

THE DIFFERENT ASPECTS OF BLEACHING: PART FOUR

In the concluding part of this series, **Diane Rochford** looks at how the dental team can be involved in bleaching, how to make it profitable and the importance of education and training so that treatment can be provided safely and successfully

Dental bleaching is a new and exciting dimension to the role of dental hygienists and therapists.

In the previous articles of this series I've looked at the different aspects of bleaching teeth – the prescription required from a registered dentist, how bleaching works, dealing with patient sensitivity, the whole team approach and the legal issues that surround bleaching in the UK. This article will look at how the whole team can be involved with bleaching and the importance of education and training.

Team approach to bleaching

The *Oxford English Dictionary* defines a team as: 'A group of people working or playing together', while Cathy Jameson (from Jameson Management Inc) defines a team as: 'A group of leaders working toward a common set of goals'.

Role of the dentist

The dentist is responsible for completing a comprehensive dental and oral evaluation of the patient (Greenwall, 2001), taking any necessary radiographs (Haywood, 2006) that will determine pathology, which could possibly affect the end result. The dentist is also responsible for diagnosing caries, periodontal disease, and any other treatment that has been undertaken prior or post bleaching, in order to help the patient



Figure 1: Linda Greenwall's team at Hampstead Healthcare 2011

achieve the best possible result along with a healthy, well-maintained dentition.

All diagnosed treatment must be presented to the patient in the form of a treatment plan, along with the benefits of proceeding with treatment and the risks involved if they decide not to. Consent to continue with treatment must be obtained.

The General Dental Council (GDC) strongly maintains that tooth whitening is an act of dentistry, and therefore is the main reason that non-dental professionals – such as beauty therapists – should not be carrying out treatment.

The GDC says: 'It is the Council's view that applying materials and carrying out procedures designed to improve the aesthetic appearance of teeth amounts to the practice of dentistry. So too does the giving of clinical advice about such procedures. Therefore all tooth whitening procedures, including bleach and laser



Figure 2: Dentist evaluation (with the hygienist)

treatment, are seen as the practice of dentistry by the General Dental Council.'

The new directive from the European Union, and accepted by the Council of European Dentists, clearly states that 'products over 0.1% but less than 6% hydrogen peroxide to be supplied to patients, provided that the patient has been examined by a dentist and the first treatment has been performed by the dentist or under his or her direct supervision' (Dental Protection, 2011).

Dentists utilising the skills of their hygienist and/or therapist to carry out bleaching treatment for patients have the responsibility to provide a prescription for them to follow (Figure 2). This is a GDC Scope of Practice requirement.

Role of hygienist/therapist

Following a prescription prepared by a dentist, hygienists and therapists can now provide tooth whitening for patients, either in-office or home bleaching.

Patients frequently enquire during hygiene visits about the possibilities of bleaching their teeth, and advice on options for treatment, benefits and risks, as well as the process involved, can all be discussed by hygienists and therapists.



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Following the prescription for home bleaching, hygienists and therapists can:

- Take alginate impressions
- Make the bleaching trays (Figure 3)
- Fit the bleaching trays
- Provide instructions for home bleaching
- Demonstrate the application of bleaching materials
- Discuss and advise on protocols for dealing with sensitivity
- Take photographs, before, during and after (Figure 4)
- Take and review the shade (Figure 5).

Following the prescription for in-office bleaching, hygienists and therapists can:

- Provide instruction about the procedure
- Take before and after photographs
- Record the start and final shade
- Isolate the soft tissues according to manufactures instructions (applying light cure dam)
- Apply the bleaching gel
- Monitor the patient throughout treatment
- Provide postoperative instructions
- Discuss protocols for dealing with sensitivity.

Role of dental nurse

The 2008 Scope of Practice also expanded the role and responsibilities of dental nurses. Although dental nurses cannot directly perform any bleaching treatment, they can be part of the treatment provided.

Nurses with additional training and following the prescription from a dentist can take alginate impressions, pour, cast and trim study models, construct bleaching trays, assess and record the shade and take before, during and after photographs.

With training, they can also provide information or answer questions patients may have regarding bleaching. The nurse may be one of the first team

'The whole team should have up to date knowledge.'



Figure 3: Preparing the trays



Figure 4: Taking photographs



Figure 5: Checking the shade



Figure 6: Dental nurse taking impressions

members a patient asks about the possibilities for tooth whitening.

Any dental care professionals (DCPs) who take impressions and construct bleaching trays are creating a custom-made device as defined by the Medical Devices Directive (Figure 6). This imposes various legal requirements involving DCPs and his/her employer, with regard to registration with the Medical and Healthcare Products Regulatory Agency, documentation and quality assurance in relation to each medical device constructed (Dental Protection, 2011).

Role of front desk

The front desk team can also play an important part in a patient's initial enquiry about tooth whitening. They should have a good understanding of the options available in the practice, fees for treatment, as well as length of appointment time for the different procedures, allowing them to schedule

patients efficiently. Of course, if patients have any questions that they are unable to answer then they should refer them to a member of the team that can provide the necessary information.

Training

The GDC, indemnity and professional bodies, such as the British Dental Association (BDA) and British Society Dental Hygienists and Therapists (BSDHT), are consistently promoting and advising all dental team members to attend courses and continue

Questions taken from the GDC's *Considering tooth whitening?* patient information leaflet

- What types of tooth whitening are available and what are the differences between them?
- What sort of results can I expect?
- What can you do about stained veneers, crowns or dentures to make sure they match my natural teeth?
- What are the risks? Will it hurt?
- Who will be carrying out the procedure? What training and experience do they have?
- Is the work guaranteed for a certain length of time?
- What aftercare do you provide?
- What happens if I am unhappy with the results? Who will pay for any work that is done to correct any problems?
- Who can I contact for advice after treatment?
- What kind of insurance do you have?



Figure 7: Answering patient questions about fees and treatment



Figure 8: Hands-on training



Figures 9 and 10: Working out fees for home and in-office procedures

Scheduling for profitable whitening

	Monday	Tuesday	Wednesday	Thursday	Friday
9am					
10am					
11am					
12noon					
	Lunch	Lunch	Lunch	Lunch	Lunch
2pm					
3pm					
4pm					
5pm					

Jameson Management Inc

Figure 11: Red – primary appointment pre-blocks; blue – new patient pre-blocks; green – consultations; purple – emergencies

learning throughout their professional lives.

Lifelong learning keeps dentists and DCPs up to date with changes in clinical techniques, maintains professional standards, leading to greater work satisfaction and builds a good professional reputation amongst patients and peers (BDA, 2009).

The whole team needs appropriate training and education to provide bleaching safely. They should have up to date knowledge, allowing them to appropriately discuss options for treatment and answer patients' questions with confidence.

The GDC recently published a patient information brochure titled

Considering tooth whitening? It advises the public what questions they should ask when they are considering tooth whitening. One of the questions asked is: 'Who will be carrying out the procedure? What training and experience do they have?' (GDC, 2011).

There are no clear guidelines for the number of hours required for dentists and DCPs to sufficiently train and become knowledgeable in dental bleaching. There are many courses available, usually over one or two days, consisting of both theory and hands-on sessions.

The British Dental Bleaching Society offers advice, provides training and

recognised certification for dental bleaching.

Experience follows with lots of practice and working with patients to achieve results they are happy with, assessing what worked well and what did not on the way to the end result (Figure 8).

Profitable bleaching

All treatment being prescribed and recommended needs to be ethical and in the patients' best interests.

Dentistry, especially private dentistry, is fast becoming a business on the increase. Dental practices need to be profitable otherwise they will not survive.

As mentioned in the first article, in times of financial recession more people spend money on tooth whitening and cosmetic dentistry. Dental bleaching needs to be profitable for the practice.

Fees should be worked out appropriately. In the case of home bleaching, less surgery time is required than in-office treatment. However, time needs to be scheduled for discussions with the patient, the comprehensive evaluation, impression taking, fitting trays and providing instructions and review visits as well as the bleaching materials and any desensitising products being issued for the treatment (Figure 9).

In-office bleaching fees should take into consideration the extended surgery time that is required, the number of visits that are needed and the cost of the equipment. If a light is being used, there are fees for hiring or buying the lights, and the patient kits that the manufacturer provides (Figure 10).

Consider who will be providing the treatment – will it be the dentist, or will the DCPs be asked to carry out the procedures they are trained and eligible to provide?

Work on a fee that reflects the quality of treatment provided and the type of patients the practice strives to attract. Mystery shop fees from nearby practices to enable you to compare, so as not to be priced out of the local market – remember though that cheap is not always best!

Scheduling for profitable whitening

The practice's schedule can work to make not only bleaching profitable, but also all treatment.

Delegation amongst the team can free up time in a heavily scheduled diary for the dentist, hygienist and therapist. Stress that may be caused if patients are squeezed into an already busy day is reduced; patients can be seen sooner and more efficiently. Delegation also allows for utilisation of the skills hygienists, therapists and dental nurses are trained to provide, promoting a happy, more fulfilled and respected team.

Bleaching cases, especially when delegated to hygienists and therapists, are considered a primary procedure. Primary procedures are those that are higher value than maybe a three- or six-monthly hygiene fee.

Introducing primary procedures into the hygiene or therapy schedule allows for better profitability. Having a mix of treatments scheduled in the

day also makes the day more interesting for the clinicians.

Lets take a look at pre-blocking primary procedures in the schedule (Figure 11). Pre-blocking or reserving time in the schedule will mean it is unlikely that patients will be turned away. Not only is this better for the patient it also means the practice is less likely to lose any business.

If a hygienist begins to provide in-office power whitening, then by allocating appointment slots, the hygienist will be able to provide treatment more efficiently and use the skills they have been taught.

Conclusion

Good teamwork and delegation within a practice promotes a happy environment, respect amongst the team and patients, and can make a practice more profitable.

Bleaching is a treatment that patients request rather than being told they need. Learning about the different techniques available, how

bleaching works, providing comprehensive evaluations, assessing patient expectations, setting protocols to deal with sensitivity and being aware of the legal issues that surround bleaching in the UK, all helps in providing the patients with the information they need to make the right choice, and lead to a successful outcome. [PD](#)

References

For the full list of references to accompany this article, please email the editor at siobhan.hiscott@fmc.co.uk.



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