

Defensive Dentistry and permanent education: management of dental records contributing to the formation of dentists with professional responsibility

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ABSTRACT

Dental records produced in dental practice should be valued by practitioners once it constitutes an important clinical, administrative and legal tool. Patient complaints about the provision of dental services have occurred not only in private clinics but also in public service and dental colleges. The object of this study was to report the experience of documentary management at the Dentistry Clinic of the Universidade Estadual de Maringá (COD-UEM), conducted by the Legal Dentistry and Professional Orientation Study Group (GEOPOL). The management tasks comprehend documentary production and update, administration of documents withdrawal by patients and archives adequation. GEOPOL is a teaching Project that uses innovative methodologies and focuses on Permanent Education. Learning takes place with experience in real scenario of document production. In documentary production monitoring there is a checklist of activities, where the evaluated data is recorded in a journal of occurrences. The withdrawal of institutional records by patients occurs through a protocol request, in which GEOPOL prepares the documents to be delivered. The archive organization aims to adjust the demand for dental care and strategic location of dental records. It is observed that the document management has valued the work done by COD-UEM, representing an important service provided for the internal and external community.

Descriptors: Dentists. Legal Liability. Professional Training. Education, Continuing.

1 INTRODUCTION

The documents produced in dental practice are fundamentals in terms of Defensive Dentistry due to constitute technical proves of realized or oriented¹ interventions. Questions related to dental services nowadays occur everywhere, clinics, basic health units, even in dental colleges. The population dental care, in public or private scope, must have focus in service quality and humanized care, but also considering the procedures records care. It is needed to understand that dental record elaboration in dentistry is clinical act and dental surgeon duty according to the Dentistry Ethics Code (CEO), in which its chapter VII clarifies about the elaboration and maintenance of dental documents².

Defensive dentistry has been comprehended like a set of preventive measures that has as objective the dental surgeon protection against inherent risks in the profession itself that could lead to professional mistake, entailing civil, criminal and/or ethical actions³. Among the professional protection measures is the correct preparation and maintenance of dental documents⁴⁻⁸.

Dental record had its denomination suggested as a replacement for “clinical record” by CFO 174/92 ordinance and must be comprehended as a set of documents that describe the attention provided to the client, should be minimally constituted by identification field, anamnesis form, clinical record, treatment plan and activities report. Dental record must allow the archive of duplicate documents (dental certificate, prescriptions, referrals, exam requests and directions). It should also be considered that the professional can assemble other important documents, such as a provision of service contract that details the relationship professional-patient³ better. In order to help

with the correct dental record elaboration, council and educational institutes has suggested models that accomplishes the CEO requirements, as well the Dentistry Federal Council (CFO) resolutions relevant to the topic⁹⁻¹¹.

When elaborating the dental record, the professional must have in mind that its constitution needs attend 3 aspects: clinic, administrative and legal¹². In fact, the production, update and proper filing of the dental register represents professional protection, not only as a means of proof before questioning but also a shield in taking clinical and administrative decisions, which brings more security in performance and better results for users and professionals¹³.

The concept of professional responsibility has been worked as a duty to repair damage caused in a situation where a certain person suffers prejudice in consequence of illicit acts practiced by others⁷. Actually, it is easy to think the dental services provision occurs with greatest care in relation to the patient, while the practitioner highly diligent in sense of doing good and avoid bad work. When the relation practitioners-patient, for some reason, weakens, comes up the risk of legal complaints, fact that shows the concept of professional responsibility. At this time, dental documentation takes on vital importance as means of proof¹⁴.

Permanent Education is a concept that has been strengthened in the last two decades in Brazil. Promoted by national politics, it assumes the production of knowledge based in real situations of working scenarios, considering that learning and teaching are incorporated into the daily life of organizations and work process, proposing the health workers educational process are made from its own practice¹⁵ problematization. Therefore, both in

health care organizations and training environment, Permanent Education has fundamental role.

The activity developed by the Legal Dentistry and Professional Orientation Study Group (GEOPOL) provides learning in a real scenario, attending a need for document management of the training environment. It is the integration among management, knowledge production with differentiated methodology and services provision to community. By the performance routine established, the participants experience the elaboration, adjustment, processing, maintenance and document filing, strengthening its dental theoretical skills with emphasis in dental record and clinical aspects, legal and administrative.

The aim of this study was describe the methodology of management of dental record adopted in State University of Maringa Dental Clinic (COD-UEM) facing legal and ethical aspects of the profession with performance in Permanent Education logic.

2 EXPERIENCE REPORT

For better comprehension of the report, a thematic division was made in three topics.

Surveillance of Documentary Production and Update:

The idea of document management of COD-UEM started in 2013 with the GEOPOL appearance, this group is registered at UEM as a teaching project and at CNPq as a research group. A dental record data survey occurred in 2013 demonstrated that considering the legal and ethical aspects in Defensive Dentistry, there were points to be improved. It is important to note that academics in graduation, postgraduate *stricto and lato sensu* work in COD-UEM, and the procedures goes from basic attention to specialized procedures. Regardless of complexity, clinical care to Unified Health System users are recorded in a unique dental record.

In 2017, the same group started a work with dental record management (figure 1) to address legal and ethical issues, giving better conditions of professional responsibility and also to COD users that would have their documentation produced with more criteria. GEOPOL activities are mediated by a Legal Dentistry professor with participation of master degree students, residents and graduation academics. Dental records are withdrawn according to time and date previously determined to be evaluated, without interfere the clinical activities progress.

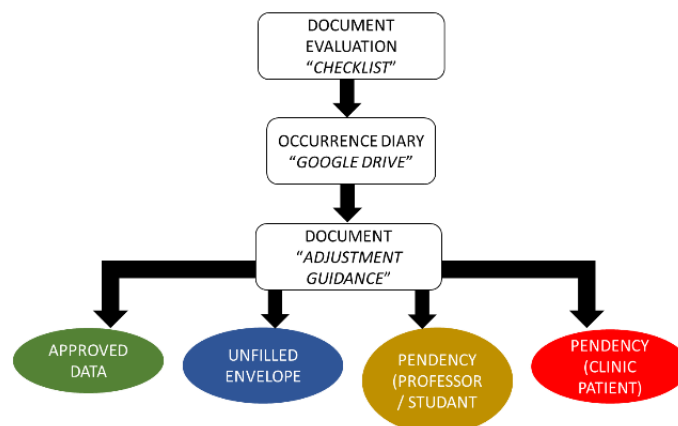


Figure 1. Flowchart demonstrating the steps of documental evaluation of COD-UEM dental records

Documental evaluation consists in verify if the filing is correct and in its fullness, according the directions the academics receive in determined moments during the course, in related subjects. For documents evaluation, GEOPOL has a checklist (chart I) where contains variables

that must be considered. After evaluation, an event report is fulfilled and stored on Google Drive to allow that more than one documental analysis can be done in parallel or authorized people from different places can access in real-time what is being produced (figure 2).

Chart 1. Checklist verification of dental record documental fulfillment from COD-UEM

TOPIC	VERIFY
Terms	Verify if there is an awareness term with patient signature on the duplicate.
Identification	Verify if all fields are fulfilled, and if there is the patient document.
Anamnesis	Verify if all fields are fulfilled. If necessary, ask for correction to insert the word “deny”; verify if there is patient or responsible signature.
Physical examination	Verify if there is any headgear exam record; verify if there is any intraoral exam record.
Treatment plan	Verify is the treatment options are filled, at least 2; verify if the choose option is signed; verify if there is the patient signature; verify if there is student signature; verify if there is professor signature.
Activities report	Verify if there is the prescription record – compare with the duplicate signed by the patient; verify if there is the patient signature; verify if there is the professor signature; verify if there is the student signature.
Issued documents	Verify if there is issue documents duplicate (certificate, prescription, referrals, medical evaluation requests, etc.) without the patient signature.
Envelope	Verify if it is the right envelope and if it is properly fulfilled, indicating the patient situation in COD-UEM.

	D	E	F	G
1	10 DE MARÇO DE 2017			
2	PACIENTE - RG	OCORRÊNCIAS	RISCOS ELIMINADOS	ENCAMINHAMENTO
3		Falta assinatura do paciente na autorização, anamnese incompleta, falta escolha do plano de tratamento, falta segunda via de prescrição, envelope sem plano de tratamento preenchido (fluxo), falta termo de ciência	6+	VERMELHO
4				
5		falta assinatura do paciente na autorização, na anamnese e no relatório de atividades, sem prontuário único (trauma), envelope sem plano de tratamento preenchido (fluxo), falta termo de ciência,	5+	VERMELHO
6				
7		perograma à lápis, sem plano de tratamento e assinaturas, envelope sem plano de tratamento preenchido (fluxo)	2+	VERMELHO
8				
9		não tem prontuário ou ficha de projetos, só tem relatório de atividades e controle de placa, envelope sem plano de tratamento preenchido (fluxo), sem documento, falta		

Figure 2. Daily events verification of dental records fulfillment from COD UEM

A document containing setting orientations is formulated and attached to the dental records when it returns to institutional archives. Thus, when the student withdraw the dental record to attend the patient, the user come across the recommendation letter. It is academics responsibility to provide the settings, with the risk of receiving disciplinary sanctions in case of noncompliance. Even after executing what was requested, is also asked that the letter keeps

attached, for further check.

The integral and unique dental record used in COD-UEM has an envelope (figure 3) where are attached colored stripes, in the longitudinal direction, according to the risk classification: red strip when data is missing, document or patient signature; yellow strip when something from professors or students are pending; blue strip when it only needs to fulfill dental record envelope; green strip when all data is correct.



Figure 3. Unique COD-UEM dental record envelope with stripes according the fulfillment situation

This activity was performed for 15 months until the present moment. A brief evaluation has shown that this has been accepted by Dentistry professors and students. There are reports of students looking for settings in some dental records before it is withdraw by GEOPOL, there were behavior changes of professors related to documental production and many questions for documentation improvement. Furthermore, there was a significant reduction of loss of information, reschedule or unnecessary procedures. All of this had contributed to optimization of public resources and proper functioning of the system as a whole.

It needs to consider obviously the legal protection this activity provides to professors,

main responsible by the procedures performed at the training environment¹⁷.

Document management has been interpreted like an activity that improves, at the same time, aspects of Defensive Dentistry and Permanent Education acts. The first aspect is contemplated by the adoption of preventive measures in production of registers before the legal and ethical dictates of documental fulfillment. The second aspect is contemplated because the activity represents a way of learning related to the practice developed on a routine action, inseparable from dental clinic action. In other words, it is a learning arising from the reality of the facts. It is learning with concrete actions.

Effective learning happens when the student sees, touch, realize and assigns meaning, when awakens their senses¹⁸ and it is precisely in this aspect of reality exposition that GEOPOL has been working.

The activity developed by GEOPOL, besides promoting learning in real production scenario and documental surveillance, offers a feedback to students about the points to improve when elaborating dental records, shows actions to be taken, and also, the positive points found. Other studies has shown the feedback as a tool in learning process^{19,20}, and reveal that this practice has been valued by professors, besides promoting better performance in college¹⁹.

Active methodology of teaching-learning has been implemented at UEM since 2006, with the problematization. However, few works has been published regarding integration service – teaching in Dentistry. Nevertheless, such resource has proved to be a viable didactic pedagogical alternative, with acceptance in academic community, students, post-graduation students and professors²¹.

Thus, the system proposal of management applied follow National Curricular Guidelines (DCN)²² recommendations, in article 13, subparagraph III, guides the use of active learning – teaching methodologies that allow students active participation.

Management of Documental Withdrawal

Fact that has become usual at COD-UEM, maybe usual in all locations of dental care production, is the request, by users, of clinical records withdrawal. Dental records are composed of archives produced by documental fulfillment and often include complementary diagnosis documentation (periapical radiography, panoramic radiography, teleradiography, models and others). Requests of documents withdrawal occurs for a number of

reasons, and can be associated with illustration, legal or ethic, of complaints regarding the service provided or what was expected from the service.

In March 2017, GEOPOL felt able to perform the documental withdrawal management, considering as well the legal and ethical aspects and Defensive Dentistry. Thus, the documents withdrawal has been formalized and all users care, professional protection and institutional are taken.

To request record withdrawal, higher age users or, in case of underage or incapable people, legal responsible until second degree of relatedness (or the person who has legal custody), makes the formal request, filling the proper protocol form of the University Hospital from UEM. The protocol is forwarded to the COD-UEM secretariat. The user is aware of the seven weekdays deadline to the requested documentation preparation, and after this period, must withdraw the request on the COD-UEM facilities.

When receiving the request protocol, COD's secretariat forwards to the GEOPOL mediator for measures. The search for the record is made in the institutional archives. To the record process, legal and dental bases are taken in consideration. The ethical parameter is the CEO (Resolution CFO 118/2012)²³. In legal terms, are parameters the Federal Constitution (Brazil 1988)²⁴, the Civil Code (Brazil, 2002)²⁵ and the Consumer Defense Code (Brazil, 1990)²⁶.

When the requested record do not contains complementary exams, it happens only its evaluation in relation to the content. A copy is prepared and delivered to the requester. When the record has complementary documentation of diagnosis, besides the fulfillment evaluation is prepared a complementary documentation copy. However, if the patient has made the documentation externally and paid for it, he takes

the originals and the copy stays at COD. If the exams were made at UEM, the patient takes the copy and COD keeps the original. In case of models, it is photographed, eventually scanned in 3D or, when possible, duplicated for institutional archives.

The request material delivery is made, at a previously scheduled date and time, usually on Friday and the presence of the GEOPOL mediator. Personalized services also aim to get to know the patient better, to know his expectations and animus operandi regarding the requested documentation. The moment is also used for the transmission of orientations and for the solution of users' doubts.

Adequation of Host Sector and Archive

The readequation of document management has been accompanied by settings in host sectors and archive. Until the end of 2016, the single and integrated record was used only for attendance at COD-UEM performed by graduation and post-graduation *stricto sensu* (master degree and doctorate). However, project services (research and extension) and post-graduation *lato sensu* courses (specialization and residence) were carried out in other forms. The filing of these other forms were also taking place in other locations than host sector. Not that such forms of organization were incorrect, but only hindered the management integrated to produced documents.

In 2017 the COD management then, from Dentistry Department (DOD) and Academic Council of Dentistry Course, supported by GEOPOL, made the proposition of adopting the single record in all user care activity and also suggested making the archives in one place, being, in this case, the host sector. The idea was to unify the maintenance location of all users records attended at COD, regardless if the service occurs via projects, graduation or post-

graduation.

Projects that has specific forms, such as oral lesions, trauma, if use these forms, but integrating them to the unique record and not replacing it. Thus, the unique record gained mandatory status for all, and complementary documents must be attached to it, without replacing it.

With the proposed changes, there was also a need to readjust the physical space of the host sector, which was carried out in a complementary space, entitled archive 2. Considering the above, the organizational structure of the host sector has been adjusted to have:

- service users archive; which is in the reception sector itself, represented by the records of patients who are in care process at the COD, with scheduled returns for projects, graduate or post-graduation courses;
- archive 1; with strategic location (room located in front to the host sector) it is an archive that houses dental records of patients who had their treatments completed up to 5 years ago; and
- archive 2; located further away, in an appropriate room to allow documentary research, it is the location that houses dental records of patients whose treatments were completed more than 5 years ago. In the proposed restructuring, it will be in this environment that the digitization process of COD-UEM old records for the constitution of a digital collection.

3 FINAL CONSIDERATIONS

The document management methodology in progress has brought formative benefits, both for the students participating in the project, and for the others involved in the clinical activities of COD-UEM, strengthened by a practical teaching-learning methodology in a real setting.

The best structured dental record favors clinical, administrative and legal aspects related to dental documentation.

The documentary organization has represented a relevant social benefit, since the actions developed give greater attention to users, taking care of the adequate clinical evolution of these in the COD-UEM, preventing the loss of link or information, thus avoiding repeated or unnecessary interventions.

Document management combined with legal issues provides professional protection, especially to professors, responsible for clinical procedures performed by students, considering that the evidence elements are better structured, in accordance with the ethical and legal precepts of Defensive Dentistry. In addition to the above, well elaborated, prepared and filed documentation has favored the logistical aspects of organization.

It must be considered that, at the beginning of the work, there was difficulty in understanding the protocol for the classification of medical records and the association of this with clinical, administrative and legal issues on the part of students and professors. Over time, the difficulties were resolved with settings in the methodology, greater exposure of these issues in a Department meeting and in the institution's clinics for clarification.

Permanent analysis of the method and data collected is recommended in order to monitor the effectiveness of the proposal, which involves the integration of management with knowledge production and provision of services to the community.

Resumo

Odontologia Defensiva e educação permanente: gestão de prontuários contribuindo na formação de cirurgiões-dentistas com responsabilidade profissional

A documentação produzida na prática clínica odontológica deve ser valorizada pelos profissionais uma vez que se constitui em importante ferramenta clínica, administrativa e legal. Reclamações acerca da prestação de serviços odontológicos tem ocorrido não somente nas clínicas e consultórios privados, mas também no serviço público e nas instituições de ensino superior. O objetivo deste estudo foi relatar a experiência de gestão documental na Clínica de Odontologia da Universidade Estadual de Maringá (COD-UEM) realizada pelo Grupo de Estudos de Orientação Profissional e Odontologia Legal (GEOPOL). A gestão realizada é composta por vigilância de produção e atualização documental, gestão de retirada de documentos e adequação de arquivo. O GEOPOL é um projeto de ensino que tem trabalhado com a utilização de metodologias inovadoras e foco na Educação Permanente. O aprendizado ocorre com a vivência em cenário real de produção de documentos. Na vigilância de produção documental existe um *checklist* de atividades e as análises são registradas em um diário de ocorrências. A retirada de prontuários institucionais por pacientes ocorre por meio de protocolo de solicitação e os documentos entregues são preparados pelo GEOPOL. A organização do arquivo busca ajustar a demanda de atendimento à disposição logística de documentos. Observa-se que a gestão documental tem valorizado o trabalho realizado pela COD-UEM, representando uma importante prestação de serviços para a comunidade interna e externa.

Descritores: Odontólogos. Responsabilidade Legal. Capacitação Profissional. Educação Continuada.

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