which is not
- ◆ Instructs, provides information

and explains it in understandable language, avoiding the use of professional jargon as much as possible

- ◆ Checks whether the information has come across and has been understood
- ◆ Has knowledge of means and methods of communication and knows how to apply the correct one
- ◆ Has knowledge of related / different disciplines and is able to refer to them if necessary
- ◆ Has knowledge of the relationship between nutrition and the condition of teeth
- ◆ Knows the consequences of not following her advice and points them out
- ◆ Shows power of conviction in her advice
- ◆ Motivates the patient to follow up on the advice

#### *Result*

- ◆ The patient receives the information adjusted to his need and knows the consequences if he does not follow up on it

### **Competence area C:**

#### **Guarding one's own limitations**

**C1) The dental nurse is able to judge whether she is competent and qualified to perform the task at hand or that she needs to be assisted by a competent and qualified practitioner.**

#### *Process*

- ◆ Is aware of agreements about duties, house rules, working instructions and legal regulations (for instance WGBO

Health Care Treatment Act and BIG Individual Health Care Professionals Act )

- ◆ Continually and carefully weighs how far she can go in advice and performance of tasks
- ◆ Shows insight into the consequences of her advice
- ◆ In case of doubt about her competence or qualification she does not perform the activity and communicates about this to the dentist / specialist
- ◆ Clearly informs the patient where the limitations of her tasks and responsibilities lie and when she will refer them to the dentist / specialist

#### *Result*

- ◆ The dental nurse provides the correct treatment and / or advice because she knows what her limitations are
- ◆ The dental nurse works in a relaxed manner and is sure of her actions since she knows what the limitations of her competence and qualifications are

**C2) The dental nurse is able to perform well under high pressure so that the quality of her work remains high**

#### *Process*

- ◆ Recognizes pressures of work and difficult working conditions
- ◆ Knows the limitations of her taxability
- ◆ Takes the initiative to handle the situation and if possible to change it
- ◆ Is able to discuss when she threatens to overstep her boundaries
- ◆ Has insight into priorities

- ◆ Carries out the work on the basis of priorities
- ◆ Remains calm
- ◆ Keeps working carefully and as agreed

#### *Result*

- ◆ The dental nurse works in accordance with the demands of quality
- ◆ The dental nurse remains cheerful at work

### **C3) The dental nurse is able to act professionally when patients overstep the boundaries, so that even then the work is performed adequately.**

#### *Process*

- ◆ Empathises with the patient and responds appropriately
- ◆ Indicates clearly what the limitations of her moral values and norms are and indicates when these are being reached
- ◆ Explains clearly what is possible and what is not
- ◆ Provides arguments for her own actions
- ◆ Remains consistent towards different patients
- ◆ Keeps acting correctly and carefully, even when under pressure or during conflict
- ◆ Remains professional and calm, even under pressure and in conflict

#### *Result*

- ◆ De-escalation of difficult situations
- ◆ Professional presence and attitude, so that work is carried out adequately
- ◆ The dental nurse stays within her own limits

### **Competence area D:**

### **Assisting with and performing actions inside and outside of the mouth**

### **D1) The dental nurse is able to carefully and effectively perform actions inside the mouth, so that the patient runs no unnecessary risk and has as little pain as possible.**

#### *Process*

- ◆ Has knowledge of the most frequent disorders, methods of treatment, techniques and risks in general surgery, orthodontic surgery, surgery of specialised dentistry, oral surgery, oral hygiene surgery and applies these
- ◆ Uses refined motor skills
- ◆ Performs dental treatments by means of the appropriate techniques confidently and with conviction
- ◆ Is aware of the consequences of her actions for the patient, for instance in terms of pain
- ◆ Works hygienically and complies with working instructions
- ◆ Carries out the action systematically, meticulously and with concentration
- ◆ Is constantly aware of possible consequences and risks during both routine and non-routine actions
- ◆ Clearly records how treatment was carried out

#### *Result*

- ◆ The patient has as little pain as possible during treatment
- ◆ The chance of unnecessary risks has been mitigated
- ◆ The patient gets efficient and good (part) treatment

**D2) The dental nurse is able to assist the dentist / specialist proactively, so that the treatment is performed efficiently and effectively.**

*Process*

- ◆ On the basis of the appointment made, judges what the dentist / specialist needs in order to be able to carry out the treatment
- ◆ Asks the dentist / specialist about preferences as to the preparation of appointments
- ◆ Ensures that the correct materials and instruments are clean and hygienic and ready for action
- ◆ Knows the run of different kinds of treatment and is always one step ahead
- ◆ Immediately hands instruments when the dentist / specialist needs them
- ◆ informs the patient step by step about the treatment and if necessary about the consequences and risks
- ◆ Provides instructions when necessary and qualified
- ◆ Communicates clearly about the following steps

*Result*

- ◆ The dentist / specialist is able to perform his tasks as well as possible
- ◆ The patient gets efficient and good treatment

**Competence area E:  
Organisation of the work**

**E1) The dental nurse is able to organise her work systematically and to prioritise it, so that activities may be carried out effectively and**

**efficiently in a situation in which different work processes require attention at the same time.**

*Process*

- ◆ Makes feasible estimations of the time necessary for treatment and / or work
- Process*
- ◆ Plans appointments carefully
  - ◆ Ensures that the surgeries are used efficiently
  - ◆ Ensures that the work is organised so that it is clear to others and so that, if necessary, others may take over her activities
  - ◆ Records data systematically and carefully
  - ◆ Complies to house rules and working instructions
  - ◆ Sets priorities
  - ◆ Switches rapidly and adequately between different activities
  - ◆ Makes clear to colleagues and dentist / specialist what she expects from them
  - ◆ Keeps an overview

*Result*

- ◆ Work is done efficiently
- ◆ Data are always recorded and are easily retrievable

**Competence area F:  
Working together and alignment**

**F1) The dental nurse is able to communicate clearly with colleagues and dentist / specialist about her work so that good alignment takes place.**

*Process*

- ◆ Communicates clearly about cooperation: clarity about expectations and possibilities regarding colleagues

and dentist / specialist

- ◆ Is able to ask colleagues for timely advice
- ◆ Listens to colleagues and is able to provide advice to colleagues
- ◆ Makes agreements about the division of labour and transfer of work
- ◆ Notices opportunities for improvement and introduces these to the team
- ◆ Makes clear to others what she does
- ◆ Knows when to enlist other / related disciplines and / or to refer to them
- ◆ Records clearly and simply in the patient file what treatment has taken place

*Result*

- ◆ A team positioning well
- ◆ Clear communication among colleagues
- ◆ Working and dealing with things efficiently

**F2) The dental nurse is able to cooperate and communicate with the dentist / specialist so that they understand each other well and treatment runs smoothly.**

*Process*

- ◆ Works efficiently in a small space
- ◆ Uses non-verbal communication with the dentist / specialist whenever necessary, such as eye and physical contact to test and align information and actions
- ◆ uses opportunities and moments to give signals to and receive signals from the dentist / specialist during treatment without the patient noticing, passes on signals in a subtle manner

- ◆ Takes good notice of the needs and signals of the dentist / specialist and interprets these (for instance when he needs particular instruments)
- ◆ Reflects with the dentist / specialist on the cooperation during and after the treatment

*Result*

- ◆ Good and pleasing mutual cooperation
- ◆ Treatment running smoothly and efficiently

**Competence area G:  
Professionalising and promotion of quality**

**G1) The dental nurse is able to work and develop professionally, so that she performs her duties according to high quality demands.**

*Process*

- ◆ Reflects on her own professional actions, conduct and methods
- ◆ Knows her strengths and weaknesses and is prepared to develop her weaknesses
- ◆ Provides constructive feedback
- ◆ Does not let down colleagues in front of patients
- ◆ Asks for feedback from colleagues
- ◆ Is able to learn from the feedback of colleagues and to adjust her behaviour and methods if necessary
- ◆ Formulates and explains the need for training
- ◆ Learns from training and additional courses
- ◆ Acquires up-to date professional knowledge

- ◆ Is aware of relevant documents concerning employment (e.g. collective labour agreement or personnel matters)

*Result*

- ◆ Works according to professional demands
- ◆ Continuous professional development

**G2) The dental nurse is able to make an active contribution to the quality of the work processes and the work.**

*Process*

- ◆ Takes notice of changes required
- ◆ Takes her own responsibility in contributing to improvement of the quality of the organisation as such
- ◆ Takes her share in improving the quality of the work
- ◆ Works within the framework of quality in the organisation
- ◆ Uses working instructions and brings them up to date regularly
- ◆ Is permanently alert to the quality of the process and results during performance
- ◆ Informs herself and her colleagues about new equipment, products etc.
- ◆ Guides new co-workers and students with a view to quality
- ◆ In her performance complies with rules and regulations concerning working conditions, the environment and safety
- ◆ Participates in (external) working parties and networks of professional and interest groups

- ◆ Develops her own opinion about her work, tasks and attitude and propagates these

*Result*

- ◆ Continuous improvement of work processes

Apart from the core tasks of the course chosen, there are other core tasks you will need to master, namely those of learning, career and civic duty, which are compulsory for every student. It is about controlling your own learning process. Learning is a requisite for your own development. You should also be able to direct your further career and be able to take fate into your own hands. And it is about civic duty, for instance forming your own opinion about politics, being able to position at work, being a critical consumer of products and services, becoming socially skilled and taking care of your own health. What is meant by these core tasks can be read in the table below.



## Overview of the core tasks of Learning, Career and Civic duty.

<b>Core task 1:</b> Puts own development into words and uses ways and means to achieve suitable learning goals	1.1 Puts learning goals for own development into words 1.2 Makes an inventory of suitable ways of learning. 1.3 Chooses methods of learning suitable to self and the situation. 1.4 Plans own learning processes and carries them out. 1.5 Evaluates the chosen method of learning.
<b>Core task 2:</b> Manages own career	2.1 Reflects on own qualities and motives 2.2 Researches the possibilities of work and what is suitable for him 2.3 Manages own career and takes action whenever necessary.
<b>Core task 3:</b> Participates in the political domain, in decision taking and influencing policy	3.1 Explores subjects requiring political decisions. 3.2 Forms an opinion of his own. 3.3 Takes action on the basis of choices made.
<b>Core task 4</b> Takes a position as an employee in an organisation	4.1 Behaves like an employee during the performance of work. 4.2 Exercises the rights of employees. 4.3 Is a good colleague.
<b>Core task 5</b> Takes a position as a critical consumer	5.1. Explores the consumer market and takes own wishes and possibilities into account. 5.2. Takes action to buy products and services.
<b>Core task 6</b> Participates in all kinds of social circles and uses the public space respectfully	6.1. Participates in various social circles and lives in public space. 6.2. Takes action for the liveability of his social environment.
<b>Core task 7</b> Takes care of his own health (vital civic duty)	7.1 Searches for information on a healthy way of life. 7.2 Decides on the basis of information and acts on it. 7.3 Takes action to promote good health.

Source document "Learning, Career and Civic duty" (2007)

Core task	Working process	Final Level
<b>1. Taking care of intake, information and advice</b>		dental nurse
	1. Answers the care consumer and channels the demand for care.	
	2. Provides information and advice.	X
<b>2. Contributing to dental care</b>		
	1. Prepares the surgery, materials and instruments for treatment.	X
	2. Assists the care provider in dental care.	X
	3. Performs (part of) dental treatment independently	X
	4. Guides and informs the care consumer.	X
<b>3. Taking care of surgery practice</b>		
	1. Planning and organising daily work in the dental practice.	X
	2. Taking care that there are enough and ready to use dental materials and the dental treatment unit.	X
	3. Taking care of the administration of the dental practice	X
	4.	
	5.	

Core task 1 Taking care of intake, information and advice.	Competences		
	Work processes		
1.1	Answers the care consumer and channels the demand for the demand for care.		
	1.2	Provides information and advice	
		Y Acting in a businesslike manner	
		X Entrepreneurial and commercial performance	
		W Showing drive and ambition	
		V Dealing with stress and setbacks	X
		D Dealing with change and adjustment	
		T Complying with instructions and procedures	X
		Q Providing quality	
		R Catering for the needs and expectations of the "client"	X
		G Planning and organising	
		L Learning	
		O Creation and innovation	
		N Research	
		M Analysis	
		J Applience of materials and means	X
		K Applience of professional expertise	X
		T Phrasing & reporting	
		P Presentation	X
		H Convincing & influencing	
		O Building relations and networks	
		L Performing ethically & with integrity	X
		W Cooperation and consultation	X
		D Showing attention & empathy	X
		G Guidance	
		B Management	
		A Decision making & initiating activities	





# References

## MISCELLANEOUS:

### Interesting websites:

#### **[www.nza.nl](http://www.nza.nl)**

NZA is the website of the Dutch Healthcare Authority

#### **[www.bigregister.nl](http://www.bigregister.nl)**

Anyone, from employer to consumer, can consult the BIG register at RIBIZ

#### **<http://www.eurydice.org>**

This website provides information about educational systems all over Europe.

#### **[www.calibris.nl](http://www.calibris.nl)**

Calibris is active in improving alignment between education and the labour market in the sectors of health care, social care, welfare and sport. In this process, the organisation considers both sides of the issue: education on the one hand, and professional practice on the other. nal practice

#### **[www.cbs.nl](http://www.cbs.nl)**

Statistics Netherlands is responsible for collecting, processing and publishing statistics to be used in practice, by policymakers and for scientific research. In addition to its responsibility for (official) national statistics, Statistics Netherlands is also charged with producing European (community) statistics. The legal basis for Statistics Netherlands and its work is the Act of 20 November 2003 governing the central bureau of statistics (Statistics Netherlands).

# Glossary

## Abbreviations / terms / appendixes

ARBO	Occupational Health and Safety
CAD/CAM-techniques	(page 22)
CAO	Collective Labour Agreement
CBS	Central Bureau for Statistics
CNV	Christian National Trades Union
HAVO	Higher General Secondary Education
HBO	Higher Vocational Education
LLB	Learning Career Civic Duty
MBO	Intermediate Vocational Education
P&O	Personnel and Organisation (Human Resources)
VWS	Ministry of Health, Welfare and Sport
NMT	Dutch Society for the Promotion of Dentistry
VMBO	Preparatory vocational education
VWO	Pre- University Education
WGBO	Health Care Treatment Act
Wet BIG	Individual Health Care Professionals Act
WIP	Infection Prevention Act
ZRA	Cost of Health Care Act for Immigrants





# Oral and Dental Care – The Netherlands

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