Journal 1- Professionalism

DH 201 Clinical Practice

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**Choose two (2) of the self reflection questions at the end of the chapter (section 4.4) and provide your responses.**

**For each question, describe how do/will you incorporate the information learned from the resource into the dental hygiene process of care ?**

**Q1: How willing am I to share control with my clients ?**

I think sharing control with patients follows parallel to sharing space with others. I think it is important to prioritize the idea that the patient and I are in a shared space rather than defaulting to the idea that the client is in my chair. I am willing to share control with my client and do so through various means. I do a good job of staying cognizant of how they are responding to my presence by observing non verbal cues. For example if my speed is quick and I have yet to build rapport with the client they will be more nervous. If a client is more worried about my movements then they are less likely to listen, which will affect their ability to listen and grasp ideas. When discussing with the client I make sure that I am seated at a leveled position to them rather than above them. This demonstrates that although the client and I have different roles we are equals in this exchange. Exchange of knowledge is meant to be a transformative experience and if a client feels intimidated they will shy away or be more reserved. Sharing control opens the interaction to being a two way exchange rather than a one sided lecture. Another way to empower the client is by asking for their input or testing their knowledge throughout the treatment. Giving them a voice while they are in the chair can give them a sense of autonomy. I continually check on the client throughout the treatment conveying that I am acknowledging their presence. “By demonstrating respect for and sensitivity to personal boundaries, clinicians model healthy boundaries and reinforce patient’s worth and right to personal autonomy”(ODHA 2008, 21). Consciously shifting control to the client through addressing their comfort level, need for water, need for break allows them to see themself as an active participant in the interaction. “If you are not comfortable with doing it that way we can make adjustments and do it some other way that you feel comfortable” (ODHA 2008, 21). A way I keep myself from over asserting myself is by reminding myself that the informed consent gained can be withdrawn at any time. This allows me to attribute appropriate power to the client and interact with them accordingly.

**How do/will you incorporate the information learned from the resource into the dental hygiene process of care ?**

I think initiating a discussion on the topic of childhood sexual abuse would be beneficial to the client and I. The more I know about the client the more I can alter my mannerisms to make them feel comfortable. Incorporating probing questions during health history would allow the patient to disclose any information which is otherwise overlooked. The adjustments can be included in assessment and implementation where I ask them more questions to optimize their experience.

**Q2: What are my own personal boundaries ? How do I know if they are being violated? Could any of my actions be seen as boundary violations by clients ?**

Examining my personal boundaries I can acknowledge the importance of building rapport. This is because my boundaries are dependent on the relationship I have developed with a person. Some boundaries I have are being touched without an explanation and when someone speaks close to my ear. I have a need to know why a certain action is being taken and how this will help evaluate my condition. I have a preference to follow along and knowing the rationale allows me to feel included in my treatment. I find it bothersome when clinicians verbalize their findings aloud as they are examining, particularity in close proximity to me. I would prefer that they first assess and then take a step back and explain their findings. I do my best not to do to others what I do not wish upon myself. However I am aware everyone has different boundaries and I involuntarily can violate them. I think my tendency to close in on people too fast and they have suffered abuse, can be triggering for them. “As a survivor, I need to know that that person is not going to invade my space. Or do harm to me. Not necessarily physically, but emotionally”(ODHA 2008, 21). A way to overcome this tendency is by letting my presence be known by speaking at a distance and then slowly approach the client so they have ample time to prepare before I stand beside them. They may become startled and make them emotionally triggered. Another violation includes being in close proximity but talking from outside the client’s line of vision. This forces the client to rely on tone of voice as they are unable to look for nonverbal cues. This can make them feel vulnerable and at unease. A way to prevent this is by continually showing my face to the client and maintaining a continuous dialogue.

**How do/will you incorporate the information learned from the resource into the dental hygiene process of care ?**

I try to showcase I respect clients boundaries by having a discussion where I verbalize the steps I will be taking before I start. This allows them to mentally prepare and ask questions if they do not understand the rationale behind the procedure. I think adding check in points in each step of ADPIED can be beneficial. During the end of each phase I can ask the client how they are feeling and continuously ask for verbal permission as the treatment progresses. I believe incorporating these strategies will help build a better relationship with each client which inturn will help me give them the best treatment possible.

LITERATURE CITED

College of Dental Hygienists of Ontario. Handbook on Sensitive Practice for Health Care Practitioners: Lessons from Adult Survivors of Childhood Sexual Abuse. Available at:<https://cdho.org/wp-content/uploads/2023/07/sensitivepractice.pdf>. Accessed Nov 15, 2024.

