Common Causes of Unprofessional Conduct

According to The Dental Disciplines Act, Section 26 (a, b), professional incompetence is defined as the display by a member of a lack of knowledge, skill or judgment or a disregard for the welfare of a member of the public served by the profession of a nature or to an extent that demonstrates that the member is unfit to a) continue in the practice of the profession or b) provide one or more services ordinarily provided as a part of the practice of the profession.

Professional misconduct, within the meaning of The Dental Disciplines Act Section 27 (a, b, c, d) is any matter, conduct or thing that is: a) harmful to the best interests of the public or the members of the association, b) tends to harm the standing of the profession, c) is a breach of the Act or its bylaws or d) is a failure to comply with an order of the professional conduct committee, the discipline committee or council of that member’s association.

So what should you do if you are reported to the Saskatchewan Dental Assistants’ Association? According to James T. Casey, Q.C. of Field LLP, Edmonton Alberta., a leading Canadian authority on professional regulation, remain calm and do not panic. Gather all information and documentation pertinent to the complaint. If the complaint is based on facts, try to gather all evidence that exists. Remember that it is your professional obligation to co-operate.

It is important to be aware of some of the underlying causes of complaints among health professionals. If we are aware of some of these causes then we can learn from our mistakes in order to ensure that we are acting professionally and within our Act and bylaws.

What are some of the causes of unprofessional conduct? Here is a list of the Top Ten Causes of Unprofessional Conduct among Health Care Professionals according to a presentation by James T. Casey, Q.C.,

1. Failure to maintain currency of professional knowledge and competence.

Health care treatments evolve; professionals must keep pace with change and not rely on “how we did it when I trained 20 years ago.”

2. Failure to seek assistance or make appropriate referrals.

Understand your limitations and scope of knowledge. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.

3. Difficulty in a professional’s personal life affects their work life.

It is common for serious personal difficulties being experienced by a professional to “spill-over” into the workplace giving rise to unprofessional conduct. Seek out family, friends and trusted colleagues who can help. Look into programs offered through your health district.

4. Alcohol and Drug Addictions.

Alcoholism and drug addictions are the root cause of some of the most serious cases of unprofessional conduct. Get help and seek counseling.

5. Communication.

Many complaints are caused by poor communication between the professional and the client or the professional and their colleagues. Ensure that you are a good listener. Avoid inappropriate comments in the presence of clients. Part of being a true professional is being a good communicator.
6. **Failure to appropriately address patient concerns.**

Take all concerns and complaints seriously. Understand the power of the “15 second apology”; you can often address a person’s concerns without getting into a long debate about who was right or wrong. Often clients and their families are under a great deal of stress in an environment which they do not fully understand.

7. **Environmental Factors.**

Factors such as excessive work demands, lack of mentoring and supervision, inappropriate work place practices and assignment of tasks in which the professional does not feel competent due to lack of training or experience may contribute to unprofessional conduct. Remember it is your responsibility to ensure that your own work meets professional standards. Raise concerns with your employer if need be.

8. **Personality Conflicts Escalate to Unprofessional Conduct.**

Personality conflict can be the root of unprofessional conduct; be it amongst colleagues, a supervisor or clients. A serious personality conflict can cause a professional to loose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation. Remember, you have a central obligation to maintain a professional demeanour. If you are experiencing difficulties, deal with the issue in private and not in the presence of clients.

9. **Complacency about professional standards.**

Some professional with a great deal of experience become complacent about professional standards and may begin to develop “sloppy” practices. Remember that a commitment to professionalism is a life-long commitment.

10. **Professional Documentation.**

Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If you have acted professionally and appropriately then documentation will be your best defense. Understand your employer’s documentation practices with respect to critical incidents and patients complaints, etc. Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialed, write in ink, use uniform terminology and correct errors in documentation openly and honestly.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as “true professionals”.

*Adapted by Susan Anholt, DA, BA, Executive Director/Registrar from a presentation developed for the College of Dieticians of Alberta with permission from James T. Casey Q.C. and the College of Dieticians of Alberta.*

**Work Cited:**

1. *The Top 10 List is based on a presentation by James T. Casey, Q.C. to the College of Dieticians of Alberta and is summarized in this article with the permission of Mr. Casey and the College of Dieticians of Alberta.*