



MASTEROPPGAVE

**Treatment profiles in the Public
Dental Service of Northern
Norway**

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Abstract

Introduction: The Public Dental Service in Norway has changed during the last decades. Dental hygienists have increased in numbers, but how this has influenced the organization of the patient treatment at the clinics is not well known.

Aim: The aim of this study was to investigate the organization of the work-day in the Public Dental Service in Northern Norway in terms of who is being treated and what treatment is being performed. The aim was also to explore how the patients are distributed between dentists and dental hygienists.

Method: A self-report questionnaire was sent to dentists and dental hygienists at three different clinics in each of the three northern counties of Norway. Interviews with some of the clinic managers of the participating clinics were also performed.

Results: Time spent on each patient was relatively high. Dentists provided mostly reparative treatments on adult population, but with some variation in treatment provided in different counties. Dental hygienists did more preventive treatments on children (aged 0-18).

Conclusions: Treatments performed across the three counties were relatively similar. Dentists mainly provide restorative treatments, dominated by dental fillings. Dental hygienists mainly provided examinations and preventive treatments, with the majority of patients being children. Through the study, it clearly appears that patients of age 18 or below dominate the Public Dental Service. This study shows a need for further studies to reveal what future challenges the Public Dental Service is facing in terms of models of organization and delegation of treatments.

Introduction

Through education in dental public health, the students in Tromsø learn of different dental public health models, as well as different forms of organizing this internationally. Through the last decades, the Public Dental Service has seen major changes, private sector has increased in numbers, and more of dental treatments for adults are being provided by private dentists. Dental health has increased substantially, and there are other forms of treatment that are being done compared to earlier years. The Public Dental Service is still playing a more important role in Northern-Norway than further south, and in several places they still offer dental treatments for adults. This focus remains even though the main focus is on the prioritized groups.

Internally, clinics have seen a change in task delegation. Dental hygienists have increased in numbers, and they have taken over parts of what used to be the dentist's field of work. In several clinics, dental assistants have become a bigger resource. Overall, this has led to changes in the organization of treatments, what worker treats which group of patients and how clinics are managed – especially considering task delegation.

Aim

The aim of this study was to investigate the organization of the work-day in dental public health in Northern Norway, considering who is being treated and what treatment is being performed. Furthermore, the aim was also to find out who provides the different treatments in clinic, e.g. the distribution of patients between dentists and dental hygienists.

Methods

To gain information about the clinics, interviews of some of the clinic managers was carried out. The interviews were made using both email correspondence, as well as per telephone and through visiting clinics. The information gathered during these interviews was used for formulating a questionnaire, as well as for interpreting the results of returned answers after the questionnaire had been sent out.

The questionnaire aimed to gather quantitative information. It was constructed in cooperation with supervisors and based on the aims of this master’s assignment, as well as some available literature [1]. The questionnaire was designed as an anonymous self-report form, to be completed after termination of treatment, answered by both dentists and dental hygienists. The time span of the period of self-reporting was over two working days. These days did not have to be two consecutive days. It was possible to make comments, but this was not a requirement if the day did not differ from a normal working day.

The questionnaire was sent out to three different clinics in each of the three northernmost counties of Norway. Consent from the Chief dental managers of the Public Dental Service of the respective counties was gathered, as well as giving information with a request of participation to the clinic managers. The only criteria of inclusion were that the clinic needed to have a minimum of two dentists, and one dental hygienist (Table 1).

Table 1: The number of dentists and dental hygienists working at the clinics included in the study. One answer equals one working day.

	Total		Finnmark		Troms		Nordland	
	Workers	Answers recieved	Workers	Answers recieved	Workers	Answers recieved	Workers	Answers recieved
Dentist	40	61	14	22	15	22	11	17
Dental hygienist	22	39	9	17	8	14	5	8

Results

Through analysis of the questionnaire that were sent out to the clinics, it was possible to find what groups of patients were being treated, and how much working time was spent on each types of treatment. The results were divided into two parts, the first part dealing with the dentists and the second part with the dental hygienists.

Dentists

A total of 61 working days were registered amongst the dentists, and a total number of 416

patients were treated. Consequently, each patient received 59.7 minutes of attention from the dentist. In Finnmark, this number was 66 minutes, whereas in Nordland it was 58.6 minutes (Table 2).

Average working hours amongst dentists varied from 6.6 hours a day in Finnmark, to 7.0 hours a day in Troms, making for a difference of 24 minutes a day. Nordland was the median with a working hour average of 6.8 hours. Working hours did not include time spent doing purely administrative tasks, nor meetings registered in the self-report form, as these were abstracted from the results. However, lunch-breaks and other breaks were included in working hours as there was no available data on the duration of these (Table 2).

Table 2: Reported clinical working hours including breaks. All reported time on other activities such as administration is subtracted. Four reported days are excluded due to lack of time information.

	Total	Finnmark	Troms	Nordland
Days registered	61	22	22	17
Total working hours	414	144.1	153.8	116.1
Average hour per day	6.8	6.6	7.0	6.8
Number of patients	416	131	155	130
Time per patient (min)	59.7	66.0	59.5	58.6

Looking at the spread in age, one can see a total of more treated adults than juveniles. Troms had the lowest proportion of children, being a third of the total number of patients. In Nordland, more than half the patients treated were children (Figure 1).

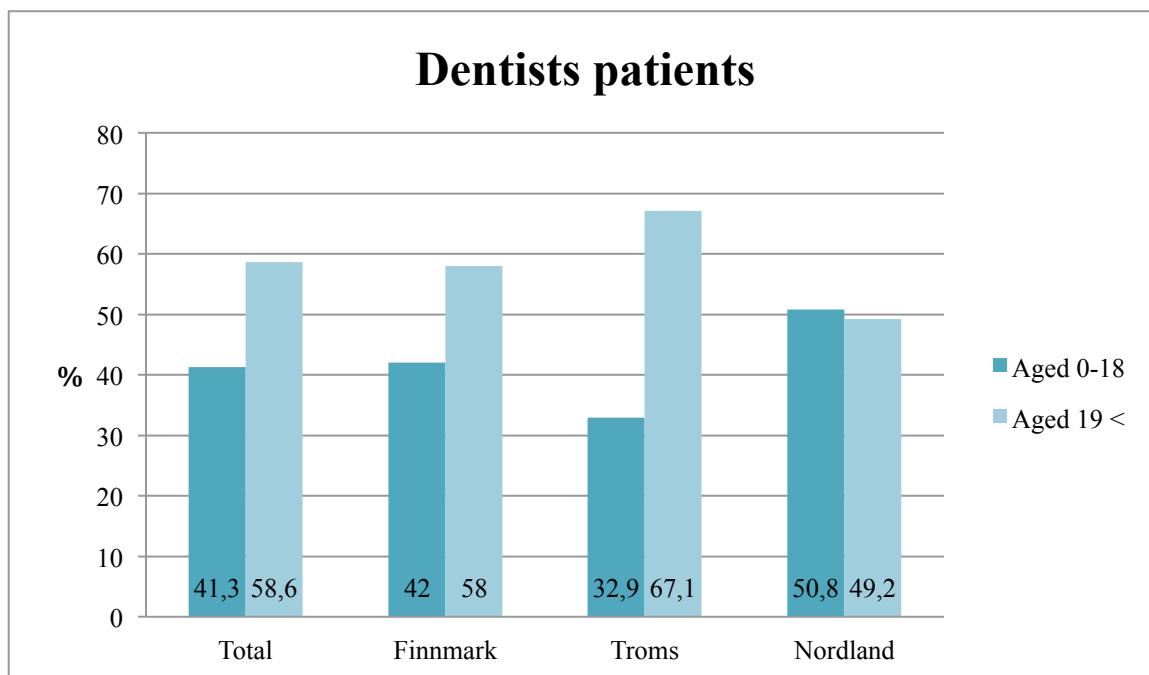


Figure 1: The percentage distribution of dentists' patients by age and county.

For all three counties, the most common treatment was conservative treatment of caries, followed by anesthesia and x-rays. In Finnmark, a larger proportion of patients received anesthesia than the proportion receiving conservative treatment. A total of 45.2 % of patients received conservative treatment, with a variation between 42.8 % of the patients in Finnmark and 47.1 % of the patients in Troms (Table 3).

In Nordland, 23.9 % of all patients received examinations, whilst the percentage in Troms was 14.2 %. In all three counties, the total number of patients receiving examinations was 17.6 %.

Nordland was the county where dentists gave instruction on oral hygiene to the greatest number of patients, a quarter of the total, whilst a seventh of all patients in Finnmark received the same.

Fixed prosthodontics was carried out to 4.3 % of all the patients, with a variation between 6.1 % in Finnmark, to 1.5 % in Nordland.

Endodontic treatments also varied a lot, from 4.6 % of the patients in Nordland, to just above 11 % in Troms and Finnmark. Therefore, an average of 9.1 % of the patients received endodontic treatment (Table 3).

Few patients were treated for periodontitis. In Finnmark, dentists provided no treatments for periodontitis on patients, whilst the percentages in Troms and Nordland were 1.3 % and 3.1 %, accordingly.

The number of extractions also varied a lot. In total, the percentage of patients receiving tooth extractions was at 7.7 %. In Finnmark 12.2 % of the patients experienced extractions, compared to Nordland and Troms where the percentages were 6.2 % and 5.2 % respectively (Table 3).

Table 3: Types of treatment provided and number of patients who have had the treatment. % of number of patients demonstrates how many percentages of the total number received a certain type of treatment.

Type of treatment	Total		Finnmark		Troms		Nordland	
	Number	% of number of patients	Number	% of number of patients	Number	% of number of patients	Number	% of number of patients
Examination	73	17,6	20	15,3	22	14,2	31	23,9
X-ray	112	26,9	35	26,7	36	23,2	41	31,5
Cleaning	29	7,0	9	6,9	7	4,5	13	10,0
Fluorid treatment	23	5,5	6	4,6	7	4,5	10	7,7
Instruction on oral hygiene	76	18,3	19	14,5	22	14,2	35	26,9
Anesthesia	183	44,0	76	58,0	53	34,2	54	41,5
Fillings	188	45,2	56	42,8	73	47,1	59	45,4
Fixed prosthodontic	18	4,3	8	6,1	8	5,2	2	1,5
Removable prosthodontic	22	5,3	6	4,6	11	7,1	5	3,9
Endodontic	38	9,1	15	11,6	17	11,0	6	4,6
Periodontic	6	1,4	0	0	2	1,3	4	3,1
Extraction	32	7,7	16	12,2	8	5,2	8	6,2

The types of treatments were divided into two groups, and each patient was distributed in one of the two groups. The first group included those who received a preventive treatment (examination, cleaning, fluoride treatment and/or instruction on oral hygiene). The second

group consisted of those who received restorative treatment (conservative, fixed/removable prosthodontics, endodontics, periodontics and/or extraction). Those patients who had received combinations of treatments from both groups have been excluded from this compilation, except for where x-rays had been taken as this can be provided both as a part of preventive or restorative treatment. Patients were also stratified by age, either between 0 and 18 years, or from 19 years or more. In total, 386 patients were included in this review of the collected data. Of these, 24 % received preventive treatment, whilst 76 % received restorative treatment. 41 % of patients were children, divided on 11 % preventive treatments and 30 % restorative treatments (Figure 2).

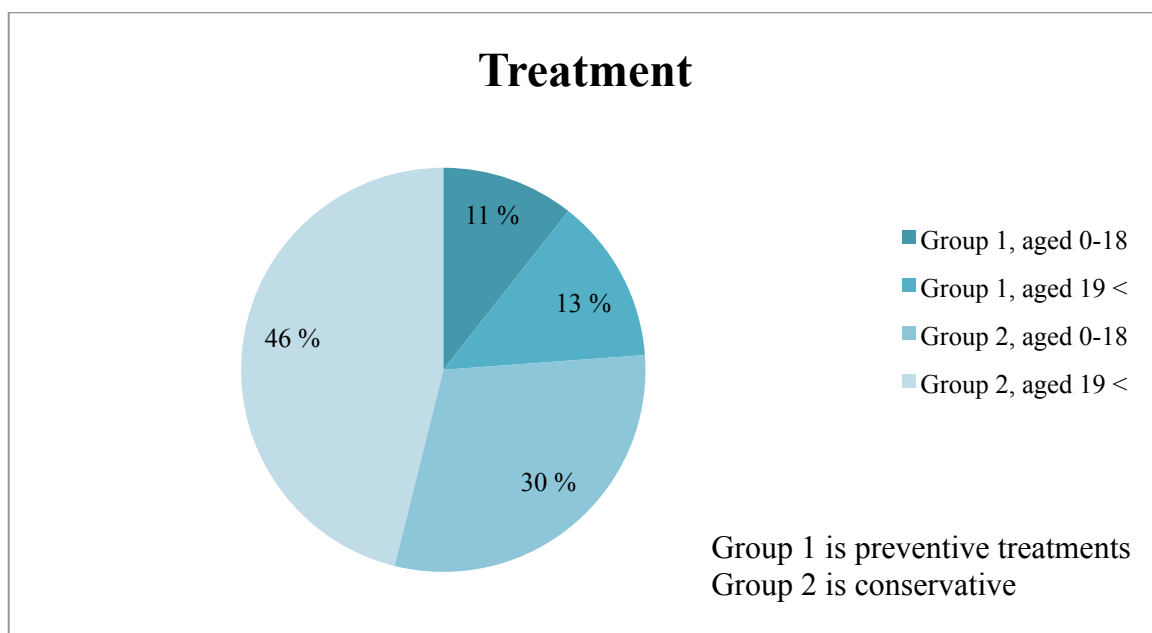


Figure 2: Distribution (%) of preventive and restorative treatment by patients' age.

If the distribution of types of treatment per county is taken under consideration, there was found that Troms was quite equal to the total for all three counties, whereas there in Nordland were provided more preventive (34 %) and in Finnmark more restorative (83 %) treatments (Figure 3).

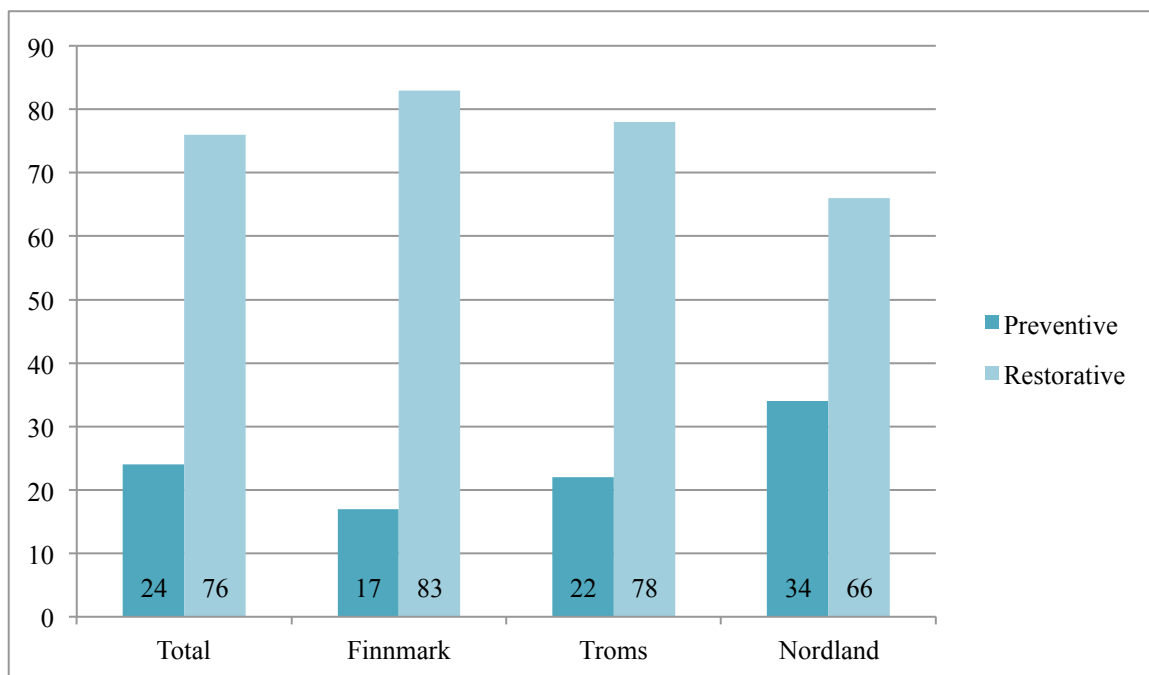


Figure 3: The percentage of preventive and restorative treatment per county.

Dental hygienists

Among dental hygienists there were registered a total of 39 working days and a total of 301 patients were treated. This results in each patient receiving an average of 54.6 minutes of attention. In Finnmark there were 50.5 minutes per patient, whilst there in Nordland and Troms were more than 58 minutes (Table 4).

There was a considerable difference in the number of days registered in the different counties, with Finnmark reporting more than twice as many days as there were in Nordland. Average work time per day was on the other hand identical between the counties. For Troms and Finnmark it was found to be 7.0 hours, while Nordland had a few more minutes of work time per day, totaling at 7.1 hours (Table 4).

Table 4: Reported clinical working hours including breaks. All reported time on other activities such as administration is subtracted.

	Total	Finnmark	Troms	Nordland
Days registered	39	17	14	8
Total working hours	273.7	119.5	97.6	56.6
Average hour per day	7.0	7.0	7.0	7.1
Number of patients	301	142	101	58
Time per patient (min)	54.6	50.5	58.0	58.6

After reviewing the results, patients were divided by age in two groups, 0 to 18 years and above 18 years. The total number of patients was at 301, with two third of these being children. In Nordland, 75 % of dental hygienist patients were children, whereas in Finnmark it was 56 % (Fig 4).

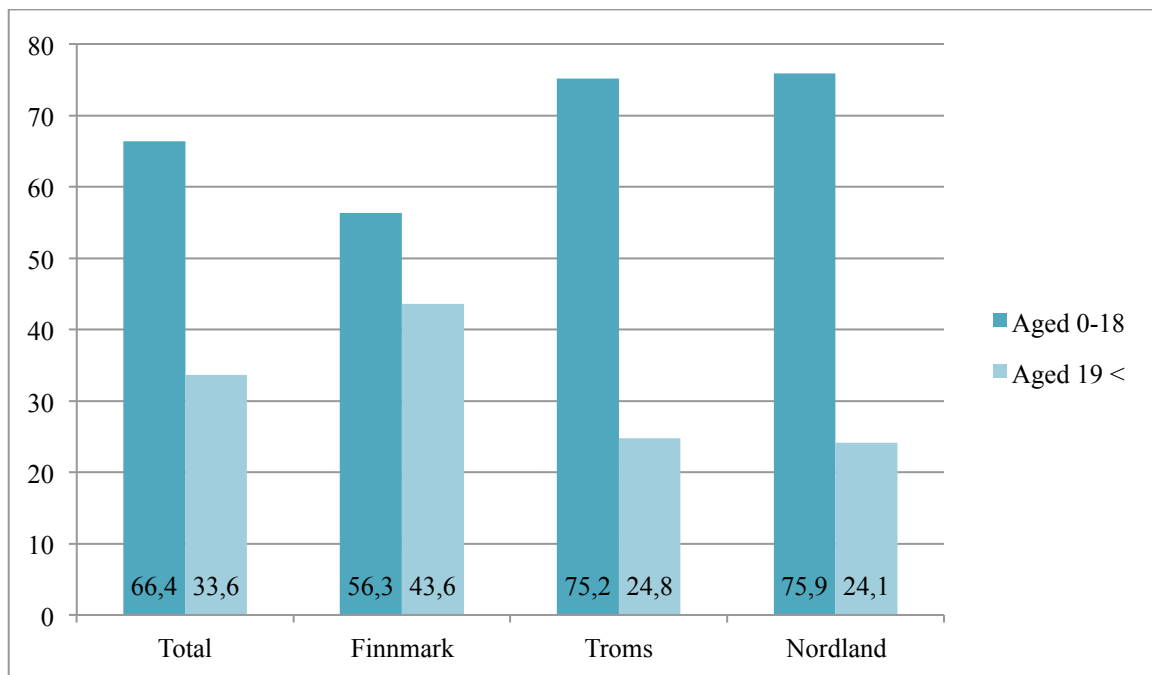


Figure 4: The percentage distribution of dental hygienists' patient by age and county.

Nearly 80 % of the patients seen by dental hygienists received an examination, whilst 66 % were subjected to x-rays. In Nordland, 86 % of patients went to dental hygienists for an examination, whilst 76 % were subjected to x-rays. In Finnmark, 70 % of patients attended the examination, whilst 56 % of patients were subjected to x-rays.

About half of all patients received fluoride treatment and instruction on oral hygiene (52.5 % and 58.1 % respectively), but there is a substantial difference between counties. In Finnmark there was given instruction on oral hygiene to 45.8 %, whilst it in Nordland was given to 77.6 %. Troms numbered between these counties, with instruction on oral hygiene being given to 64.4 % of all patients. Fluoride treatment was given to 61 % of patients in Finnmark, whilst it in Nordland was given to 34.5 %. Also at this point Troms was intermediate, with half of all patients receiving fluoride treatment.

X-rays were taken of two thirds of patients being treated by dental hygienists. This share was the lowest in Finnmark with 56 %, in concordance with the share of patients coming for an examination also being the lowest. Troms had the highest share of patients coming for an examination, but was not highest in percentage of patients treated with x-rays

even though this was provided on 73 %. In Nordland, nearly 76 % of all patients were subjected to x-rays.

There was a substantial difference to what extent periodontal treatment was provided by dental hygienists, varying between 12 % in Finnmark to only 1 % of all patients in Troms.

Table 5: Types of treatment provided and number of patients who have had the treatment. % of number of patients demonstrates how many percentages of the total number received a certain type of treatment.

Type of treatment	Total		Finnmark		Troms		Nordland	
	Number	% of number of patients	Number	% of number of patients	Number	% of number of patients	Number	% of number of patients
Examination	239	79,4	99	69,7	90	89,1	50	86,2
X-ray	198	65,8	80	56,3	74	73,3	44	75,9
Cleaning	106	35,2	56	39,4	38	37,6	12	20,7
Fluorid treatment	158	52,5	87	61,3	51	50,5	20	34,5
Instruction on oral hygiene	175	58,1	65	45,8	61	64,4	45	77,6
Anesthesia	1	0,3	1	0,7	0	-	0	-
Fillings	3	1,0	0	-	2	2,0	1	1,7
Periodontic	20	6,6	17	12,0	1	1,0	2	3,5

Discussion

The study was performed by selecting three clinics in Nordland, three in Troms and three in Finnmark. The study encountered some problems with two of the initially selected clinics, as one of them did not meet the size requirements, and the other one was uninterested in participation due to high work-pressure and no clearly defined clinic manager. Because of the small size of this study, it was dependent on attaining replies from enough clinics; thus two new clinics were requested to participate. The study and its results are based on a small number of clinics making the data foundation weak. The results could have been different if other clinics had been chosen. Because of the relatively short period of time, the study assumes that the participants are in a normal work situation. No participants made any notice

that this was not being the case. In any account, it would be important to interpret the results with caution.

The results were based on self-reporting, and were dependent on dentists and dental hygienists giving correct information about patients and types of treatment. As sessions of treatment may contain more than one kind of treatment type, it could possibly occur that one or more elements of treatment were left out. However, during the analyzing of the self-report forms, there was found multiple options of treatment elements registered for the same patient on all of the forms. Underreporting was therefore not regarded to be a great source of error in this study.

The instructions in the self-report form told the participants to use the checkboxes to display the given treatment. But no information was collected on the quantities of each treatment given to each patient. It is impossible to know whether or not one or three fillings were made during one single session of treatment, which would certainly have affected regarding the aspect of time. This is a weakness in the study and should definitely have been included in the form. This will be considered in the following discussion.

The results of the self-report forms show that work time is slightly below what is counted as normal work time. This is caused by the subtraction of time stated as spent for administrative tasks, meetings etc. It is also caused by some informants not working full time. Ideally, those not working full time should possibly have been excluded from the results, but doing this would have rendered the selection for analysis too small.

The time consumption per patient was relatively high, which results in a quite low average number of patients being treated each day, but still comparatively similar in the different counties. Dentists in Finnmark treated on average 6 patients per day, whilst they in Nordland and Troms are treated 7 patients per day. The time spent on each patient depends on the types of treatment being provided, the treatment requirements, and how much being done per session. There is no information about all of these variables, as the questionnaire did not contain the possibility of reporting on these. It is difficult to tell whether or not this number is high or low. However, there might be economical advantage having long sessions of treatment, as it eliminates the need for numerous treatment changes with the associated cleaning and disinfection. Patients with a long travel route to the clinic might also prefer longer sessions of treatment instead of multiple shorter ones.

In total, dental hygienists spend almost as much time per patient as dentists; in Nordland the difference is in a few seconds, whilst the dental hygienist in Finnmark spends 16 minutes less per patient. The fact that dental hygienists spend almost as much time per patient

as the dentists is somewhat surprising. It is usually assumed that preventive treatment/examination takes less time than restorative treatment does. One explanation might be the fact that the majority of dental hygienists' patients are children that need a longer time for adaptation.

Figure 1 displays the age difference in patients being treated by dentists, and shows a clear variation between patient groups in each of the different counties. Relatively fewer children were treated in Troms compared to Nordland, which might be an explanation to why the share of restorative treatments is higher in Troms than in Nordland. The number of children without need for treatment is normally greater than the number of adults without need for treatment.

Patients of age 18 or below dominated the Public Dental Service. This is normal, as they have a right to be treated according to Norwegian Law of Dental Health of 1983, and are to be prioritized before adult, paying patients. One of the disadvantages of spending much time on treatment of children and adolescents, is that certain forms of treatments are being done to a much lesser extent since children have other needs for treatment than adults. This may be seen as a disadvantage considering working in the public service compared to working in the private sector. Professional challenges are something which dentists place high up on the list of wanted working conditions [2].

Dental hygienists provided examinations on four out of five patients. This indicates that the majority of their patients have no exceeding need for treatment by the dental hygienist, and that they are either put on recall or referred to a dentist for further treatment. Dental hygienists therefore have the possibility to admit new patients continuously.

A large share of patients was subjected to X-rays, but the necessity can be questioned as the majority of patients were children. The results give no information on how many pictures were taken or why, but the data might indicate that x-rays are being taken routinely, and not after an individual evaluation of each patient as recommended [3].

More than half of all patients received fluoride treatment and instructions on oral hygiene when visiting dental hygienists. The two types of treatments are quite evenly distributed, but there are also some differences between the counties. Instruction on oral hygiene is widely given in Nordland, with almost four out of five patients, but dental hygienists here are also more restrictive with fluoride treatments. In Troms and Finnmark, less instruction on oral hygiene is being given, but more fluoride prophylaxis. This shows a large variation in the types of treatment being given, although the selection of patients is relatively similar in terms of the share of patients examined. The level of variation between clinics

makes it probable that this is dependent on the prioritizing preference of the individual dental hygienist.

Treatment of periodontitis varies greatly between the three counties and who is providing the treatments. Nordland and Troms have few patients treated for periodontitis in the data collection period, with no regard to if they were treated by dental hygienists or dentists. In Finnmark, no cases of periodontal treatment provided by dentists were registered. Dental hygienist registered completed treatment, and they had more cases of these treatments compared to the other counties. The collected data might indicate an intended work distribution in the area. Collecting more data over an extended period of time and from a wider range of clinics will show if this is a source of error, or if it is as intended as it seems.

Previous studies performed on private dentists [4] demonstrate that dentists in average spend 26 % of their time on preventive treatment/examinations, and 57 % on restorative treatment. This study contains a third category called aesthetic/cosmetic dental treatment, including filling replacement, bleaching, tooth jewelry etc. This category is not included in this master's assignment, but replacement of fillings is categorized under restorative treatment. Compared to this master's assignment, the study [4] may show that preventive treatment is quite similar between public and private sector, 24 % and 26 % respectively. The largest difference in preventive treatments is between the counties. In Nordland there was provided twice as many preventive treatments as in Finnmark. A possible explanation is the difference in the population's dental health. The share of 18 year-olds without caries (DMFT=0) in Finnmark was in 2010 at 8 %, whilst it in Nordland was at 15 % [5]. Another possible explanation is that dentists in Finnmark provide less preventive treatments than the dentists in Nordland, leaving it up to dental hygienists to provide these treatments. As displayed in figure 4, patients treated by dental hygienists in Finnmark are relatively evenly distributed between 18 years of age or below, or more than 19 years of age. In Nordland, almost 3 out of 5 patients treated by dental hygienists were below 18 years old. Dental hygienists have an education mainly focused on what is here defined as preventive treatment. They also have little training in what is here defined as restorative treatment - disregarding the treatment of periodontitis. However, this is a small percentage of the total amount of treatments done by dental hygienists and dentists (respectively, 6.6 % and 1.4 % of patients received treatment for periodontitis).

The Public Dental Service can reduce the amount of time each dentist spends doing preventive treatments by delegating more dental hygienists to administer these treatments. This would follow the principle of choosing the lowest effective level of care (in Norwegian;

LEON) which is recommended in NOU 2005: 11 [6], and would thus be able to increase the efficiency.

Conclusions

There are relatively similar forms of treatments performed across the three counties. Dentists mainly provide restorative treatments, dominated by conservative therapy. Not a lot of fixed prosthodontics are done, and very little periodontal treatment.

Dental hygienists mainly provide examinations and other preventive treatments, with the majority of patients being children.

Patients of age 18 or below dominate the Public Dental Service. This is in accordance with the law about Dental Health, but it might be a disadvantage in order to give enough professional challenges to the dentists.

This study indicate a need for further studies to reveal how the Public Dental Service in Norway is organized and what future challenges the public service is facing. This is important to determine the necessity of certain measures, e.g. amounts of treatment, in order to change models of organization and delegation of treatments. This will hopefully enable an increase of the efficiency within the Public Dental Service.

Acknowledgements

I want to sincerely thank every dentist and dental hygienist that participated. The study had not been possible without the help from you. I would also like to thank the clinic managers who organized the study internally at the clinic, and those who responded on the interviews.

Thank to the Chief Dental Managers of the Public Dental Service (PDS) Tove Broback (Nordland), Peter Marstrander (Troms) and Torill H. Lauritsen (Finnmark), for giving the permission to carry out this study.

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<http://www.regjeringen.no/Rpub/NOU/20052005/011/PDFS/NOU200520050011000DDDPD>

[FS.pdf](#)

Appendix 1: Project information to participating clinics

Informasjon til deltagende tannklinikker

Jeg er student ved universitetet i Tromsø, og skriver for tiden en masteroppgave. Foreløpig tittel er ”Behandlingsprofiler, pasienttyper og hvilken kompetanse som trengs i den offentlige tannhelsetjenesten i Nord-Norge”. Oppgaven er innenfor området samfunnsodontologi og professor Eeva Widström og førsteamanuensis Anders Tillberg er veiledere.

Oppgaven vil basere seg på materiale samlet inn fra offentlige tannklinikker i Nord-Norge etter godkjenning fra fylkestannlegene. Det vil velges ut tre tilfeldige klinikker fra hvert fylke. Klinikkerne må ha minst to tannleger for å delta. Materialinnsamling vil foregå på tre måter, gjennom et registreringsskjema tannleger og tannpleiere fyller ut, intervju med klinikkssjef, og besøk/observasjon ved noen klinikker. Det er ikke mulig å gjennomføre observasjon ved alle klinikker, og dette begrenses derfor av lokalisasjon.

For å få tilgang på materialet ber jeg dere på klinikken om hjelp. Jeg ønsker at dere fyller inn pasientbehandling i registreringsskjemaet, og at dette gjøres i to dager. Se vedlagt eksempel på utfylling. Alle tannlegene og alle tannpleierne ved klinikken fyller ut hvert sitt skjema pr dag, og disse returneres samlet fra klinikken. Skjemaene er anonymt utfylt, og dersom det er mulig å gjenkjenne noen, så vil det uansett bli fremstilt anonymt i den ferdige rapporten.

Resultatene vil senere bli analysert og presentert i den ferdige masteroppgaven, og vil bli distribuert til fylkestannlegene i Nord-Norge

Håper dere kan fylle ut registreringsskjemaene innenfor uke xxx eller uke xxx og straks returnere dem. Klinikksjefene vil bli kontaktet i slutten av denne måneden, eller begynnelsen av neste for intervju, og i samme tidsperiode vil det skje besøk ved enkelte av klinikkene.

Med vennlig hilsen

Guro Karlsen

Hvis noe er uklart eller dere har spørsmål er det bare å ta kontakt:

Guro Karlsen: gukarlsen@gmail.com

telefon: 900 74 778

Eeva Widström: eeva.widstrom@uit.no

eeva.widstrom@thl.fi

Skjemaene sendes til:

Guro Karlsen

Brattbakken 36

9018Tromsø

Apendix 2: Self-report form

Registreringssjema for _____ tannklinikk

Dato:

Tannlege/tannpleier (stryk det som ikke passer)

Arbeidstid:

Antall tannleger på klinikk:

Antall tannpleiere på klinikk:

Antall sekretærer på klinikk:

Pasient	Kjønn (K/M)	Alder	Besøksgrunn			Utført behandling													
			Innkalt	Bestilt time	Akutt	US	rtg.	rens	fluor	Hvg. info	bedøv	kons	Fast prot.	Løs prot.	Endo.	Perio.	Annet		

Kommentarer til dagen: (fylles i hovedsak ut dersom det er hendelser som gjør at dette skiller seg ut fra en normal arbeidsdag)
Er du fornøyd med dagen, eller er det noe du ville ha endret på? (bruk gjerne baksiden for mer plass)