

**LSMU MA FACULTY OF ODONTOLOGY**  
**INTEGRATED ODONTOLOGY STUDIES AND ORAL HYGIENE**  
**STUDENTS' CLINICAL PRACTICE ETHICAL GUIDELINES**

**Preamble**

The aim of the Ethical Guidelines for Integrated Studies of Odontology Studies and Oral Hygiene Studies of the Faculty of Dentistry of the Medical Academy of the Lithuanian University of Health Sciences (hereinafter – the Ethical Guidelines) is to develop a culture of odontology and oral hygiene, to encourage mutual support, assistance, respect for patients and colleagues, the principle of health care activity is to provide professional assistance.

**I. General conditions**

The purpose of the Ethical Guidelines is to promote professionalism, respect for human beings, tolerance, professional, scientific and civic responsibility in the integrated studies of Odontology and Oral Hygiene students and to create an atmosphere conducive to trust and creativity in clinical practice bases and beyond. Student trainees must be accountable and coordinate all their actions with the supervisor, follow professionalism, safe and effective clinical practice, patient-centred treatment and the dissemination of odontology science in society. These principles are equally important in clinical practice and are not listed in order of priority. The Ethical Guidelines set out the guidelines that students should follow in their work during clinical practice.

**II. Professionalism**

*Professionalism guidelines:*

1. compliance with the rules governing the procedure;
2. appropriate professional conduct;
3. proper use of allocated time;
4. neat clothes, punctuality.

*Compulsory guidelines:*

1. Students studying odontology and oral hygiene must assist each other during clinical practice, if this is not contrary to the interests of the patient.
2. The relationship is based on trust, honesty, friendliness, tact and courtesy.
3. Conversations about colleagues that do not comply with ethical norms must be avoided during work. It is imperative to treat colleagues with due respect in communication and collaboration in all situations.
4. The contribution of all team members must be cherished and valued with due respect.
5. Patients must be informed of the roles of team members in their care.
6. It is imperative to be properly prepared to perform diagnostic, preventive and curative procedures, constantly update professional knowledge and improve work skills.
7. Evidence-based methods and good practices must be identified and applied.
8. During the odontology study process, only devices, medications, or substances approved for use by the patient may be offered and used.
9. It is mandatory to work within the allotted time and possibilities.
10. Students of Odontology and Oral Hygiene, when providing diagnostic, prevention, treatment services or consulting, may not exceed their professional competence and abilities, all unclear questions must be addressed to the lecturer.

### **III. Safe and effective clinical practice**

*Safe and effective clinical practice guidelines:*

1. evidence-based practice;
2. teamwork and communication;
3. compliance with infection control rules;
4. work in an ionizing environment and compliance with general safety principles.

*Compulsory guidelines:*

1. The rules governing safe clinical practice must always be followed.
2. It is mandatory to make sure that the student is adequately trained, has sufficient knowledge and skills, and is prepared to perform the task safely.
3. Urgent and appropriate measures must be taken and the lecturer must be informed if the student considers that the patient may be at risk due to aspects of the student's or his colleagues' health, behaviour or professional training or the clinical environment.
4. Control of blood-borne diseases must be ensured.
5. It is necessary to know the requirements for work with ionizing radiation sources, the conditions for ensuring radiation safety.
6. The requirements of the procedure for providing emergency medical assistance must be observed.
7. All patient safety incidents must be recorded.

8. Patient safety must be ensured in the event of a risk due to aspects of the clinical environment or patient preferences that may be prejudicial.
9. Urgent response to imminent danger is required.
10. If a student knows or suspects that patients may be at risk due to the student's health, behaviour, or professional background, it is imperative to consult with the lecturer responsible for the work, colleague, and follow advice on how to ensure patients' safety.

#### **IV. Patient centred treatment**

##### *Patient centred treatment guidelines:*

1. application of the scientific basis for oral health care;
2. ability to communicate with the patient, meaning, collection of medical history, provision of information to the patient about the condition of the mouth and / or teeth, explanation and coordination of planned diagnostic and treatment procedures;
3. examination of the patient (selection of appropriate diagnostic methods) and preparation of the treatment plan, filling in the documentation;
4. restoration and maintenance of oral health.

##### *Compulsory guidelines:*

1. Students studying Odontology and Oral Hygiene must provide correct and objective information to the patient about diagnostic, prophylactic, or therapeutic actions being taken.
2. It is imperative to discuss with patients the possibilities of diagnostic, preventive and curative procedures and to listen carefully to them and answer any questions of concern.
3. Diagnostic, prophylactic, and therapeutic procedures must be conducted for patients with benevolence and compassion.
4. The patient's general health, psychological and social needs, long-term oral health needs and desired outcomes must be taken into account.
5. It is mandatory to provide the patient with the most appropriate diagnostic, prophylactic and therapeutic procedures, to consult on oral health issues and to provide clinical recommendations, taking into account the patient's needs and in coordination with the lecturer.
6. It is important to maintain a balance between the patient's oral health needs and the desired outcomes. If the patient's desired outcomes do not meet his or her oral health needs, it is imperative to explain to the patient the potential risks, benefits, and expected outcomes, and to help decide on diagnostic, prophylactic, and therapeutic procedures.
7. Patients must not be discriminated against on the grounds of age, gender, sexual orientation, disability, pregnancy or maternity, race, religion or belief, marital or

partnership status, nationality, special needs, health, social status, lifestyle or other reasons.

8. The special needs of patients with disabilities must be taken into account and patients should be treated in a way that does not cause negative emotions.
9. Patients' medical interests must always be valued more than the pursuit of financial, personal or other benefits.
10. It is imperative to refuse any gift, payment, or hospitality if you do so in a biased manner or if it may appear to be influencing your professional judgement.
11. It is obligatory to evaluate the patient as a personality and take into account the individual peculiarities of communication.
12. Before starting diagnostic, prophylactic and therapeutic procedures, the possible alternatives, the benefits and risks of each option must be explained.
13. It is imperative to provide comprehensive and honest answers to all patient's questions related to their choices, to provide patients with the necessary information in an understandable way to enable them to make decisions.
14. It is mandatory to provide the patient with clear information on the regime of diagnostic, preventive and curative procedures and to coordinate on where to seek first aid.
15. It must be ensured that the patient's consent is obtained before carrying out diagnostic, prophylactic or therapeutic procedures.
16. The patient must be given a clear explanation of the diagnostic, preventive and curative procedures so that he or she can understand the information provided and make an informed decision.
17. It is mandatory to verify and document that the patient is familiar with the information provided regarding diagnostic, preventive, and therapeutic procedures.
18. It must be documented that patients have understood the information provided to them.
19. It is imperative to make sure that you have the patient's consent to perform procedures during repeat visits.
20. In the event of a change in treatment plan, a new patient consent for diagnostic, preventive, and curative procedures must be obtained and documented.
21. It is mandatory for all patients to have a constantly updated medical history and to have complete and accurate patient data.
22. It is imperative to ensure that all student work documentation, including patient data, is clear, legible, accurate, and easy to understand.
23. Accurate referral data must be completed in the patient's medical history.
24. All changes to patient data must be noted and dated.
25. Patient data must be provided to them upon request in accordance with regulatory procedures.

## **V. Odontology in society**

### *Odontology in society guidelines:*

1. public health care;
2. health promotion and disease prevention;
3. health and oral health planning;
4. appropriate behaviour to help maintain or increase respect for the profession.

### *Compulsory guidelines:*

1. Protective measures to prevent the spread of infections must be taken.
2. Prevention methods and prevention measures must be implemented, taking into account the patient's age, health condition, oral health condition.
3. Efforts must be made to introduce patients to the principles of a healthy lifestyle.
4. The trust of patients, the public and colleagues must be justified.
5. You must make sure that any advertising, promotional material or other information you provide is not misleading.
6. It is mandatory to be familiar with all laws and regulations governing patient data protection requirements and to comply with obligations.
7. Odontology and Oral Hygiene students are required to maintain the confidentiality of a patient's medical records. Patient health records must be consistent and designed to protect the patient's well-being.
8. It is mandatory not to share any information or comments about patients on social networks.
9. It is imperative to depersonalise professional development data and ensure that patients are not identified.
10. It is mandatory not to discuss patients or their treatment in public places where outsiders may accidentally overhear the conversation.
11. It is mandatory to explain to patients the circumstances that require you to share information about diagnostic, preventive and curative procedures. It is important to make sure that patients understand:
  - what information the student will pass on;
  - why the student will pass on the information;
  - what are the possible consequences of the information transmitted?
12. Patients must be given the opportunity not to consent to the sharing of information, except in exceptional cases.
13. The patient's consent to the use of the data, whether or not given, must be recorded in the medical history.
14. If a request for information about patients has been received, for example for research on whether a student wishes to use photographs or other visual material of a patient, then it is mandatory to:
  - explain to patients how the information or images will be used;

- find out if patients understand correctly;
  - obtain the patient's written consent;
  - use or make available the minimum amount of information for its intended purpose;
  - explain to patients that they can withdraw their consent at any time.
15. It is mandatory to ensure anonymity in the information provided by the student, unless patient identification is required.
  16. The confidentiality of patient records and / or images must be ensured; not make recordings or take photographs without the patient's permission.
  17. It is mandatory to document the student's efforts to obtain consent to provide information in the patient's medical history.
  18. It must be ensured that patient information is always protected and not disclosed through negligence.
  19. Patient data must be protected from other patients and bystanders.
  20. It is imperative to make sure that the student's actions will not damage the reputation of the profession.

## **VI. Patients' expectations**

*Patients expect:*

- be heard and that their interests be taken into account;
- be judged on their cultural and spiritual values;
- fair treatment from all team members;
- be treated according to their health and well-being aspects;
- be treated in a clean and safe environment;
- to adapt to their needs in the event of disability;
- for their interests be valued more than the pursuit of financial gain;
- compensation if they suffer during odontological treatment;
- appropriate response to the pain and anxiety they experience;
- to receive comprehensive, clear and accurate information, comprehensible to them before, during and after treatment, in order to make decisions regarding their health care;
- to receive a comprehensible explanation of the diagnostic, preventive and curative procedures performed on them and the possible results;
- communication they can understand;
- to know who is overseeing them;
- that their consent will be sought before diagnostic, preventive and curative procedures are undertaken;
- that their data are up-to-date, complete, comprehensible, accurate and clear;
- that their personal information is kept confidential;
- that they can get their data;
- that their data is secure;
- that their concerns and grievances are acknowledged, listened to promptly and addressed immediately;

- obtain detailed information on the roles of team members performing their diagnostic, preventive and curative procedures;
- effective work of all team members;
- to receive a quality service;
- that their health will be properly taken care of;
- that the individual health needs of patients will be taken into account;
- that they can rely on the student;
- that they can rely on professional odontologists and oral hygienists.

## **VII. Final provisions**

Students of Integrated Odontology and Oral Hygiene studies at the Lithuanian University of Health Sciences, Medical Academy, Faculty of Odontology, must be accountable to the lecturer, respecting the generally accepted principles of deontology and bioethics. It is important to meet professional standards and to act in accordance with established odontology traditions, the content of which complies with the principles of ethics and morality. If a student's behaviour is not regulated by ethical guidelines, he or she must comply with general ethical requirements.