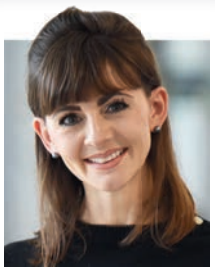
DENTAL TRIBUNE

The World's Dental Newspaper

PUBLISHED IN LONDON | uk.dental-tribune.com | Vol. 12, No. 1



UK NEWS

Victoria Wilson discusses the value of practising self-compassion for dental professionals and how to do so.

Page 6

SUSTAINABILITY

Dental professionals can learn how to build a sustainable dental practice in a feature on sustainability.

Page 8 & 10

PRODUCTS

Perio plus mouthwashes are the result of years of research with a clear objective: less chlorhexidine and greater effectiveness.

Page 12

BADN launches menopause policy

An interview with Jacqui Elsden, UK

© Jacqui Elsden

By Franziska Beier, Dental Tribune International

Even though it effects roughly half of the population, the menopause is still a taboo subject in our society. According to an article in the *British Dental Journal*, menopausal women are the fastest-growing workforce demographic. Around eight in ten menopausal women are working, three out of four experience symptoms and one in four has serious symptoms. In severe cases, menopausal symptoms can lead to employees leaving their jobs. In order to educate the dental community about the challenges that menopausal women face in the workplace and the ways in which employers can support them, the British Association of Dental Nurses (BADN) launched a menopause policy at the BDIA Dental Showcase in London in March. Dental Tribune International spoke with Jacqui Elsden, outgoing president of the BADN, about her personal experience of going through the menopause while working as a dental nurse and about how dental practices can help their employees to feel more comfortable during this period of their lives in order to keep their current staff or recruit new staff.

Jacqui Elsden qualified at the then King's College Hospital Dental School in 1983 as a dental nurse and has been the president of the BADN from November 2019 to November 2022.

> "We decided to raise awareness about the menopause and its impact on dental nurses."

Ms Elsden, thank you and the BADN for raising awareness of such an important topic. Even though thorough information material about the menopause in the workplace was probably long overdue, what made you decide to react and launch a policy at this specific point in time?

That's a really good point, and the answer is actually the COVID-19 pandemic. During that period, where we initially were locked in, some of us still had to work in practices in the UK in dental emergency hubs. And at that time, there was less awareness of the effect of aerosols. So, many dental care professionals and dentists were clad in plastic from head to toe. Coupled with that, the summer of 2020 was really hot. Having a hot flush, covered in plastic, and unable to leave the room was really tough. The temperature in the room couldn't be controlled, and early on, we had the windows open and didn't know

▶ Page 2

Evolving business systems into 2023 and beyond

An article series on five basic systems to improve practice management—Part 1: Finances

By Chris Barrow, UK

I am delighted to have been asked by Dental Tribune to share my observations and thoughts about where we are heading over the next few years and how this affects the way that UK dental professionals run their dental businesses. There has never been a period of such disruption, not just in dentistry but for all of us—and it is against that backdrop that I want to help plan for a secure future. In this article series, I am going to review each of the five basic systems that dental professionals need to have in place and offer my guidance as to how best to prepare. This first part will focus on financial systems in dental practices.

Five basic systems

I am the proud owner of a signed 1999 edition of Michael Gerber's *The E-Myth Revisited—Why Most Small Businesses Fail and What To Do About It*. Published four years earlier, *The E-Myth Revisited* remains a classic, whose message is as relevant today as when first penned and to which I refer all my new clients. Gerber was the first to describe the five basic systems necessary to operate all businesses, and I offer his definitions here with a dental spin to apply them to our landscape:

1. Financial systems (which I will discuss more in this article);
2. Lead generation systems (how we attract new patients and sell more to existing patients);
3. Lead conversion systems (how we enrol people as long-term patients and how we ethically explain and sell treatment to them);
4. Operational systems (how we run the business on a day-to-day basis and remain compliant);
5. People systems (how we create, lead and manage teams and how we create a work environment in which people want to do their best).

© Chris Barrow

These offer timeless wisdom that I have been interpreting on behalf of my clients in dentistry for a quarter century. However, little could have prepared any of us for the consequences that have unfolded since two unrelated events—Brexit and the COVID-19 pandemic—have changed the landscape in many ways and created dangers for the unwary.

So where are we now?

It would be easy to dwell on the bad news currently circulating in the marketplace; however, in setting the scene for this series, I want to present a balanced view—preferring to avoid doom and gloom as well as false optimism.

▶ Page 4

◀ Page 1 "BADN"

whether we could use fans. During that time, we received many calls at the BADN head office from dental nurses who asked about what they could do because they were suffering great discomfort from having to wear personal protective equipment (PPE) in combination with the heat and were afraid of passing out.

Many people announced that they were leaving the profession. Dental nurses in particular had had enough. They are paid poorly in primary dental care in the UK, and on top of that, they had to put up with the additional stress of wearing PPE. Considering that dental nurses are predominantly female, we decided to raise awareness about the menopause and its impact on dental nurses in order to help practices understand how we might retain more of our workforce in practice.

Menopausal symptoms surely vary from person to person, but what are some of the typical symptoms that menopausal women experience? And how do these symptoms affect them in relation to working in a dental office?

I'm going through the menopause myself, so I can offer insight from a personal point of view. Symptoms do vary, and some colleagues of mine, who are in the same age group and are going through the menopause, have not experienced a hot flush or a sleepless night once. However, for me, it has not been an easy ride.

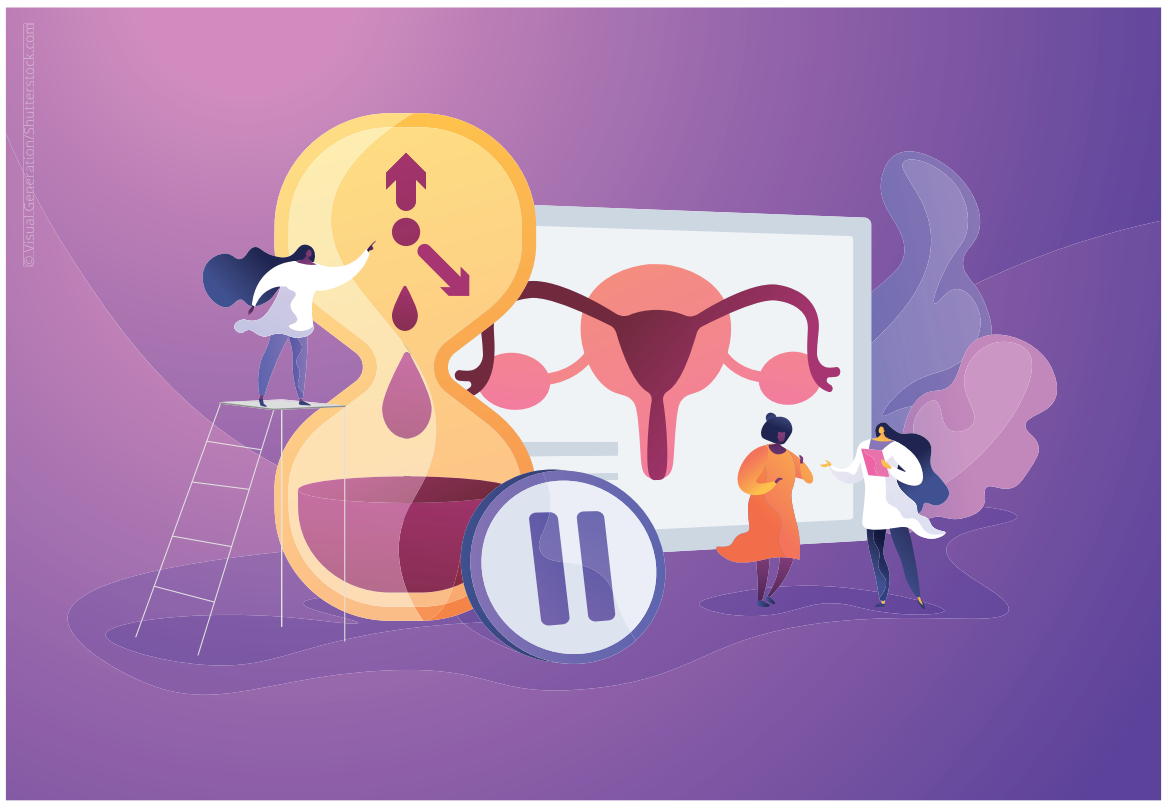
The flushes are a problem not only because you feel very hot but also because you sweat a great deal. As a result, you are afraid of body odour while working in close contact with the patient and other staff members, and this makes it necessary for you to apply toiletries often or change your working clothes. I've even fainted once. I was travelling on a train, commuting to work, and I needed to get off because it was so hot. And as I got off the train, I passed out on the platform.

Another really important issue is insomnia. I find myself wide awake in the middle of the night, and I'm lucky if I can string two hours of sleep together. With a sleepless night comes fatigue in the day and the inability to concentrate, which makes you rather irritable at work. Brain fog is another symptom. Sometimes I find myself in the middle of a sentence, and I just forget what I wanted to say. This brain fog can really make you think you are going mad.

Those are some of the physical symptoms but there are also psychological symptoms. I haven't suffered from depression, which is known to be a possible problem; however, I do sometimes feel a bit low and fed up with it. Some people even suffer panic attacks.

What measures can practices take to make working life easier for menopausal staff?

There are quite a few things that I can think of. We put together an overview in our advice sheet, and we also created a policy.



In order to educate the dental community about the challenges that menopausal women face in the workplace, the British Association of Dental Nurses launched a menopause policy at the beginning of this year.

I suppose the most important thing would be to allow open communication within the practice. Employers should have conversations with employees who often phone in or who do not seem to feel comfortable at the workplace in order to find out the reason. And employees should feel able to actually bring up the topic with their employer. We hope that our advice sheet and the specimen policy will help encourage these conversations.

Regarding the style of the uniform, there are different aspects to consider. To make it more comfortable for people who experience hot flushes, you may choose lightweight cotton instead of heavyweight cotton. Also, some employees might not want to wear trousers, as they can be restrictive, so give them different options. The colour of the uniform is another crucial factor. Because, during perimenopause, it can happen that you miss one or more periods, and then you just flood and have a period for about two weeks. When this happens, working in a dental practice where your uniform is white is the last place you want to be.

Other measures include offering staff members who suffer from insomnia the option of coming in later or working the afternoon shifts, if the practice schedule allows this. Also, air conditioning or fans can be really helpful in order to control the room temperature.

I think it is really important for employers to understand what is being experienced. If an employee feels that she is listened to and understood it makes a great difference, and she will do everything she can to perform her work in the best possible way. Those of us who are going through the menopause don't want to be lying in bed during the day to catch up on our sleep, we want to act in a normal way.

I am sure menopause-friendly measures benefit not only the staff but also the practice. Could you highlight some of the advantages for those dental practices which are willing to adapt? As you said, most dental nurses are female, and if the majority decide to stop working, this could turn into a real problem for the profession?

Yes, it could, that's exactly right. I think in terms of recruitment, if you demonstrate that you do have a menopause policy in place, it might make the difference of having ten applicants for a post compared with two applicants. I'm 57 now, and I'm still struggling with the menopause. I started to work as a dental nurse when I was 17, so I have 40 years of experience. I'm not saying that I have all the knowledge in the world about dentistry and dental nursing, but I have a fair amount, and so do my colleagues. If we all decide that this is enough and leave, then there's an entire cohort of dental nurses with a considerable amount of knowledge and experience that will be lost, when there is, perhaps, a simple solution to avoid this happening.

In a BADN press release, you stated that legal cases related to the menopause have doubled in recent years. What is the current legal situation? Are there any laws in place that regulate working conditions for menopausal employees?

Although the menopause isn't a disability in itself, it can be considered as such if it has a sustained effect on a woman's ability to complete daily activities for more than 12 months.

Under the Equality Act 2010, employers are required to make reasonable adjustments to an employee's role or working conditions if they have a disability which puts them at a disadvantage.

The Health and Safety at Work Act 1974 covers working conditions for menopausal symptoms. Under the Employment Rights Act 1996, a dismissed employee can claim unfair dismissal. Employees who resign can claim that their employer's behaviour and conduct led them to resign.

How has the policy been received so far?

We have had a good response, and some of our members took it back to their own practices to use as a conversation tool in meetings.

The policy and the advice sheet have been endorsed by other dental organisations, including the College of General Dentistry, the Dental Technologists Association, the British Association of Dental Therapists, the Dental Laboratories Association, the British Dental Industry Association, the Orthodontic National Group and the British Society of Dental Hygiene and Therapy. We also received support from a non-dental organisation, the British Veterinary Nursing Association, whose members are also predominantly female and work in similar conditions.

Is the menopause regarded as a taboo subject in areas other than the dental profession?

It really is, it's happening all over. Just looking at my own family, my mother belonged to a generation that never spoke about it. It was all hushed in whispers, so she never spoke about it to me either. It sounds ridiculous but, when I got the first symptoms, I didn't even know what was going on.

In my parents' generation, usually the mothers were housewives and the fathers went to work. However, I wanted to work because I didn't want to be at home. And those generations coming on behind me sometimes do not have a choice—they need to work. Thus, the whole approach to work and careers for women has changed in quite a short space of time, really—in a generation.

I feel it's partly my responsibility to educate our younger generation. Of course, the younger generation is more curious and has the internet and easily accessible information. However, in spite of this, I do feel that the menopause is still a neglected topic.

Editorial note: More information on the BADN, how it supports dental nurses and the benefits of a membership can be found at www.badn.org.uk.

IMPRINT

INTERNATIONAL HEADQUARTERS

Publisher and Chief Executive Officer:
Torsten OEMUS

Chief Content Officer:
Claudia Duschek

dti Dental Tribune International

Dental Tribune International GmbH
Holbeinstr. 29, 04229 Leipzig, Germany

Tel.: +49 341 4847 4302
Fax: +49 341 4847 4173
General requests: info@dental-tribune.com
Sales requests: mediasales@dental-tribune.com
www.dental-tribune.com

Material from Dental Tribune International GmbH that has been reprinted or translated and reprinted in this issue is copyrighted by Dental Tribune International GmbH. Such material must be published with the permission of Dental Tribune International GmbH. Dental Tribune is a trademark of Dental Tribune International GmbH.
All rights reserved. © 2022 Dental Tribune International GmbH. Reproduction in any manner in any language, in whole or in part, without the prior written permission of Dental Tribune International GmbH is expressly prohibited.

Dental Tribune International GmbH makes every effort to report clinical information and manufacturers' product news accurately but cannot assume responsibility for the validity of product claims or for typographical errors. The publisher also does not assume responsibility for product names, claims or statements made by advertisers. Opinions expressed by authors are their own and may not reflect those of Dental Tribune International GmbH.

Your solution for *digital impressions*

NeoScan™ 1000

- Easy to use
- Fast scanning
- High precision
- Attractive price

The NeoScan 1000 is a fast and easy-to-use intraoral scanner that provides the possibility for a flexible workflow with open and compatible output.

With a simplified cable connection, full-touch screen support, and without the need for powder or pre-heating, the NeoScan 1000 is what your practice needs and it comes at the right price!

neoss.com

Intelligent Simplicity

Neoss Ltd • Windsor House • Cornwall Road • Harrogate, HG1 2PW • T +44 1423 817 733 • F +44 1423 817 744 • E info@neoss.com

◀ Page 1 “Evolving business systems”

Twelve reasons to be miserable:

1. The continued demise of NHS dentistry (the longest death scene in history);
2. The recruitment crisis (nobody replies to our adverts);
3. The retention crisis (my team members are leaving dentistry);
4. The poaching crisis (my team members are leaving for better money in dentistry);
5. The wages crisis (I am revising my 20-year-old key performance indicators [KPIs] on team wages from 17.5% to 25.0%);
6. The pricing crisis (we need to put our prices up by 25% to stand still—how are we going to do that?)—more on that later;
7. The EBITDA (earnings before interest, taxation, depreciation and amortisation) multiples crisis (the mergers of some of the largest dental groups in the UK, deflates multiples, as does the increased cost of borrowing—some have predicted a 25% reduction in goodwill values before year end);
8. The exit crisis (more of my clients have their practices up for sale than at any time before—hardly surprising given what I have listed so far);
9. The energy crisis;
10. The inflation crisis (the Bank of England suggesting an inflation rate of up to 18%);
11. The consumer confidence crisis (when all this bad news impacts patients and leads to treatment plans being delayed or not being taken up);
12. Yet another new prime minister and cabinet whose hands are going to be full.

These are enough to make an owner want to sell. I think we need some balance. Here is a list of what I see as the good news among all this doom and gloom.

Twelve reasons to be cheerful:

1. Correctly utilised, the intra-oral scanner is the single greatest revolution in the delivery of oral health education and advice in a generation.
2. Similarly, the intra-oral scanner is the single best treatment generator ever invented.
3. The training of dental nurses registered with the General Dental Council (GDC) and of treatment coordinators in the use of intra-oral scanning allows greater use of the new technology to wow patients and frees up clinicians’ time to generate profitable revenue.
4. The rise of dental deserts across the UK makes compulsory dental plan membership (and conversion) easier than at any time since 1996.
5. Over the last six recessions (through which I have lived and worked), the sale of the very highest value and most complex dental treatment has remained robust—the more you focus on the dentistry that most dentists are either too scared or too unmotivated to invest in, the busier you will be.

Dental consultant Chris Barrow is advising dental professionals to raise their treatment prices sooner rather than later in order to stay profitable in the current financial situation.

6. The effective collection of Google reviews puts automated search engine optimisation within the grasp of any practice and at no cost, thus eliminating the need for the smoke and mirrors of digital advertising.
7. The GDC scope of practice for dental therapists opens up a whole new world in the provision of preventive maintenance on profitable terms and without the need for principals to be drowning in check-ups.
8. The ability to grow therapist- and associate-led businesses frees the principal from the shackles of a performance-related earnout on sale.
9. The effective and responsible use of social media generates new patients more cost-effectively than ever, resulting in decreased marketing costs.
10. The more corporates and micro-corporates emerge amid the current recruitment and retention crisis, the more the trend towards salaried clinicians and the demise of the broken percentage/hourly rate model will continue, resulting in better profit margin management for owners.
11. The more practices are gobbled up by corporates and micro-corporates, the less competition there is for independent owners, because corporate dental marketing is almost always poorly designed and executed.
12. During the 2008 banking collapse, goodwill values dropped by 25% almost overnight—that lasted for 18 months before they were back and beyond their previous highest levels because there is no such thing as a crisis—there are only cycles.

So now you can decide: is your glass half-empty or half-full?

Nine steps to financial confidence

Against this backdrop, I intend to identify winning habits, trends and actions in this article series that are keeping my best clients at the top of their game, despite the challenges they are facing. This is a summary of the nine characteristics of dental practices whose financial systems are excellent and their owners thus confident:

1. The owners understand their profit and loss statement, they are in receipt of updated management accounts every month (from cloud-based accountancy software) and set aside the time to review the numbers.
2. KPIs are monitored monthly to spot trends and compare against industry benchmarks.
3. ‘Every year, a 12-month budget and cash flow forecast are created, and progress is monitored monthly.
4. ‘The average daily production of every fee earner is closely monitored and compared with industry benchmarks, and fee earners are held to account.
5. The all-important operating cost per surgery per day becomes a key measure of the profitability of each treatment room.
6. As a result of which, each fee earner has his or her own profitability measured on a rolling 90-day cycle.
7. The owners fully understand EBITDA and adjusted EBITDA when it comes to an assessment of the goodwill value of their practice.
8. The owners know the value of their goodwill and can plan their exit in a targeted manner.
9. Prices are set accurately and reviewed regularly.

I believe pricing to be the most important of these nine steps in the current climate. I suggested to my clients in the fourth quarter of 2021 to increase their fee per item (FPI) prices by at least 20% in the first quarter of 2022. Like usual, 20% of them went ahead and 80% increased by lower amounts of 5%–15%. Without exception, all my clients reported that their patients did not bat an eyelid.

In the third quarter of 2022, I suggested to my clients to increase their FPI prices by another 20% in the fourth quarter. So far, very few of them—if any—seem to have taken the advice. My guess is that they fear the consequences, or—to put it in other words—they are fantasising about an exodus of patients and/or declined treatment plans. FEAR is Fantasy Expressed As Reality.

Let us set some context here:

- Before any energy bills cap, energy bills are up 50%–60% this year so far.
- We all know what is happening at petrol stations and on supermarket shelves.
- I tried to book a standard-class one-way ticket from Stockport to Plymouth in September, and it cost over £400.
- Last year, my wife flew premium economy from Manchester in the UK to New York in the US via Heathrow Airport for £750 return—the same journey this year will be £1,500.
- My Amazon Prime subscription renewed last month, and it is 20% more compared with a year ago.
- Supply chain delays are affecting every sector of the economy
- The media are doing a fantastic marketing job for all of us now by highlighting the dental deserts I mentioned all over the UK.
- The demand for high-value dentistry has historically been very robust in recessions (I am thinking especially of between 2008 and 2010), and the waiting lists for treatment are growing longer as scarcity creates demand.

I am certain that you will have similar examples of everything becoming more expensive, and as an aside, that is why your team members are either asking for more wages or looking around for better pay. To repeat, the KPI for wages has been 17.5% of sales for the last 25 years. I advise my clients that this will be at 25% by the first quarter of 2023 and is likely to stay there. That is 7.5% of your profits gone unless you do something about it. You have two options: first, increase the average daily production of all your fee earners, and second, increase your prices. These are not really options; you must do both and you must start now. Not doing so means less profit, and less profit does not just mean that—it also means less EBITDA in a market that now expects multiples for goodwill valuations to decline. In summary, if you are looking to grow, to sell, to keep your team together or to recruit new staff members—put your prices up.

I want to encourage you to take action, but I also want to remind you that there are four areas where you must be careful about price rises and (the good news) many more areas where you do not have to be.

The four areas of price sensitivity in dental services and products:

1. The cost of a dental health review (check-up);
2. The cost of a hygiene visit;
3. The monthly cost of a dental membership plan; and
4. Your price for Invisalign.

The first three are sensitive to price because they are regular repeats and the fourth is because it is a globally commoditised product, and the public are savvy. In these four areas, you must exercise some caution, but what does caution mean? Up to 2021, caution meant keeping the rise to no more than 5% a year. In 2022, caution means a rise of no more than 10%–15% in my opinion.

For all the other treatment areas, I advise raising prices by 20%–25%. If you did not raise your prices in January, you will still be behind, but will have to catch up over the next 12 months. However, you do not need to wait until next year; nothing is going to become better or easier and more time of low profit helps nobody in your business. Have a look at your FPI price list within the next seven days, revise the prices and start as soon as possible. If there is a price list on your website, you can change it at the start of next month. There is no need to mail your patients unless you make changes to the first three points on my sensitivity list. Your financial ship is leaking profit as you read this article. Leadership requires action. Put your prices up.

In my next article, I will be looking at lead generation systems and the latest ideas on how best to attract new patients, how to sell more to existing patients and—dare I say it—how to avoid wasting money on advertising and marketing ideas that frequently just do not work.

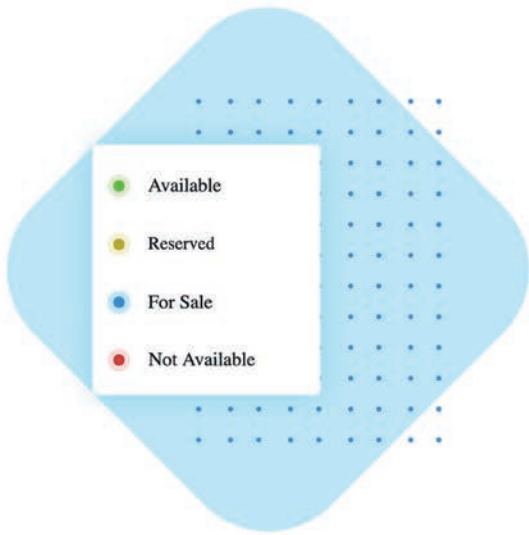
Chris Barrow

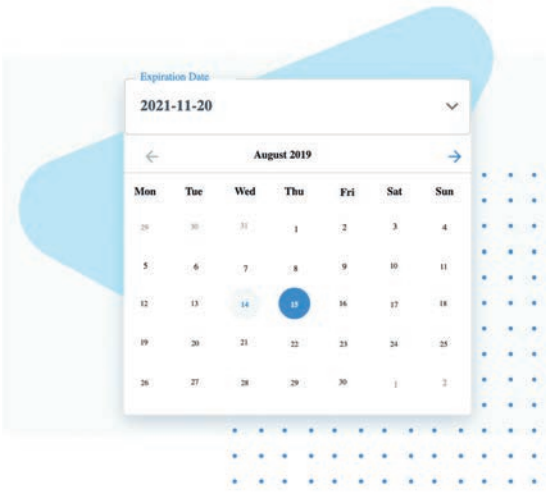
has more than 50 years of work experience and has been active as a consultant, trainer and coach to the UK dental profession for over 25 years. His main professional focus is through his Extreme Business company, providing coaching and mentorship to independent dentistry around the world via virtual consultancy, practice visits, a workshop programme and an online learning platform. His blog, Thinking Business, enjoys a strong following. During the COVID-19 pandemic, Barrow created the Regeneration Coaching Programme to help practices to survive lockdowns and to bounce back higher after their return to work. More information on his work can be found at www.coachbarrow.com.

ImplantStock

Plan surgeries easily

Reserve from your stock digitally.
Order missing implants prior
to operation online.





Follow up expiring implants

Keeps track of the expiry dates, so that you can use them before it’s too late or offer for sale or exchange.

Control and monitor your implant stock from anywhere at any time

Enjoy your holidays, weekends, dinners, time with family. No more sleepless nights because of OP planning.

The practice of self-compassion among dental professionals

Promoting well-being among dental professionals: How to practise self-compassion

© tannikart/Shutterstock.com

In this article, Victoria Wilson explores ways in which dental professionals can understand the value of practising self-compassion.

By Victoria Wilson, UK

Kindness to oneself and self-love are concepts that are often spoken about in the context of looking after oneself and supporting personal well-being. According to the UK's National Health Service, "well-being is about feeling good and functioning well and comprises an individual's experience of their life; and a comparison of life circumstances with social norms and values".[1] Dental professionals widely recognise the importance of patients' well-being and their mental health, and it is an ethical requirement that we always act in the best interest of all of our patients. We have to be accountable for this. Yet, are we acting in the best interest of ourselves so that we can always thrive as dental professionals? Are we accountable for doing so? Self-compassion could have a significant role for dental professionals.

The topic of well-being and mental health is complex. This article will explore how self-compassion can support the well-being of dental professionals. In addition, it will identify opportunities for dental professionals to utilise self-compassion practically as a tool to enhance their well-being and ways they can become accountable for practising self-compassion.

Stress factors dental professionals experience

There are many stress factors experienced by dental professionals that have been identified throughout literature.[2–4] All individuals deal with different stress factors to varying degrees. Common stress factors that dental professionals experience in a clinical setting include:

- Fear of litigation;
- Running late for patients;
- Difficult or demanding patients;
- Musculoskeletal pain; and
- Working without a nurse.

A common trait exhibited by dental professionals is the commitment to meet the high standards that are required of them. This can result in a consistent desire to achieve perfection, and such self-imposed pressure can lead to a spiral of self-criticism if perfection is not achieved.

It is important for dental professionals to consciously recognise the stress factors that affect them on an individual basis. It is furthermore important to acknowledge that the extent to which they are affected by similar stress factors varies at different times.

Example of how the same stress factor can affect the individual differently

Dental hygienist—Scenario 1: The dental hygienist goes to work, and the surgery has not been left and restocked by the previous clinician as it usually is. The hygienist feels slightly agitated, but proceeds to reorganise the surgery in preparation for the day ahead.

Dental hygienist—Scenario 2: The dental hygienist goes to work feeling tired, and the surgery has not been left and restocked by the previous clinician as it usually is. The hygienist is agitated and bursts into tears before starting the day.

Dentist—Scenario 1: The dentist is at work and receives a call from the reception while in surgery that a patient who received treatment the day before would like to make a complaint. The dentist asks some more questions regarding the situation, takes a deep breath and accepts that it is not possible to please every patient even though he or she is always trying to deliver the best possible treatment. The dentist stays calm, carries on with the next appointment and schedules an appointment to call the patient.

Dentist—Scenario 2: The dentist is at work and receives a call from the reception while in surgery that a patient who received treatment the day before would like to make a complaint. The dentist starts to feel extremely agitated by the news and is very abrupt with the nurse and begins to feel stressed.

This example shows how similar perceived stress factors in the same scenario can affect that same individual differently on a different day. Finding resources that can be used on a daily basis, such as self-compassion, could help limit the impact of certain stressors. Thus, self-compassion could have the potential to build resilience in the dental professional to ongoing stressors.

What is self-compassion?

Self-compassion involves treating oneself with kindness and acceptance using words and thoughts that are contextually logical to oneself, like one would address a friend who is suffering. In doing so, one can help to ease the pressure often conflicted on oneself, which in turn can limit one's ability to function well and thrive. The practice of self-compassion, avoiding self-criticism and self-comparison, has the potential to motivate one to reach one's own capabilities while cultivating self-awareness and seeing oneself clearly and honestly with acceptance.

What are common misinterpretations of self-compassion?

Frequently, individuals have reported in conversation finding the topic of self-compassion challenging to implement. They may feel slightly uncomfortable with the thought of self-compassion being self-love, as it may feel fake and not real, or narcissistic. This common misconception may prevent individuals from practising it.

It has been discussed that self-compassion may be difficult to comprehend and practise. An unclear understanding of self-compassion and how it can be comfortably practised on a daily basis will in turn limit dental professionals' exploration of how self-compassion can bring potential value to their lives.

How can self-compassion be cultivated and implemented by dental professionals?

Recognition

Self-compassion can be practised by first recognising when self-criticism and self-frustrations occur and what the known trigger is.

Imagination

It can be helpful to imagine how a close friend is feeling about a particular stress factor and imagine how one would talk to him or her to reassure him or her and reduce the pain he or she is feeling.

Practice

Regular practice of self-compassion can improve the neural pathways for using this helpful resource. At times when we strive for perfectionism and fail to achieve it, a natural relapse into self-frustration can be the usual default response. However, when perfectionism is not achieved, instead of self-frustration or self-criticism, kind thoughts like "I did my best at this moment, this is all I can do and I acknowledge that" or "I continue to learn every day and accept this wonderful quality that I have" could be a positive alternative. Through repetition and regular practice, it will become easier, and allow us to default to positive self-compassion more regularly.

How can dental professionals become accountable for implementing self-compassion?

Every time a dental professional resorts to negative inner words of self-frustration, self-criticism, self-judgement, he or she should recognise the opportunity to automatically shift to positive words of self-compassion, self-love, self-acceptance and self-appreciation, like he or she would do for a friend. However, it is difficult to hold ourselves accountable. Recognising this and using a tool like the HabitShare app or simply keeping a diary or holding yourself accountable at work or with a colleague, friend or family member might help.

The future of cultivating automated self-compassion among dental professionals

Changing the stigma and misconceptions of self-compassion and beginning conversations in dental schools and among dental teams will allow the practice of self-compassion to become more mainstream. The poet Rumi wrote "Our task is not to seek for love, but merely to seek and find all the barriers within yourself that you have built against it", and learning the skill of self-compassion can help to break down the barriers to love, both for oneself and others.

Dental professionals should seek and find the barriers they have built within themselves, reduce these and practise self-compassion in order to maintain a mindset of being consistently kind to themselves amid the constant changes in the world and to increase their ability to thrive. Imagine what could come into your life when you become as good at being kind to yourself as you are kind to the people that surround you.

References:

1. *UK Department of Health. Wellbeing: Why it matters to health policy. 2014 Jan [cited 2022 Oct 26]. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf.*
2. *Collin V, Toon M, O'Selmo E, Reynolds L, Whitehead P. A survey of stress, burnout and well-being in UK dentists. Br Dent J. 2019 Jan 11; 226(1):40–9. doi: 10.1038/sj.bdj.2019.6.*
3. *Gorter RC. Work stress and burnout among dental hygienists. Int J Dent Hyg. 2005 May; 3(2):88–92. doi: 10.1111/j.1601-5037.2005.00130.x.*
4. *Harris M, Wilson JC, Hughes S, Radford DR. Stress and well-being in dental hygiene and dental therapy students. BDJ Team. 2017 Sep 1; 4:17136. doi: 10.1038/bdjteam.2017.136*

Victoria Wilson

holds a BSc and a diploma in dental therapy and diploma in dental hygiene awarded by the Royal College of Surgeons of England in the UK. She has over ten years of experience as a dental hygienist and therapist, beginning in the National Health Service and private sector in the UK and progressing to the private sector in the UAE. She is passionate about her work and fully committed to oral health promotion around the world.

She founded the Smile Revolution and Smile Revolution Growth Hub, driving innovations in oral health promotion and leadership. In 2019, she launched the Smile Revolution podcast, which has over 13,000 listeners around the world, and developed the Smile Revolution Thrive, the first subscription-based platform dedicated to enhancing the well-being of dental professionals daily. In addition, she is a qualified yoga instructor and mental health first-aider. More information can be found at www.smile-revolution.net.

3M Science. Applied to Life.™

Experience the 3M Oral Care cube.

Your free cube features:

3M™ Filtek™ Restoratives and

3M™ Scotchbond™ Universal Plus Adhesive

What's in the box?

Demonstration materials included in the experience cube:

- A tooth model to experience the materials
- 3M™ Filtek™ Universal Restorative and Pink Opaquer
- 3M™ Filtek™ One Bulk Fill Restorative
- 3M™ Scotchbond™ Universal Plus Adhesive Unit dose
- A link to exclusive virtual training videos and offers

Order your free cube today: go.3M.com/tdcube**

*Please note demonstration materials are for invitro use only. **on submitting your order form, you will be contacted by a 3M sales representative to complete your request.

Terms and conditions

This promotion is available to dental practitioners in UK and Ireland only. One Experience Box per practitioner. No purchase necessary. Promotion is valid from 30 March 2023. Cubes are limited to the first 2000 requests. No cash alternative can be offered for the free of charge products. Not for resale. 3M reserves the right to change or cancel the promotion at any time. Promoter: 3M Oral Care, 3M United Kingdom PLC, 47 Charnwood Campus, Bakewell Road, Loughborough LE11 5RB.

3M, Filtek and Scotchbond are trademarks of 3M Company. © 3M 2022. All rights reserved. OMG463575.

Building a sustainable dental practice

How to reduce emissions, ensure sustainable procurement and manage clinical waste

© Dr Sanjay Haryana

Dr Sanjay Haryana.

By Dr Sanjay Haryana, Sweden

Kindness to oneself and self-love are concepts that are often spoken about in the context of looking after oneself and supporting personal well-being. According to the UK's National Health Service, "well-being is about feeling good and functioning well and comprises an individual's experience of their life; and a comparison of life circumstances with social norms and values".[1] Dental professionals widely recognise the importance of patients' well-being and their mental health, and it is an ethical requirement that we always act in the best interest of all of our patients. We have to be accountable for this. Yet, are we acting in the best interest of ourselves so that we can always thrive as dental professionals? Are we accountable for doing so? Self-compassion could have a significant role for dental professionals.

Sustainable dentistry's two major outcomes, namely good oral health and reduced environmental impact, could be achieved by focusing on preventive care and quality operative care. However, the large amount of waste produced by the dental office daily is a problem that needs immediate attention.

Reducing emissions—a complex task

Dental caries and periodontitis are two of the most common diseases globally. Thus, the primary aim of sustainable dentistry is to improve the quality of life through preventive care and quality operative care. In order to be able to offer this to the underprivileged part of the global population, increased emissions are inevitable.

However, from an environmental perspective, we want the population to have immediate access to dental care, but we do not want patients to visit the dental practice too often. After the manufacturing of dental supplies and the dental waste generated in daily practice, patient and staff travel are the largest emitters of greenhouse gases within dentistry. Since dental appointments accumulate over a patient's lifetime, total emissions end up being extremely high compared with those resulting from other healthcare treatments.

In order to decrease emissions, FDI World Dental Federation promotes source reduction through good oral health or prevention. This is because preventive dentistry results in fewer appointments, fewer recall visits, a reduction in materials and, consequently, less clinical waste. Dental diseases that are preventable or are in the early stages of progression should be targeted using individualised maintenance plans where home care should be the centre of attention.

For example, switching to green energy leads to a great impact, requires little effort and minimises interruption to day-to-day practice. To make sustainable procurement more manageable, it can be divided into buying less, wasting less and switching to products and services with a lower carbon footprint.

Healthcare waste—a major problem

Medical and dental care generate substantial waste. The healthcare sector is responsible for 5% of all the greenhouse gas emissions in the EU. Dental waste management has been primarily focused on amalgam disposal, but this is no longer the main issue. Even though it is well known that dental practices generate great amounts of waste, there is limited data available on the effect of this on the environment. Similarly to sustainable dentistry, dental waste management lacks a global consensus on how to tackle certain environmental issues that are associated with dentistry.

In the day-to-day running of a dental practice, waste is generated from all parts of the business and can be divided into three categories: household waste, hazardous waste and clinical waste. Household waste is similar to that which is generated in a residential environment and should, if possible, be recycled. Hazardous waste is considered harmful to people and/or damaging to the environment and must be disposed of through the appropriate facility. It includes clinical waste, radiographic solutions, amalgam and gypsum, which generates a toxic gas during degradation in landfills.

Clinical waste is defined as "any waste which consists wholly or partly of human or animal tissue, blood or other body fluids, excretions, drugs or other pharmaceutical products, swabs or dressings, syringes, needles or other sharp instruments". It is also classified as hazardous and should be incinerated.

The four Rs in dentistry

Waste management aims to protect humans and the environment. If correctly done, it can also reduce costs since most of the waste produced is clinical waste and is more expensive to dispose of than household waste. A popular way to manage waste has been to employ the four Rs—reduce, reuse, recycle and rethink.

• Reduce in the surgery

Many practices work with preset trays containing certain instruments and disposable material, such as plastic tray liners, gauze, cotton rolls and polishing paste. As soon as the tray has been contaminated, all materials, both used and unused, are classified as clinical waste. Practices should review their set-up routines to minimise the waste of unused material.

• Reuse in the surgery

Most of the waste in dentistry consists of single-use equipment designed to minimise cross-contamination. There is a need for the development of novel solutions allowing sterilisation and reuse. However, practices must consider whether the equipment is safe for patients and personnel and whether its production and use have a positive impact on the environment.

• Recycle in the surgery

This is the most challenging area since clinical waste cannot be recycled. The most common materials found in clinical waste are tissues, gloves and sterilisation pouches. We should be able to establish routines that allow us to open the pouches with clean gloves, separate the plastic from the paper and recycle appropriately. Small actions like this can have a positive impact on the environment and save costs for dental practices.

• Rethink in the surgery

Rethinking is the most important of the four Rs. Even though reducing, reusing and recycling are the most discussed, they do not adequately address the clinical reality of dentistry or medicine. In order to meet the Sustainable Development Goals of the United Nations as set out in Agenda 2030, our suppliers must understand the waste management system and align their dental products and materials with the most appropriate end-of-life procedure—incineration, landfill or recycling (chemical or mechanical).

Moving forward

All clinical waste is destined for incineration and should, therefore, be bio-based instead of fossil-based to reduce net emissions. Additionally, a consensus is needed on how to safely minimise single-use equipment. There are many different types of plastics used in the healthcare system, and a circular approach will never be accomplished if they are recycled together. Our efforts in the clinical setting will have little impact on sustainability unless there is an alignment of equipment production, waste management and end-of-life procedures. Only then can good oral health and reduced environmental impact be achieved.

© elenabs/Shutterstock.com

According to Dr Sanjay Haryana, sustainable dentistry helps to make the workplace more attractive, is ethically correct and can serve as a great marketing tool.

+ PRAGUE

June 15-17, 2023

Digital Dentistry Summit

Register at www.digital-dentistry-summit.com

ADA C·E·R·P® | Continuing Education Recognition Program

dti] Dental Tribune International

Dental Tribune DT STUDY CLUB THE GLOBAL DENTAL CE COMMUNITY

Tribune Group

Digital Dentistry SUMMIT

In collaboration with Digital Dentistry Society

Tribune Group GmbH is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Tribune Group GmbH designates this activity for **18.5 continuing education credits**. This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through joint efforts between Tribune Group GmbH and Dental Tribune International GmbH.