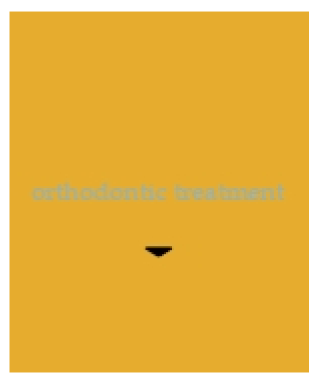

- **Understanding Common Fee Structures in Orthodontics**
  Understanding Common Fee Structures in Orthodontics Insurance Coverage That Reduces Out of Pocket Costs Exploring Payment Plans and Financing Arrangements Differences Between Flexible Spending and Health Savings Factors Influencing Variations in Treatment Pricing Asking the Right Questions During Cost Consultations Allocation of Funds for Long Term Orthodontic Care Prioritizing Necessary Treatments Within a Budget Navigating Claims and Reimbursements Step by Step How Location Affects Orthodontic Expenses Educating Patients on Financial Planning for Treatment Strategies to Keep Future Costs Predictable
- **Role of Licensing and Certification in Orthodontics**
  Role of Licensing and Certification in Orthodontics Safeguards That Protect Patient Wellbeing Responsibilities of Healthcare Providers in Treatment Importance of Proper Clinical Supervision Informed Consent and Patient Decision Making Identifying Red Flags in Unsupervised Orthodontic Options Maintaining Ethical Standards in Modern Practices The Impact of Research on Evidence Based Treatments Open Communication as a Pillar of Ethical Care Regulations Governing Teledentistry Platforms Balancing Innovation With Patient Protection How Professional Guidelines Shape Clinical Judgments
- **About Us**

Open Communication as a Pillar of Ethical Care in Pediatric Orthodontics

When it comes to orthodontic treatment for children, open communication isn't just a nice-to-have-it's absolutely essential. As parents, healthcare providers, and caregivers, we have a fundamental responsibility to create an environment of trust, transparency, and understanding that supports a child's emotional and physical well-being throughout their orthodontic journey.

Imagine a young patient sitting in the dental chair, feeling nervous and uncertain. The power of clear, compassionate communication can transform that anxiety into confidence. Orthodontic treatments can improve speech and chewing functions **Pediatric orthodontic care** American Association of Orthodontists. It's about more than just explaining procedures; it's about listening, validating feelings, and creating a safe space where children feel heard and respected.

For parents, this means having honest conversations about treatment options, potential challenges, and realistic expectations. Orthodontic treatment isn't just a medical intervention-it's a personal experience that can significantly impact a child's self-esteem and emotional development. By maintaining open dialogue, we help children understand the process, reduce their fears, and become active participants in their own care.

Healthcare providers play a crucial role in this communication ecosystem. They must break down complex medical information into language that's accessible and age-appropriate. This isn't about dumbing down information, but about creating genuine understanding. A skilled orthodontist knows how to explain procedures in a way that empowers both the child and their family.

Moreover, ethical care demands ongoing communication. Regular check-ins, opportunities for questions, and a commitment to addressing concerns create a holistic approach to treatment. It's about building a relationship of trust that extends beyond the clinical setting.

Technology and modern communication tools can further support this approach. From detailed explanations to visual aids, we have more resources than ever to help children and families navigate orthodontic treatment with confidence and clarity.

Ultimately, open communication is about respect. It's about recognizing that every child is unique, with their own fears, hopes, and individual journey. By prioritizing transparent, compassionate dialogue, we transform orthodontic treatment from a potentially intimidating medical procedure into a collaborative, supportive experience.

As we move forward in pediatric healthcare, let's continue to champion open communication as not just a strategy, but a fundamental ethical imperative.

The Role of Honest Dialogue in Orthodontic Care

Building trust in orthodontic treatment isn't just about straightening teeth-it's about creating a supportive, transparent environment where everyone feels heard and respected. Open communication serves as the cornerstone of ethical care, especially when young patients are involved.

Imagine a dental office where fear and uncertainty are replaced by understanding and collaboration. This is precisely what happens when orthodontists commit to honest, compassionate dialogue. By involving parents and young patients in meaningful conversations, professionals can demystify the treatment process and alleviate anxieties.

For children and teenagers, orthodontic treatment can feel intimidating. Complex procedures, potential discomfort, and changes in appearance can trigger significant emotional responses. When orthodontists take the time to explain procedures in age-appropriate language, they transform potential fear into curiosity and empowerment.

Parents play a crucial role in this communication ecosystem. They act as advocates and emotional support for their children, bridging understanding between medical professionals and young patients. By being actively included in discussions about treatment options, potential challenges, and expected outcomes, parents can help their children feel more comfortable and engaged.

The benefits of open dialogue extend beyond immediate treatment. Young patients learn valuable lessons about self-advocacy, medical communication, and personal health management. They develop confidence in asking questions and expressing concerns-skills that will serve them throughout their lives.

Ethical care isn't just about technical expertise; it's about human connection. When orthodontists create spaces for genuine, respectful communication, they transform medical interactions from transactional experiences into meaningful, trust-building relationships.

Ultimately, honest dialogue represents the heart of patient-centered care. It acknowledges that behind every set of teeth is a unique individual with hopes, fears, and personal experiences. By prioritizing open, compassionate communication, orthodontic professionals can truly make a difference in their patients' lives.

More about us:

Social Media:

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Insurance Coverage and Impact on Orthodontic Expenses

Open Communication: Bridging Understanding in Healthcare

When it comes to medical care, explaining treatment procedures isn't just about sharing medical facts-it's about creating a genuine human connection. Healthcare professionals have a profound responsibility to communicate with patients in a way that feels compassionate, clear, and respectful.

Imagine a child facing a medical procedure or an elderly patient navigating a complex treatment plan. The language we use can transform fear into understanding, anxiety into empowerment. Age-appropriate communication means tailoring our explanations to match the patient's cognitive and emotional level. For a young child, this might mean using simple metaphors and gentle reassurances. For an older adult, it could involve detailed explanations that honor their life experience and intelligence.

Potential challenges in communication are significant. Medical jargon can feel like an impenetrable wall, creating distance between healthcare providers and patients. By breaking down complex concepts into digestible, relatable language, we create a bridge of trust. This approach isn't just about information-it's about making patients feel heard, respected, and actively involved in their own healthcare journey.

Expected outcomes go far beyond medical compliance. When patients truly understand their treatment, they're more likely to engage positively, ask meaningful questions, and feel a sense of partnership with their healthcare team. This collaborative approach reduces anxiety, improves treatment adherence, and ultimately contributes to better health outcomes.

Compassionate communication is an art form. It requires active listening, empathy, and a genuine commitment to seeing each patient as a unique individual with their own fears, hopes, and understanding. By prioritizing open, clear, and kind communication, healthcare professionals can transform medical interactions from transactional experiences to meaningful, supportive encounters.

The heart of ethical care beats through understanding, respect, and genuine human connection.

Payment Plan Options for Pediatric Orthodontic Care

Open Communication: Bridging Trust in Orthodontic Care

Navigating the complex world of orthodontic treatment can be overwhelming for parents, which is why establishing open and transparent communication becomes crucial in creating a supportive and collaborative environment. Parents are not just passive observers but essential partners in their child's dental health journey.

From the initial consultation, orthodontic professionals must recognize that parents come with a mixture of hopes, anxieties, and questions about their child's treatment. By creating a welcoming atmosphere where parents feel comfortable expressing their concerns, practitioners can build a foundation of trust and mutual understanding.

Effective communication involves more than just medical jargon. It means breaking down complex procedures into understandable language, providing clear explanations about treatment plans, potential challenges, and expected outcomes. Parents appreciate when professionals take the time to listen actively and address their specific worries, whether they relate to treatment duration, cost, or potential discomfort for their child.

Regular updates and transparent discussions about progress, potential adjustments, and milestones help parents feel actively involved. This approach transforms the orthodontic experience from a clinical procedure to a collaborative partnership focused on the child's well-being.

Moreover, involving parents as active participants empowers them to support their child's treatment at home. Whether it's maintaining proper oral hygiene, ensuring consistent appointment attendance, or providing emotional support, parents play a critical role in treatment success.

By prioritizing open, empathetic, and clear communication, orthodontic professionals can create a holistic care experience that addresses not just dental alignment, but the emotional and psychological needs of both children and their families.

Factors Influencing Orthodontic Treatment Costs

Ensuring Informed Consent: The Heart of Ethical Communication

At the core of compassionate healthcare and professional interactions lies the fundamental principle of informed consent. This isn't just a bureaucratic checkbox, but a deeply human process of mutual understanding and respect.

Clear communication is the bridge that connects professional expertise with personal autonomy. When we truly communicate, we're not just exchanging information, but creating a shared understanding that empowers individuals to make meaningful choices about their care or involvement.

Imagine a conversation where complex medical or professional details are transformed from intimidating technical language into accessible, relatable explanations. This isn't about dumbing down information, but about translating expertise into a language that resonates with real people's experiences and concerns.

The key elements of effective informed consent go beyond mere explanation. They involve active listening, patience, and a genuine commitment to ensuring the person fully comprehends what's being discussed. It's about creating a safe space where questions are welcomed, uncertainties are addressed, and individuals feel genuinely heard.

Practical strategies might include using plain language, visual aids, checking for understanding through gentle questioning, and allowing ample time for reflection. It's not just about what is said, but how it's said - with empathy, respect, and a true desire to support informed decision-making.

In essence, open communication isn't just a professional protocol. It's a profound expression of human dignity, recognizing that every individual has the right to understand, to choose, and to be respected in their decision-making journey.

By prioritizing clear, comprehensive communication, we transform consent from a legal requirement into a meaningful dialogue that honors individual autonomy and builds trust.

Comparing Different Orthodontic Practices and Their Pricing Strategies

Here's the essay on the psychological aspects of communication in pediatric care:

Communication plays a crucial role in creating positive healthcare experiences for children, and understanding the psychological dimensions of this interaction is fundamental to ethical care. Children are uniquely vulnerable in medical settings, often experiencing heightened anxiety and uncertainty that can significantly impact their emotional well-being and treatment outcomes.

Reducing anxiety begins with recognizing the child's perspective. Healthcare professionals must approach communication with empathy, using age-appropriate language and gentle, reassuring tones. By breaking down complex medical information into understandable concepts, providers can help children feel more in control and less overwhelmed by their medical experiences.

Non-verbal communication is equally important. Maintaining a warm, open posture, making eye contact, and using soft facial expressions can help children feel safe and understood. These subtle cues communicate compassion and build trust, which are essential in creating a positive treatment environment.

Involving children in their own care conversations empowers them and reduces feelings of helplessness. Explaining procedures, asking for their input, and listening actively can transform a potentially scary medical encounter into an opportunity for learning and emotional growth.

Parents and caregivers also play a critical role in managing a child's psychological response to medical care. When healthcare providers communicate clearly and compassionately with families, they create a supportive ecosystem that helps children navigate potentially stressful medical situations.

Ultimately, effective communication is more than just exchanging information-it's about creating a holistic, supportive experience that acknowledges the child's emotional journey through healthcare. By prioritizing psychological well-being alongside medical treatment, providers can significantly improve patient experiences and outcomes.

Additional Fees and Potential Hidden Expenses in Orthodontic Treatment

Open Communication as a Pillar of Ethical Care in Dentistry

In the realm of dental healthcare, ethical considerations are not just professional guidelines but fundamental principles that shape patient-centered care. At the heart of these ethical standards lies open communication - a critical approach that transforms the patient-dentist relationship from a transactional interaction to a collaborative partnership.

When discussing treatment options, dentists bear a profound responsibility to provide comprehensive, transparent information. This means going beyond clinical recommendations and truly engaging patients in understanding the nuances of their dental health. Patients have the right to know not just what procedures are recommended, but why, and what potential risks or long-term implications might accompany those treatments.

Ethical communication involves breaking down complex medical terminology into understandable language. It's about creating an environment where patients feel comfortable asking questions, expressing concerns, and actively participating in their healthcare decisions. This approach respects patient autonomy and recognizes that each individual's health journey is unique.

Potential risks must be explained candidly, without intentionally causing undue anxiety. A skilled dental professional balances honesty with compassion, presenting information in a way that empowers patients rather than overwhelms them. This might include discussing potential complications, alternative treatment approaches, and expected outcomes with clarity and empathy.

Long-term health implications are particularly crucial. Patients deserve to understand how current dental interventions might impact their future oral and overall health. This might involve discussing preventative strategies, potential lifestyle modifications, and ongoing maintenance requirements.

Moreover, ethical communication extends beyond the immediate consultation. It involves creating a continuous dialogue where patients feel supported, heard, and respected throughout their treatment journey. This approach builds trust, enhances patient compliance, and ultimately contributes to better health outcomes.

In essence, open communication is not just an ethical requirement but a fundamental expression of respect for patient dignity and individual healthcare choices. It transforms dental care from a clinical procedure to a collaborative, patient-centered experience.

Developing a Patient-Centered Approach: Emotional Well-being in Ethical Care

When we talk about truly compassionate healthcare, it's about so much more than just treating symptoms or following clinical protocols. At the heart of exceptional patient care lies a profound understanding that healing is a holistic journey-one that encompasses both physical and emotional dimensions.

Open communication stands as the cornerstone of this patient-centered approach. It's not just about exchanging medical information, but creating a genuine human connection where patients feel heard, respected, and understood. Imagine walking into a healthcare setting where your fears, anxieties, and personal experiences are acknowledged with the same importance as your medical chart.

Healthcare professionals who prioritize emotional well-being recognize that each patient is a unique individual, not just a collection of symptoms. They take the time to listen actively, ask meaningful questions, and create a safe space for patients to express their concerns. This

approach goes beyond traditional medical treatment, addressing the psychological and emotional challenges that often accompany illness.

By integrating emotional support into clinical care, we transform the healthcare experience from a transactional interaction to a truly supportive relationship. Patients feel empowered, understood, and more engaged in their own healing process. This holistic approach not only improves patient satisfaction but can actually contribute to better health outcomes.

The beauty of this patient-centered model is its fundamental humanity. It acknowledges that healing is not just about treating a condition, but about supporting a whole person through their medical journey. It's about compassion, dignity, and respect-core principles that should guide every interaction in healthcare.

As we continue to evolve our understanding of patient care, embracing this comprehensive approach becomes increasingly crucial. It's a powerful reminder that behind every medical case is a human story waiting to be heard and understood.

About patient

For the state of being, see Patience. For other uses, see Patient (disambiguation).

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Part of a series on Patients

Patients

Concepts

- Doctor-patient relationship
- Medical ethics
- Patient participation
- Patient-reported outcome
- Patient safety

Consent

- Informed consent
- Adherence
- Informal coercion
- Motivational interviewing
- Involuntary treatment

Rights

- Patients' rights
- Pregnant patients' rights
- Disability rights movement
- Patient's Charter
- Medical law

Approaches

- Patient advocacy
- Patient-centered care
- Patient and public involvement

Abuse

- Patient abuse
- Elder abuse

Medical sociology

- Sick role

A **patient** is any recipient of health care services that are performed by healthcare professionals. The patient is most often ill or injured and in need of treatment by a physician, nurse, optometrist, dentist, veterinarian, or other health care provider.

Etymology

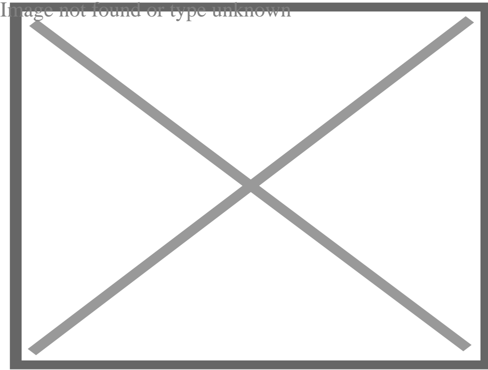
[edit]

The word patient originally meant 'one who suffers'. This English noun comes from the Latin word *patiens*, the present participle of the deponent verb, *patior*, meaning 'I am suffering', and akin to the Greek verb ?ÃŽÂ¬????? (*paskhein* 'to suffer') and its cognate noun ?ÃŽÂ¬??? (*pathos*).

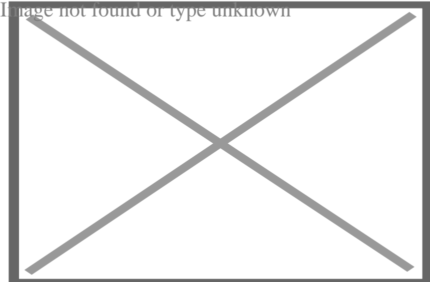
This language has been construed as meaning that the role of patients is to passively accept and tolerate the suffering and treatments prescribed by the healthcare providers, without engaging in shared decision-making about their care.[1]

Outpatients and inpatients

[edit]

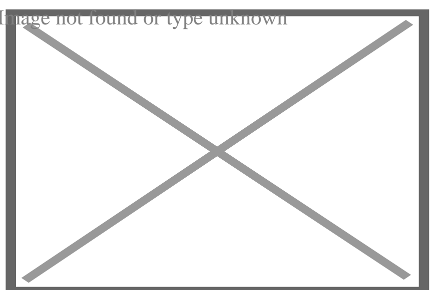


Patients at the Red Cross Hospital in Tampere, Finland during the 1918 Finnish Civil War



Receptionist in Kenya attending to an outpatient

An **outpatient** (or **out-patient**) is a patient who attends an outpatient clinic with no plan to stay beyond the duration of the visit. Even if the patient will not be formally admitted with a note as an outpatient, their attendance is still registered, and the provider will usually give a note explaining the reason for the visit, tests, or procedure/surgery, which should include the names and titles of the participating personnel, the patient's name and date of birth, signature of informed consent, estimated pre-and post-service time for history and exam (before and after), any anesthesia, medications or future treatment plans needed, and estimated time of discharge absent any (further) complications. Treatment provided in this fashion is called ambulatory care. Sometimes surgery is performed without the need for a formal hospital admission or an overnight stay, and this is called outpatient surgery or day surgery, which has many benefits including lowered healthcare cost, reducing the amount of medication prescribed, and using the physician's or surgeon's time more efficiently. Outpatient surgery is suited best for more healthy patients undergoing minor or intermediate procedures (limited urinary-tract, eye, or ear, nose, and throat procedures and procedures involving superficial skin and the extremities). More procedures are being performed in a surgeon's office, termed *office-based surgery*, rather than in a hospital-based operating room.



A mother spends days sitting with her son, a hospital patient in Mali

An **inpatient** (or **in-patient**), on the other hand, is "admitted" to stay in a hospital overnight or for an indeterminate time, usually, several days or weeks, though in some extreme cases, such as with coma or persistent vegetative state, patients can stay in hospitals for years, sometimes until death. Treatment provided in this fashion is called inpatient care. The admission to the hospital involves the production of an admission note. The leaving of the hospital is officially termed *discharge*, and involves a corresponding discharge note, and sometimes an assessment process to consider ongoing needs. In the English National Health Service this may take the form of "Discharge to Assess" - where the assessment takes place after the patient has gone home.[2]

Misdiagnosis is the leading cause of medical error in outpatient facilities. When the U.S. Institute of Medicine's groundbreaking 1999 report, *To Err Is Human*, found up to 98,000 hospital patients die from preventable medical errors in the U.S. each year,[3] early efforts focused on inpatient safety.[4] While patient safety efforts have focused on inpatient hospital settings for more than a decade, medical errors are even more likely to happen in a doctor's office or outpatient clinic or center.[*citation needed*]

Day patient

[edit]

A **day patient** (or **day-patient**) is a patient who is using the full range of services of a hospital or clinic but is not expected to stay the night. The term was originally used by psychiatric hospital services using of this patient type to care for people needing support to make the transition from in-patient to out-patient care. However, the term is now also heavily used for people attending hospitals for day surgery.

Alternative terminology

[edit]

Because of concerns such as dignity, human rights and political correctness, the term "patient" is not always used to refer to a person receiving health care. Other terms that are sometimes used include **health consumer**, **healthcare consumer**, **customer** or

client. However, such terminology may be offensive to those receiving public health care, as it implies a business relationship.

In veterinary medicine, the **client** is the owner or guardian of the patient. These may be used by governmental agencies, insurance companies, patient groups, or health care facilities. Individuals who use or have used psychiatric services may alternatively refer to themselves as consumers, users, or survivors.

In nursing homes and assisted living facilities, the term **resident** is generally used in lieu of *patient*.[5] Similarly, those receiving home health care are called *clients*.

Patient-centered healthcare

[edit]
See also: Patient participation

The doctor–patient relationship has sometimes been characterized as silencing the voice of patients.[6] It is now widely agreed that putting patients at the centre of healthcare[7] by trying to provide a consistent, informative and respectful service to patients will improve both outcomes and patient satisfaction.[8]

When patients are not at the centre of healthcare, when institutional procedures and targets eclipse local concerns, then patient neglect is possible.[9] Incidents, such as the Stafford Hospital scandal, Winterbourne View hospital abuse scandal and the Veterans Health Administration controversy of 2014 have shown the dangers of prioritizing cost control over the patient experience.[10] Investigations into these and other scandals have recommended that healthcare systems put patient experience at the center, and especially that patients themselves are heard loud and clear within health services.[11]

There are many reasons for why health services should listen more to patients. Patients spend more time in healthcare services than regulators or quality controllers, and can recognize problems such as service delays, poor hygiene, and poor conduct.[12] Patients are particularly good at identifying soft problems, such as attitudes, communication, and 'caring neglect',[9] that are difficult to capture with institutional monitoring.[13]

One important way in which patients can be placed at the centre of healthcare is for health services to be more open about patient complaints.[14] Each year many hundreds of thousands of patients complain about the care they have received, and these complaints contain valuable information for any health services which want to learn about and improve patient experience.[15]

See also

[edit]

- Casualty
- e-Patient
- Mature minor doctrine
- Nurse-client relationship
- Patient abuse
- Patient advocacy
- Patient empowerment
- Patients' Bill of Rights
- Radiological protection of patients
- Therapeutic inertia
- Virtual patient
- Patient UK

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External links

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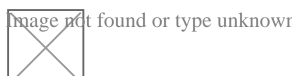

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- "Time Magazine's Dr. Scott Haig Proves that Patients Need to Be Googlers!" – Mary Shomons response to the Time Magazine article "When the Patient is a Googler"

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Articles about hospitals

History of hospitals, Hospital network, Category:Hospitals

Common hospital components	Accreditation Bed Coronary care unit Emergency department Emergency codes Hospital administrators Hospital information system Hospital medicine Hospital museum Hospitalist Intensive care unit Nocturnist On-call room Operating theater Orderly Patients Pharmacy Wards
Archaic forms	Almshouse Asclepeion (Greece) Bimaristan (Islamic) Cottage hospital (England) Hôtel-Dieu (France) Valetudinaria (Roman) Vaishya lying in houses (India) Xenodochium (Middle Ages)
Geographic service area	Base hospital (Australia) Community hospital General hospital Regional hospital or District hospital Municipal hospital
Complexity of services	Day hospital Secondary hospital Tertiary referral hospital Teaching hospital Specialty hospital

Unique physical traits	◦ Hospital ship ◦ Hospital train ◦ Mobile hospital ◦ Underground hospital ◦ Virtual Hospital
Limited class of patients	◦ Military hospital ◦ Combat support hospital ◦ Field hospital ◦ Prison hospital ◦ Veterans medical facilities ◦ Women's hospital
Funding	◦ Charitable hospital ◦ For-profit hospital ◦ Non-profit hospital ◦ State hospital ◦ Private hospital ◦ Public hospital ◦ Voluntary hospital
Condition treated	◦ Defunct ◦ Cancer ◦ Children's hospital ◦ Eye hospital ◦ Fever hospital ◦ Leper colony ◦ Lock hospital ◦ Maternity hospital ◦ Psychiatric hospital ◦ Rehabilitation hospital ◦ Trauma center ◦ Verterinary hospital

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Lists of hospitals in: Africa, Asia, Europe, North America, Oceania, South America

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- Germany
- United States
- Japan
- Czech Republic
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- Israel

About health professional

A **health professional**, **healthcare professional**, or **healthcare worker** (sometimes abbreviated **HCW**)[1] is a provider of health care treatment and advice based on formal training and experience. The field includes those who work as a nurse, physician (such as family physician, internist, obstetrician, psychiatrist, radiologist, surgeon etc.), physician assistant, registered dietitian, veterinarian, veterinary technician, optometrist, pharmacist, pharmacy technician, medical assistant, physical therapist, occupational therapist, dentist, midwife, psychologist, audiologist, or healthcare scientist, or who perform services in allied health professions. Experts in public health and community health are also health professionals.

Fields

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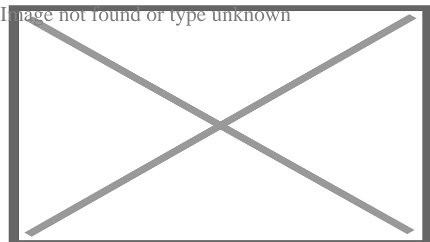

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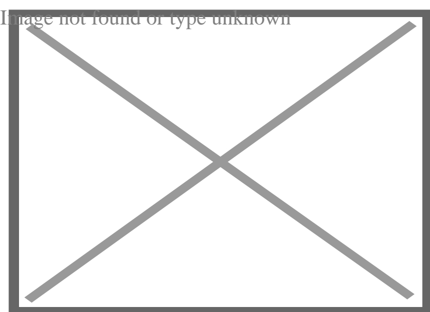

US Navy doctors deliver a healthy baby

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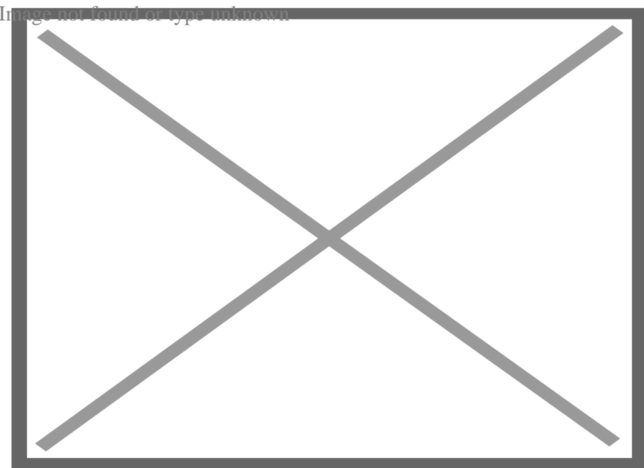
Health practitioners and professionals

- Athletic trainer
- Audiologist
- Chiropractor
- Clinical coder
- Clinical nurse specialist
- Clinical officer
- Community health worker
- Dentist
- Dietitian and nutritionist
- Emergency medical technician
- Feldsher
- Health administrator
- Medical assistant
- Medical laboratory scientist
- Medical transcriptionist
- Nurse anesthetist
- Nurse practitioner
- Nurse midwife
- Nurse
- Occupational Therapist
- Optometrist
- Paramedic
- Pharmacist
- Pharmaconomist
- Pharmacy technician
- Phlebotomist
- Physician
- Physician assistant
- Podiatrist
- Psychologist
- Psychotherapist
- Physical therapist
- Radiographer
- Radiotherapist
- Respiratory therapist
- Speech-language pathologist
- Social Work
- Surgeon
- Surgeon's assistant
- Surgical technologist



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70% of global health and social care workers are women, 30% of leaders in the global health sector are women

The healthcare workforce comprises a wide variety of professions and occupations who provide some type of healthcare service, including such direct care practitioners as physicians, nurse practitioners, physician assistants, nurses, respiratory therapists, dentists, pharmacists, speech-language pathologist, physical therapists, occupational therapists, physical and behavior therapists, as well as allied health professionals such as phlebotomists, medical laboratory scientists, dieticians, and social workers. They often work in hospitals, healthcare centers and other service delivery points, but also in academic training, research, and administration. Some provide care and treatment services for patients in private homes. Many countries have a large number of community health workers who work outside formal healthcare institutions. Managers of healthcare services, health information technicians, and other assistive personnel and support workers are also considered a vital part of health care teams.[2]

Healthcare practitioners are commonly grouped into health professions. Within each field of expertise, practitioners are often classified according to skill level and skill specialization. "Health professionals" are highly skilled workers, in professions that usually require extensive knowledge including university-level study leading to the award of a first degree or higher qualification.[3] This category includes physicians, physician assistants, registered nurses, veterinarians, veterinary technicians, veterinary assistants, dentists, midwives, radiographers, pharmacists, physiotherapists, optometrists, operating department practitioners and others. Allied health professionals, also referred to as "health associate professionals" in the International Standard Classification of Occupations, support implementation of health care, treatment and referral plans usually established by medical, nursing, respiratory care, and other health professionals, and usually require formal qualifications to practice their profession. In addition, unlicensed assistive personnel assist with providing health care services as permitted.[*citation needed*]

Another way to categorize healthcare practitioners is according to the sub-field in which they practice, such as mental health care, pregnancy and childbirth care, surgical care,

rehabilitation care, or public health.[*citation needed*]

Mental health

[edit]
Main article: Mental health professional

A mental health professional is a health worker who offers services to improve the mental health of individuals or treat mental illness. These include psychiatrists, psychiatry physician assistants, clinical, counseling, and school psychologists, occupational therapists, clinical social workers, psychiatric-mental health nurse practitioners, marriage and family therapists, mental health counselors, as well as other health professionals and allied health professions. These health care providers often deal with the same illnesses, disorders, conditions, and issues; however, their scope of practice often differs. The most significant difference across categories of mental health practitioners is education and training.[4] There are many damaging effects to the health care workers. Many have had diverse negative psychological symptoms ranging from emotional trauma to very severe anxiety. Health care workers have not been treated right and because of that their mental, physical, and emotional health has been affected by it. The SAGE author's said that there were 94% of nurses that had experienced at least one PTSD after the traumatic experience. Others have experienced nightmares, flashbacks, and short and long term emotional reactions.[5] The abuse is causing detrimental effects on these health care workers. Violence is causing health care workers to have a negative attitude toward work tasks and patients, and because of that they are "feeling pressured to accept the order, dispense a product, or administer a medication".[6] Sometimes it can range from verbal to sexual to physical harassment, whether the abuser is a patient, patient's families, physician, supervisors, or nurses.[*citation nee*

Obstetrics

[edit]
Main articles: Obstetrics, Midwifery, and Birth attendant

A maternal and newborn health practitioner is a health care expert who deals with the care of women and their children before, during and after pregnancy and childbirth. Such health practitioners include obstetricians, physician assistants, midwives, obstetrical nurses and many others. One of the main differences between these professions is in the training and authority to provide surgical services and other life-saving interventions.[7] In some developing countries, traditional birth attendants, or traditional midwives, are

the primary source of pregnancy and childbirth care for many women and families, although they are not certified or licensed. According to research, rates for unhappiness among obstetrician-gynecologists (Ob-Gyns) range somewhere between 40 and 75 percent.[8]

Geriatrics

[edit]
Main articles: Geriatrics and Geriatric care management

A geriatric care practitioner plans and coordinates the care of the elderly and/or disabled to promote their health, improve their quality of life, and maintain their independence for as long as possible.[9] They include geriatricians, occupational therapists, physician assistants, adult-gerontology nurse practitioners, clinical nurse specialists, geriatric clinical pharmacists, geriatric nurses, geriatric care managers, geriatric aides, nursing aides, caregivers and others who focus on the health and psychological care needs of older adults.[*citation needed*]

Surgery

[edit]

A surgical practitioner is a healthcare professional and expert who specializes in the planning and delivery of a patient's perioperative care, including during the anaesthetic, surgical and recovery stages. They may include general and specialist surgeons, physician assistants, assistant surgeons, surgical assistants, veterinary surgeons, veterinary technicians. anesthesiologists, anesthesiologist assistants, nurse anesthetists, surgical nurses, clinical officers, operating department practitioners, anaesthetic technicians, perioperative nurses, surgical technologists, and others.[*citation needed*]

Rehabilitation

[edit]

A rehabilitation care practitioner is a health worker who provides care and treatment which aims to enhance and restore functional ability and quality of life to those with

physical impairments or disabilities. These include physiatrists, physician assistants, rehabilitation nurses, clinical nurse specialists, nurse practitioners, physiotherapists, chiropractors, orthotists, prosthetists, occupational therapists, recreational therapists, audiologists, speech and language pathologists, respiratory therapists, rehabilitation counsellors, physical rehabilitation therapists, athletic trainers, physiotherapy technicians, orthotic technicians, prosthetic technicians, personal care assistants, and others.[10]

Optometry

[edit]
Main article: Optometry

Optometry is a field traditionally associated with the correction of refractive errors using glasses or contact lenses, and treating eye diseases. Optometrists also provide general eye care, including screening exams for glaucoma and diabetic retinopathy and management of routine or eye conditions. Optometrists may also undergo further training in order to specialize in various fields, including glaucoma, medical retina, low vision, or paediatrics. In some countries, such as the United Kingdom, United States, and Canada, Optometrists may also undergo further training in order to be able to perform some surgical procedures.

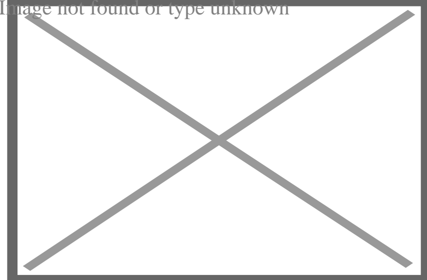
Diagnostics

[edit]
Main article: Medical diagnosis

Medical diagnosis providers are health workers responsible for the process of determining which disease or condition explains a person's symptoms and signs. It is most often referred to as diagnosis with the medical context being implicit. This usually involves a team of healthcare providers in various diagnostic units. These include radiographers, radiologists, Sonographers, medical laboratory scientists, pathologists, and related professionals.[*citation needed*]

Dentistry

[edit]



Dental assistant on the right supporting a dental operator on the left, during a procedure.

Main article: Dentistry

A dental care practitioner is a health worker and expert who provides care and treatment to promote and restore oral health. These include dentists and dental surgeons, dental assistants, dental auxiliaries, dental hygienists, dental nurses, dental technicians, dental therapists or oral health therapists, and related professionals.

Podiatry

[edit]

Care and treatment for the foot, ankle, and lower leg may be delivered by podiatrists, chiropodists, pedorthists, foot health practitioners, podiatric medical assistants, podiatric nurse and others.

Public health

[edit]

A public health practitioner focuses on improving health among individuals, families and communities through the prevention and treatment of diseases and injuries, surveillance of cases, and promotion of healthy behaviors. This category includes community and preventive medicine specialists, physician assistants, public health nurses, pharmacist, clinical nurse specialists, dietitians, environmental health officers (public health inspectors), paramedics, epidemiologists, public health dentists, and others.[*citation needed*]

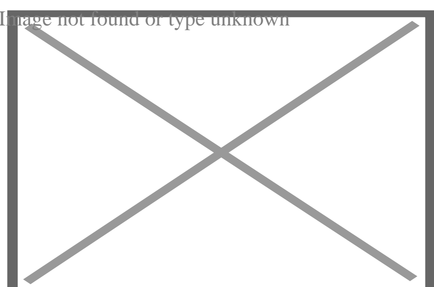
Alternative medicine

[edit]

In many societies, practitioners of alternative medicine have contact with a significant number of people, either as integrated within or remaining outside the formal health care system. These include practitioners in acupuncture, Ayurveda, herbalism, homeopathy, naturopathy, Reiki, Shamballa Reiki energy healing Archived 2021-01-25 at the Wayback Machine, Siddha medicine, traditional Chinese medicine, traditional Korean medicine, Unani, and Yoga. In some countries such as Canada, chiropractors and osteopaths (not to be confused with doctors of osteopathic medicine in the United States) are considered alternative medicine practitioners.

Occupational hazards

[edit]
See also: Occupational hazards in dentistry and Nursing § Occupational hazards



A healthcare professional wears an air sampling device to investigate exposure to airborne influenza

A video describing the Occupational Health and Safety Network, a tool for monitoring occupational hazards to health care workers

The healthcare workforce faces unique health and safety challenges and is recognized by the National Institute for Occupational Safety and Health (NIOSH) as a priority industry sector in the National Occupational Research Agenda (NORA) to identify and provide intervention strategies regarding occupational health and safety issues.[11]

Biological hazards

[edit]

Exposure to respiratory infectious diseases like tuberculosis (caused by *Mycobacterium tuberculosis*) and influenza can be reduced with the use of respirators; this exposure is a significant occupational hazard for health care professionals.[12] Healthcare workers are also at risk for diseases that are contracted through extended contact with a patient, including scabies.[13] Health professionals are also at risk for contracting blood-borne diseases like hepatitis B, hepatitis C, and HIV/AIDS through needlestick injuries or contact with bodily fluids.[14][15] This risk can be mitigated with vaccination when there is a vaccine available, like with hepatitis B.[15] In epidemic situations, such as the 2014-2016 West African Ebola virus epidemic or the 2003 SARS outbreak, healthcare workers are at even greater risk, and were disproportionately affected in both the Ebola and SARS outbreaks.[16]

In general, appropriate personal protective equipment (PPE) is the first-line mode of protection for healthcare workers from infectious diseases. For it to be effective against highly contagious diseases, personal protective equipment must be watertight and prevent the skin and mucous membranes from contacting infectious material. Different levels of personal protective equipment created to unique standards are used in situations where the risk of infection is different. Practices such as triple gloving and multiple respirators do not provide a higher level of protection and present a burden to the worker, who is additionally at increased risk of exposure when removing the PPE. Compliance with appropriate personal protective equipment rules may be difficult in certain situations, such as tropical environments or low-resource settings. A 2020 Cochrane systematic review found low-quality evidence that using more breathable fabric in PPE, double gloving, and active training reduce the risk of contamination but that more randomized controlled trials are needed for how best to train healthcare workers in proper PPE use.[16]

Tuberculosis screening, testing, and education

[edit]

Based on recommendations from The United States Center for Disease Control and Prevention (CDC) for TB screening and testing the following best practices should be followed when hiring and employing Health Care Personnel.[17]

When hiring Health Care Personnel, the applicant should complete the following:[18] a TB risk assessment,[19] a TB symptom evaluation for at least those listed on the Signs & Symptoms page,[20] a TB test in accordance with the guidelines for Testing for TB Infection,[21] and additional evaluation for TB disease as needed (e.g. chest x-ray for HCP with a positive TB test)[18] The CDC recommends either a blood test, also known as an interferon-gamma release assay (IGRA), or a skin test, also known as a Mantoux tuberculin skin test (TST).[21] A TB blood test for baseline testing does not require two-step testing. If the skin test method is used to test HCP upon hire, then two-step testing

should be used. A one-step test is not recommended.[18]

The CDC has outlined further specifics on recommended testing for several scenarios.[22] In summary:

1. Previous documented positive skin test (TST) then a further TST is not recommended
2. Previous documented negative TST within 12 months before employment OR at least two documented negative TSTs ever then a single TST is recommended
3. All other scenarios, with the exception of programs using blood tests, the recommended testing is a two-step TST

According to these recommended testing guidelines any two negative TST results within 12 months of each other constitute a two-step TST.

For annual screening, testing, and education, the only recurring requirement for all HCP is to receive TB education annually.[18] While the CDC offers education materials, there is not a well defined requirement as to what constitutes a satisfactory annual education. Annual TB testing is no longer recommended unless there is a known exposure or ongoing transmission at a healthcare facility. Should an HCP be considered at increased occupational risk for TB annual screening may be considered. For HCP with a documented history of a positive TB test result do not need to be re-tested but should instead complete a TB symptom evaluation. It is assumed that any HCP who has undergone a chest x-ray test has had a previous positive test result. When considering mental health you may see your doctor to be evaluated at your digression. It is recommended to see someone at least once a year in order to make sure that there has not been any sudden changes.[23]

Psychosocial hazards

[edit]

Occupational stress and occupational burnout are highly prevalent among health professionals.[24] Some studies suggest that workplace stress is pervasive in the health care industry because of inadequate staffing levels, long work hours, exposure to infectious diseases and hazardous substances leading to illness or death, and in some countries threat of malpractice litigation. Other stressors include the emotional labor of caring for ill people and high patient loads. The consequences of this stress can include substance abuse, suicide, major depressive disorder, and anxiety, all of which occur at higher rates in health professionals than the general working population. Elevated levels of stress are also linked to high rates of burnout, absenteeism and diagnostic errors, and reduced rates of patient satisfaction.[25] In Canada, a national report (*Canada's Health*

Care Providers) also indicated higher rates of absenteeism due to illness or disability among health care workers compared to the rest of the working population, although those working in health care reported similar levels of good health and fewer reports of being injured at work.[26]

There is some evidence that cognitive-behavioral therapy, relaxation training and therapy (including meditation and massage), and modifying schedules can reduce stress and burnout among multiple sectors of health care providers. Research is ongoing in this area, especially with regards to physicians, whose occupational stress and burnout is less researched compared to other health professions.[27]

Healthcare workers are at higher risk of on-the-job injury due to violence. Drunk, confused, and hostile patients and visitors are a continual threat to providers attempting to treat patients. Frequently, assault and violence in a healthcare setting goes unreported and is wrongly assumed to be part of the job.[28] Violent incidents typically occur during one-on-one care; being alone with patients increases healthcare workers' risk of assault.[29] In the United States, healthcare workers experience 2?3 of nonfatal workplace violence incidents.[28] Psychiatric units represent the highest proportion of violent incidents, at 40%; they are followed by geriatric units (20%) and the emergency department (10%). Workplace violence can also cause psychological trauma.[29]

Health care professionals are also likely to experience sleep deprivation due to their jobs. Many health care professionals are on a shift work schedule, and therefore experience misalignment of their work schedule and their circadian rhythm. In 2007, 32% of healthcare workers were found to get fewer than 6 hours of sleep a night. Sleep deprivation also predisposes healthcare professionals to make mistakes that may potentially endanger a patient.[30]

COVID pandemic

[edit]

Especially in times like the present (2020), the hazards of health professional stem into the mental health. Research from the last few months highlights that COVID-19 has contributed greatly to the degradation of mental health in healthcare providers. This includes, but is not limited to, anxiety, depression/burnout, and insomnia.[*citation needed*]

A study done by Di Mattei et al. (2020) revealed that 12.63% of COVID nurses and 16.28% of other COVID healthcare workers reported extremely severe anxiety symptoms at the peak of the pandemic.[31] In addition, another study was conducted on 1,448 full time employees in Japan. The participants were surveyed at baseline in March 2020 and then again in May 2020. The result of the study showed that psychological distress and anxiety had increased more among healthcare workers during the COVID-

19 outbreak.[32]

Similarly, studies have also shown that following the pandemic, at least one in five healthcare professionals report symptoms of anxiety.[33] Specifically, the aspect of "anxiety was assessed in 12 studies, with a pooled prevalence of 23.2%" following COVID.[33] When considering all 1,448 participants that percentage makes up about 335 people.

Abuse by patients

[edit]

- The patients are selecting victims who are more vulnerable. For example, Cho said that these would be the nurses that are lacking experience or trying to get used to their new roles at work.[34]
- Others authors that agree with this are Vento, Cainelli, & Vallone and they said that, the reason patients have caused danger to health care workers is because of insufficient communication between them, long waiting lines, and overcrowding in waiting areas.[35] When patients are intrusive and/or violent toward the faculty, this makes the staff question what they should do about taking care of a patient.
- There have been many incidents from patients that have really caused some health care workers to be traumatized and have so much self doubt. Goldblatt and other authors said that there was a lady who was giving birth, her husband said, "Who is in charge around here"? "Who are these sluts you employ here".[5] This was very avoidable to have been said to the people who are taking care of your wife and child.

Physical and chemical hazards

[edit]

Slips, trips, and falls are the second-most common cause of worker's compensation claims in the US and cause 21% of work absences due to injury. These injuries most commonly result in strains and sprains; women, those older than 45, and those who have been working less than a year in a healthcare setting are at the highest risk.[36]

An epidemiological study published in 2018 examined the hearing status of noise-exposed health care and social assistance (HSA) workers sector to estimate and compare the prevalence of hearing loss by subsector within the sector. Most of the HSA subsector prevalence estimates ranged from 14% to 18%, but the Medical and Diagnostic Laboratories subsector had 31% prevalence and the Offices of All Other Miscellaneous Health Practitioners had a 24% prevalence. The Child Day Care Services

subsector also had a 52% higher risk than the reference industry.[37]

Exposure to hazardous drugs, including those for chemotherapy, is another potential occupational risk. These drugs can cause cancer and other health conditions.[38]

Gender factors

[edit]

Female health care workers may face specific types of workplace-related health conditions and stress. According to the World Health Organization, women predominate in the formal health workforce in many countries and are prone to musculoskeletal injury (caused by physically demanding job tasks such as lifting and moving patients) and burnout. Female health workers are exposed to hazardous drugs and chemicals in the workplace which may cause adverse reproductive outcomes such as spontaneous abortion and congenital malformations. In some contexts, female health workers are also subject to gender-based violence from coworkers and patients.[39][40]

Workforce shortages

[edit]
See also: Health workforce, Doctor shortage, and Nursing shortage

Many jurisdictions report shortfalls in the number of trained health human resources to meet population health needs and/or service delivery targets, especially in medically underserved areas. For example, in the United States, the 2010 federal budget invested $330 million to increase the number of physicians, physician assistants, nurse practitioners, nurses, and dentists practicing in areas of the country experiencing shortages of trained health professionals. The Budget expands loan repayment programs for physicians, nurses, and dentists who agree to practice in medically underserved areas. This funding will enhance the capacity of nursing schools to increase the number of nurses. It will also allow states to increase access to oral health care through dental workforce development grants. The Budget's new resources will sustain the expansion of the health care workforce funded in the Recovery Act.[41] There were 15.7 million health care professionals in the US as of 2011.[36]

In Canada, the 2011 federal budget announced a Canada Student Loan forgiveness program to encourage and support new family physicians, physician assistants, nurse practitioners and nurses to practice in underserved rural or remote communities of the country, including communities that provide health services to First Nations and Inuit

populations.[42]

In Uganda, the Ministry of Health reports that as many as 50% of staffing positions for health workers in rural and underserved areas remain vacant. As of early 2011, the Ministry was conducting research and costing analyses to determine the most appropriate attraction and retention packages for medical officers, nursing officers, pharmacists, and laboratory technicians in the country's rural areas.[43]

At the international level, the World Health Organization estimates a shortage of almost 4.3 million doctors, midwives, nurses, and support workers worldwide to meet target coverage levels of essential primary health care interventions.[44] The shortage is reported most severe in 57 of the poorest countries, especially in sub-Saharan Africa.

Nurses are the most common type of medical field worker to face shortages around the world. There are numerous reasons that the nursing shortage occurs globally. Some include: inadequate pay, a large percentage of working nurses are over the age of 45 and are nearing retirement age, burnout, and lack of recognition.[45]

Incentive programs have been put in place to aid in the deficit of pharmacists and pharmacy students. The reason for the shortage of pharmacy students is unknown but one can infer that it is due to the level of difficulty in the program.[46]

Results of nursing staff shortages can cause unsafe staffing levels that lead to poor patient care. Five or more incidents that occur per day in a hospital setting as a result of nurses who do not receive adequate rest or meal breaks is a common issue.[47]

Regulation and registration

[edit]
Main article: Health professional requisites

Practicing without a license that is valid and current is typically illegal. In most jurisdictions, the provision of health care services is regulated by the government. Individuals found to be providing medical, nursing or other professional services without the appropriate certification or license may face sanctions and criminal charges leading to a prison term. The number of professions subject to regulation, requisites for individuals to receive professional licensure, and nature of sanctions that can be imposed for failure to comply vary across jurisdictions.

In the United States, under Michigan state laws, an individual is guilty of a felony if identified as practicing in the health profession without a valid personal license or registration. Health professionals can also be imprisoned if found guilty of practicing beyond the limits allowed by their licenses and registration. The state laws define the scope of practice for medicine, nursing, and a number of allied health professions.[48][*unreliable*

In Florida, practicing medicine without the appropriate license is a crime classified as a third degree felony,[49] which may give imprisonment up to five years. Practicing a health care profession without a license which results in serious bodily injury classifies as a second degree felony,[49] providing up to 15 years' imprisonment.

In the United Kingdom, healthcare professionals are regulated by the state; the UK Health and Care Professions Council (HCPC) protects the 'title' of each profession it regulates. For example, it is illegal for someone to call himself an Occupational Therapist or Radiographer if they are not on the register held by the HCPC.

See also

[edit]

- List of healthcare occupations
- Community health center
- Chronic care management
- Electronic superbill
- Geriatric care management
- Health human resources
- Uniform Emergency Volunteer Health Practitioners Act

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IQDENT - Ortodontska Klinika

Phone : +385953817015

City : Zagreb

State : Hrvatska

Zip : 10000

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