BCCOHP | British Columbia College of Oral Health Professionals

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Expectations for clinical and ethical practice

Elder Abuse:

Detection and Reporting

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:

The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of BC and will be updated to reflect the amalgamation.

COLLEGE OF DENTAL HYGIENISTS OF BRITISH COLUMBIA

ACCESS

The latest news from CDHBC | Spring 2012

Elder Abuse: Detection & Reporting

According to Statistics Canada, almost 25 percent of the Canadian population, or 8 million people, will be over the age of 65 by 2031. When we consider that some experts estimate close to one in 10 seniors will suffer from some form of elder abuse, the numbers add up quickly.

Older Canadians are now retaining their dentition for longer than in previous generations and are seen regularly for dental hygiene care including head, neck and intraoral examinations. This fact, coupled with the nature of dental hygienists' relationships with clients, makes hygienists well positioned to recognize the signs of elder abuse.

The issue of elder abuse has been recognized as a "hidden crime" that needs to be exposed. A national awareness campaign was announced by the Government of Canada to coordinate with World Elder Abuse Awareness Day (June 15), which was established by the World Health Organization to "reflect the need for people to understand what abuse and neglect of older adults is, and how it can be prevented." We all need to be aware of the issue of elder abuse — how to identify it and what to do about it.

Elder abuse is identified by the World Health Organization as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person." Such abuse can result from unintentional or intentional neglect. The Canadian Centre for Elder Law states that elder abuse comprises "actions that cause physical, mental, financial or sexual harm to an older adult" and includes neglect whereby "a person or organization fails to provide services or necessary care for an older adult." Sadly, Statistics Canada reports that it is twice as likely that someone familiar to a senior will commit abuse, and of those people, about half will be family members.

The harm associated with elder abuse can manifest in a number of ways, including:

- *Physical abuse*: pain, injury or harm which may be the result of assault, battery or unlawful confinement
- *Financial abuse*: improper or illegal use of one's assets or funds, such as fraud or theft
- *Psychological abuse*: mental anguish or suffering which may result from threats to well-being, intimidation, harassment, verbal assaults, invasion of privacy or humiliation
- *Sexual abuse*: harassing sexual comments or innuendos, or non-consensual sexual activity

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Message from the Registrar

JENNIFER LAWRENCE, REGISTRAR

You've got mail! Well, more specifically, you've got email from the College. As many of you know, starting in June 2011 we began sending emails to all registrants regarding important matters related to the College's mandate. So far we have sent six emails out to registrants that have covered important topics such as a feedback survey for the draft infection control manual, a December bulletin which contained important information on oral cancer screening and documentation standards and your renewal notice.

The College will now be sending important reminders and notifications out via email instead of via regular mail. An example is that, for the first time, you did not receive your notice to renew your license via regular mail and instead on January 4th, 2012, an email was sent out to all registrants notifying them of the renewal period. In addition, on February 6th, 2012, we emailed all registrants who were missing items such as proof of negligence insurance or CE credits that would prevent them from renewing.

We believe that utilizing email instead of regular mail is not only fiscally prudent and environmental friendly, but it also allows us to provide important information immediately to registrants. As previously mentioned, we have only sent out six emails since June 2011, so we are very committed to only sending emails when necessary and pertaining to matters related to practice issues or College business. All College emails are completely separate from emails sent by CDHA or BCDHA. Our emails will always contain important information that must be read and should be treated with the same level of importance as other types of communications from the College.

If you have not been receiving emails from the College, please check your junk or spam folders in your email. For whatever reason, your email software could have tagged the College email as spam. If this has happened please identify our email address as safe so you are to be sure to receive the emails. After checking your spam folder, if you still aren't receiving emails from the College, please log on to your online profile or give us a call at the College office to ensure we have a valid email address on file.

Please continue to watch for emails in the coming months; important topics such as Quality Assurance Program updates, surveys seeking feedback on College projects and meeting notices will be communicated this way. We are committed to ensuring that you are well-informed, and we also want to make sure you have a convenient way to provide feedback.

Call for Nominations: Darlene Thomas Award

The Darlene Thomas Award for Vision and Leadership in Dental Hygiene is presented annually to a dental hygienist who demonstrates the highest level of professional commitment and leadership. Darlene Thomas was a member of the first CDHBC Board of Directors and was elected by her fellow Board members as the first Chair of the Board in 1995. She was a leader in the dental hygiene profession at local, provincial and national levels, practicing for 34 years before succumbing to breast cancer at age 54, in 1999. The College will be accepting nominations for this year's award until April 27; nomination forms will be posted on the CDHBC website under News & Events, or a nomination form can be requested by calling or emailing the College office. *Each nomination must be supported by two nominators who are current or past registrants.*

Transitions

As some of you may know, our Registrar, Jennifer, and her husband are expecting a baby boy at the end of April. On behalf of the Board, I wish them the very best. While Jennifer is on maternity leave, I'm pleased to announce that Heather Biggar, currently the Deputy Registrar, will become the Acting Registrar, assuming the role and duties of Registrar. —*Marilynne Fine*

Message from the Chair

MARILYNNE FINE, CHAIR

"Professionalism" may seem like a simple concept, but many health professionals seem to forget that this word describes much more than being "skilled in a profession;" professionalism includes how people treat others and how they conduct their business overall. The CDHBC *Registrant's Handbook* outlines many of these principles, in the Code of Ethics (Tab 4), the Practice Standard Statements (Tab 5) and the Patient Relations Guidelines (Tab 12). It is valuable to review these sections periodically, as a reminder of the foundational requirements of "professionalism" while working as a dental hygienist.

In the CDHBC Code of Ethics, the 12th principle is a very clear guideline to follow:

> **Represent the values and ethics of dental hygiene before others, and maintain the public trust in dental hygienists and their profession.** *The dental hygienist accurately represents their competency, education, experience and class of registration to the public. The dental hygienist respects the profession of dental hygiene and the trust the public has placed in that profession. The dental hygienist values the client-hygienist relationship and practices in a conscientious manner.*

Recently, the College staff and the Inquiry Committee have encountered some surprising instances that demonstrate a lack of understanding of the principles of professionalism among registrants. For this reason, I would like to review a few points for all registrants to consider.

Because you may interact with many different people on a daily basis, including co-workers, it is important to be aware of how your behaviour, conversation and attitudes influence the way others feel. Be sensitive to comments that might be interpreted as offensive or rude; when in doubt, try to choose your words carefully, or refrain from comment. Quite simply, an effort to be polite and pleasant in your dealings with others will prevent conflict and promote goodwill; if you are feeling stressed or unable to cope — for whatever reasons — seek professional help rather than making your struggle a burden for others. Keep in mind, discussing personal issues while "on the job" can be extremely inappropriate.

We recently posted a public notification on our website regarding the conduct of a registrant following an Inquiry Committee investigation and determination; that notice is also published on page 7. I hope that you will review it and perhaps learn the valuable lessons that this case teaches.

Professionalism can also translate into involvement in the profession. Simple things like sending in a ballot when there is an election for the Board in your area, or filling out a survey when the College seeks feedback, are important parts of being a professional.

Although professionalism can be difficult to define, teach or assess, The Faculty of Medicine at UBC provides a helpful outline of "attributes of professionalism:"

- Honesty/Integrity
- Reliability/Responsibility
- Respect for Others
- Compassion/Empathy
- Self-Improvement
- Self-Awareness/Knowledge of Limitations
- Communication/Collaboration
- Altruism/Advocacy

We hope that all of our registrants will continue to strive to practice excellence in the profession of dental hygiene, and we encourage you to contact the College if you have any questions about your practice. As your College, we aim to support you in delivering the best possible care to your clients.

In This Issue

Elder Abuse

Continued from front page

- *Neglect*: a caregiver fails or refuses to provide necessary services or care such as food, shelter, medication or social contact

As a health professional it is important to do all that you can to assist your clients by providing care and appropriate referrals. While you may be well aware of the duty to report suspected child abuse, you may not have considered the possibility of elder abuse — and how to deal with it. What should you do if you see indications that a senior client is vulnerable or being victimized in their current care? The signs may be obvious or subtle. An opportunity to ask "How are you feeling?" or other conversations may give your client a chance to explain their situation.

What should you do if you see indications that a senior client is vulnerable or being victimized in their current care?

In most cases a health professional must obtain consent from a client in order to disclose their personal or health information to other parties, including reporting instances of elder abuse. If an abusive situation involves an older adult of sound decision-making capacity, who refuses to consent to the disclosure of their information, you may provide them with resources or information in a respectful manner. It may be difficult for the senior client to admit a situation for fear of consequences, unless there is a clear avenue for protection.

If an older adult is not of sound decision-making capacity or is unable to seek assistance due to restraint or a physical handicap, the *Adult Guardianship Act* indicates that any person may notify a "designated agency" of the suspected abuse or neglect. The "designated agencies" in B.C. to which such cases may be reported are:

- The five Regional Health Authorities
- Community Living B.C. (for eligible adults with developmental disabilities)
- Providence Health Care Society (some hospital locations in Vancouver)

In addition, under the *Health Professions Act*, all regulated health professionals are required to report suspected abuse by another health professional to the appropriate regulatory College if the abuse "constitutes a form a sexual misconduct" or if "the other health professional may be a danger to the public".

In situations that do not involve another health professional the provisions of other legislation may apply, such as the *Criminal Code* (for federal offences such as fraud or assault), or the *Community Care and Assisted Living Act* (for abuse suspected in a licensed community care or assisted living facility). Ultimately, if an emergency situation is suspected — whereby a senior's life or safety is at immediate risk — you should contact the police immediately, regardless of client consent.

For additional information and resources about this important topic, including an expanded version of this article with a list of references, please visit the CDHBC website.

Each case of elder abuse is unique; however, below is a summary of some common signs of elder abuse that dental hygienists should be aware of:

Physical
Unexplained injuries, bruises at various stages of healing, cuts, swollen lips, fractured teeth or jaws, loose or avulsed teeth, blood on clothes, rope burns, bite marks, indications of unnecessary force

Financial
Missing funds or cheques, bounced cheques, unpaid bills, unexplained changes in legal documents such as a client's will or Power of Attorney, indications of missing belongings or funds not being allocated as per Power of Attorney

Psychological
Personality changes, withdrawn behaviour, distance from caregiver, sense of hopelessness, tearful, anxious, fearful, indications of being subject to social isolation or prevented from practicing a faith

Sexual
Torn labial frena, palatal petechiae, tooth fractures, denture fractures, bruising, indications of being subject to inappropriate sexual comments

Neglect
Dehydration, malnourishment, lack of energy or vitality, unclean attire and inadequate personal hygiene, excessive dental plaque accumulation, indications of not receiving appropriate medication

Quality Assurance Program Update

In accordance with the *Health Professions Act*, all B.C. health professions must establish a Quality Assurance Program (QAP).

The first Pilot Phase of the Quality Assurance Program was completed late last year, with valuable information and feedback collected from our first Pilot Group. Processes have been streamlined, technology updates have been completed and changes were made that significantly improve the Online Learning Plan module so that it meets the needs of registrants. In addition, a new policy was developed to adapt the Continuing Competency (CC) Guidelines to allow CC credit for alternate learning activities performed in accordance with Guided Learning Plans.

At the time of publication, the second Pilot Phase is in progress; over 100 registrants have voluntarily converted from the 3-Year CC Cycle to a 5-year QAP Cycle, and they will have completed the QAP Assessment Tool this February. We look forward to collecting further information from this larger group and will be conducting a number of surveys and additional focus groups in Spring and Fall which will help finalize the QAP.

Starting in January 2013, registrants will begin transitioning to the QAP. Half of registrants who have a CC Cycle ending this year – December 31, 2012 – will be randomly selected to convert to a 5-Year QAP Cycle and will complete the QAP Assessment Tool in January/February 2013. Those who are randomly selected will be notified in July 2012, so that there will be plenty of time to plan and prepare. Registrants whose CC Cycle ends in 2012 may choose to self-select themselves for the 2013 QAP intake by sending an email to the College with this request.

The QAP Information & Preparation Guides will be made available to all registrants in late Spring, after incorporating feedback from the Pilot participants. In the meantime, registrants can visit the QAP page on our website for FAQs, an informational brochure and a recently posted video in which the Registrar explains the development process and details of the QAP. The direct link to the QAP page on our website is: *http://www.cdhbc.com/Continuing-Competency/Quality-Assurance-Program.aspx.* You are encouraged to bookmark this page on your browser and visit it often for the latest information on the Quality Assurance Program.

Marketing Guidelines

As a result of evolving technologies and social media avenues, as well as shifts towards greater numbers of dental hygienists in British Columbia seeking to practice in alternate settings, the College has received an increasing number of questions related to advertising and marketing protocols.

Marketing endeavours can take many different forms, including professional letterhead, business cards, pamphlets and flyers, as well as advertisements in a public medium such as radio, newspaper, professional directories or the Internet.

Any marketing materials utilized by registrants to promote their professional services must provide accurate and verifiable information. Registrants must ensure that their marketing materials avoid language that could be misleading to the public, including language pertaining to the scope of dental hygiene services being promoted. The content of marketing materials must not be presented in a manner that is likely to create an unjustified expectation about the results of professional services that a registrant can achieve.

Marketing materials must not compare the quality of services provided with that of other registrants or health professions. Registrants are not permitted to use the title "specialist" or any similar designation that suggests possessing a special status or accreditation.

If marketing materials include statements regarding fees for particular services, registrants must ensure that such fees and associated services are sufficiently described so as to enable potential recipients to understand the nature and extent of the services and costs. Additionally, comparisons of fees charged by other registrants must not be made.

Registrants must retain copies of all marketing materials for a period of one year following publication or broadcast, including a written record of when and where publications or broadcasts have been made.

Registrants who are looking to undertake marketing activities to promote their practice of dental hygiene are advised to review Section 69 of the CDHBC Bylaws in its entirety, located under Tab 3 of the *Registrant's Handbook* (pp. 54-57). College staff are always available to assist registrants with clarification or questions as well.

Root of the Matter

HEATHER BIGGAR, DEPUTY REGISTRAR; REBECCA CHISHOLM, SENIOR DENTAL HYGIENE ADVISOR;

MELISSA SEDGWICK, DENTAL HYGIENE ADVISOR

The Role of the Dental Hygienist in Oral Cancer Screening

"Dental hygienists are educated to perform oral mucosal screenings, and the dental hygiene appointment is an ideal model for this exam due to the frequency and regularity of client interaction and the duration of the hygiene appointment. The 90 seconds spent completing an oral mucosal examination not only raises awareness of the hygienist's abilities and knowledge but, most importantly, could save a life."

— Dr. Denise Laronde, PhD, RDH
Assistant Professor, UBC Faculty of Dentistry

In order to provide registrants with the most current information regarding the CDHBC position on oral cancer screening, the College circulated a December email bulletin outlining its position on oral cancer screenings performed by dental hygienists. This article is intended to reiterate and expand on the information that was recently circulated.

Background

A dental hygiene assessment involves the collecting of pertinent information relating to the client's general and oral health including the hard and soft tissues of the head, neck and oral cavity, as outlined in the CDHBC Bylaws (Practice Standards and Scope of Practice).[1,2] It is the dental hygienist's professional and regulatory right to exercise the full extent of this scope in the best interest of their clients.

An estimated 263,900 new cases of oral cancer were diagnosed globally in 2008, and 128,000 individuals succumbed to the disease that same year.[3] Smoking, alcohol use, smokeless tobacco and Human Papilloma Virus (HPV) infections are the most notable risk factors, with the effects of tobacco and alcohol having a synergistic effect.[3] In Canada, an estimated 3600 new cases were diagnosed in 2011, while 1150 individuals with oral cancer will have died last year.[4]

Discussion

Dental hygienists have long been integral providers of oral health prevention and management. Furthermore, dental hygienists are specifically educated to differentiate between normal soft tissue, deviations from normal and suspicious lesions or pathologies.

Since the primary goal of oral cancer screening is early detection, dental hygienists play a critical role in identifying oral premalignant lesions and initiating steps in the referral pathway.

Detailed treatment planning and individualized patient care provide the dental hygienist with the opportunity to identify individuals at higher risk for oral cancer and perform effective screening exams. It has been determined that early diagnosis of oral cancer leads to an excellent prognosis in treatment; therefore, regular dental hygiene visits provide a valuable setting for oral cancer screening.[5]

As part of their scope of practice, dental hygienists in B.C. have a professional and ethical responsibility to conduct a medical history and comprehensive soft tissue assessment, both of which will inform their treatment plan and implementation phases of care.[1,2]

The systematic soft tissue assessment includes the identification of abnormal soft tissue lesions and detailed documentation such as 'MCATS' (margins, colour, appearance, texture and size), the location of the lesion and whenever possible, a photo of the lesion in question. The use of adjunctive tools such as direct fluorescence visualization (VELScope®) or toluidine blue is within the DH Scope of Practice. However, these tools remain complementary to a comprehensive health history review and the fundamental visual and tactile means of intra-oral and extra-oral examination.

When an abnormal lesion is identified, which persists at a three-week follow-up appointment, a referral for further investigation is a key component of client-centered care. While dental hygienists may not diagnose a cancerous or pre-cancerous lesion, they have a responsibility to identify abnormal tissue conditions and initiate the appropriate referral pathway. Referrals for further investigation or biopsy may be made to an oral medicine specialist, oral surgeon or periodontist. Clients without dental insurance may be referred to their MD for referral to an ear, nose and throat specialist. In Greater Vancouver, uninsured clients may also be referred

to the Oral Mucosal Disease clinic at Vancouver General Hospital. All referrals should include thorough documentation of the lesion and concerns.

Conclusion

Dental hygienists are specifically educated to differentiate between normal soft tissue, deviations from normal and suspicious lesions or pathologies. The College expects dental hygienists to routinely assess the hard and soft tissues of the head, neck and oral cavity, document changes from their normal state, and make referrals for further investigation, as appropriate. The gold standard for the diagnosis of oral cancer and precancer (dysplasia) is a biopsy.[6,7] Therefore, the diagnosis of the lesion will be made by the pathologist who completes the biopsy.

References:

1. CDHBC Bylaws, CDHBC *Registrant's Handbook*, Tab 5, page 7 – 8.
2. CDHBC Scope of dental hygiene practice, CDHBC *Registrant's Handbook*, Tab 6, page 4.
3. Jemal, A; Bray, F; Center, MM; Ferlay, J; Ward, E; Forman, D. Global Cancer Statistics. *CA Cancer J Clin* 2011; 61, 69-90.
4. Canadian Cancer Statistics, 2011. http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics.aspx?sc_lang=en
5. Cormier L and Lavelle CL. The dental hygienist's role in screening for oral cancer. *Probe*. 1995 Mar-Apr; 29(2): 53 – 6, 58 –9.
6. Guideline for the Early Detection of Oral Cancer in British Columbia 2008. *JCDA*. 2008 April; 74(3): 245 – 53.
7. Poh, CF; Ng, S; Berean, KW; Williams, PM; Rosin, MP; Zhang, L. Biopsy and Histopathologic Diagnosis of Oral Premalignant and Malignant Lesions. *JCDA*. 2008 April; 74 (3): 283 – 89.

Public Notification

February 1, 2012

As per Section 39.3 of the *Health Professions Act*, the following public notice is given:

Name of Registrant: Tasleem Walji

Action taken: The Inquiry Committee requested and obtained a consent order from the Registrant under s. 36(1)(a), (b), (c) and (d) of the *Health Professions Act* requiring her to undertake not to repeat the conduct of engaging in unauthorized practice without registration and to knowingly provide incorrect information to the College, to consent to a reprimand for engaging in unauthorized practice, her consent to pay $1,000 costs, and to consent to a two-week suspension of her clinical practice.

Reasons for action: In response to information brought to its attention, the Inquiry Committee initiated an investigation regarding an allegation that the Registrant had engaged in unauthorized practice without registration. The investigation revealed that the Registrant had practiced dental hygiene without registration from March 1, 2011, to April 27, 2011. She was advised on April 26, 2011, that she was not legally entitled to practice until she obtained registration. The investigation revealed that she continued to practice on April 27, 2011, and initially denied that she had but later acknowledged that she had done so. The Inquiry Committee determined it was necessary to seek a consent order to underscore the seriousness of unauthorized practice and because the Registrant continued to practice after she was advised that she could not do so and knowingly provided inaccurate information to the College.

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NEW PUBLIC MEMBER
APPOINTMENT PENDING

Moving?

Registrants must ensure their contact information is always current on the CDHBC register; failure to do so is a violation of CDHBC Bylaws and may result in an investigation by the Inquiry Committee. Incorrect or out-of-date addresses can lead to missed mailings that may include important notices and documents. Address changes can be submitted online at *www.cdhbc.com* or via email to *cdhbc@cdhbc.com* and should include the following information.

- Name
- Registration Number
- Old Address
- New Address
- Email
- Telephone
- Effective Date

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