

Robin Bearss

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Professor Vaughn

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Test of the Teeth: Assimilating into a Dentist's Office

Going to the dentist can be a stressful endeavor, especially if you don't brush your teeth! It can be even more stressful if you are visiting for an interview or as an intern. Assimilating into any workplace is difficult. With the high competition rates to get into graduate school and the jobs afterward, dentistry is no exception. As someone who aspires to be a dentist, it is necessary for me to observe the environment and ask questions to better acquaint myself with my future workplace. I did this by job shadowing a local dentist at his office. Some studies have been done on dentistry in regards to discoveries in medicine and new tool manufacturing, such as "MRI In Dentistry- A Future Towards Radiation Free Imaging - Systematic Review." (Niraj) and "Laser Surgical Tools In Implant Dentistry For The Long-Term Prognosis Of Oral Implants." (Romanos) However, in my searches I could not find any research done on dentistry as a discourse community (see next paragraph for definition). So it is safe to say that no one has written about assimilating into said discourse community. This is what I aimed to accomplish with my research. I observed that the different hierarchies of power within job titles are based off of experience, and that although tedious and time-consuming, assimilation is relatively easy and aided by other members of the office.

When observing the office, it was clear that all the people there worked together as one unit, each knew their job and how to do it, and even other's job titles and duties. In his article

“The Concept of Discourse Community”, Linguist and Scholar John Swales gives 6 criteria that a group must satisfy in order to be considered a true discourse community. A discourse community is “the center of a set of ideas.” (Swales) These criteria are that the d.c.:

1. Has a broadly agreed set of common public goals. The goal of the office is to assist people with their oral hygiene, and to correct dental problems (if any).
2. Has mechanisms of intercommunication among its members. The methods of intercommunication include verbal interactions, written notes, and continued education
3. Uses its particular mechanisms primarily to provide information and feedback. Members give and receive feedback through patient interaction.
4. Utilizes and hence possesses one or more genres in the communicative furtherance of its aim. The office is open specific times of the day and on certain days of the week, and the people who work there are present in the office consistently based on their individual work schedules.
5. Has acquired a specific lexis. The lexis used is scientific, and cannot easily be understood by the general public.
6. Has a threshold level of members with a suitable degree of relevant content and discursive experience. There are different levels of experience and authority within the office.

This is why I think that the office I attended qualifies as a discourse community. A discourse community needs to communicate through different genres, and I noticed in my visits that this is definitely utilized. A genre is flexible response that fits the needs of a discourse community or social setting (Marro). The genres that I encountered were verbal communication, patient charts, schedules, calendars and sticky notes on the wall, email, and hand gestures. Some

of the tools the dentists used were quite loud, so the doctor and his assistant would sometimes just use motions to indicate they wanted a specific object. One example of this was the use of pointing, and, since the assistant or other dentist knew what procedure was going on, they discerned what was needed almost immediately. There also were patient charts that indicated what teeth were being worked on. The teeth were numbered so the workers could keep track of which teeth were damaged and which teeth were fine. The lexis used included the names of these teeth and the different positions that cavities could occur. While some words like wisdom teeth and fillings can probably be understood by the public, others cannot. You probably did not know that the lingual side of your tooth is the part that touches your tongue, or that the distal teeth are the ones further from the midline of your jaw. Dentistry as a literacy involves reading the signs in someone's mouth and teeth to diagnose a problem or give a bill of clean health.

The questions that I answered were “Due to the competitiveness of the field, are new members more likely to be ignored and used than accepted and appreciated?” and “Do the different positions in the setting have different hierarchies of power based on experience, or assertiveness?”. I did not obtain the answers to these questions by asking them outright, but rather by quietly observing from the sidelines and then asking specific questions to see if my observations were, in fact, correct. I also interviewed an occupant there, and gave out a short survey to most of the staff. I documented my feelings of “assimilating” into the office and determined if I noticed any hierarchy of leadership or power within separate career fields.

The goals of this study were to answer the research questions mentioned above and also gain some experience in the job field I someday wish to occupy. While observing, I noticed that most employees knew not only their job, but others' jobs as well. Using this information, they knew who to locate when something needed to be done did not reside within the boundaries of

what they could do. For example: dental assistants may clean teeth, but are usually not allowed to fill in a cavity by themselves. If this particular procedure needs to be performed, they are required to find the resident dentist and have that person complete the process. Something else I saw that intrigued me was the newest member's position within the office. She just graduated from high school and is already working as a dental assistant. It is ironic because she is helping and working with one of the most experienced and older members of the community (the dentist I shadowed). They joked with each other like they were relatives, and I was surprised to discover she had only been there for a little less than a year. This just goes to show how easy it is to feel included within the workplace. I did not get a chance to interview her, but Brenda (my interviewee) provided me with some similar information, saying "I'd say about six months that I felt like I could take care of all my responsibilities without any mistakes or having to ask anybody questions, and just feeling like a part of the family here." The fact that Brenda actually used the word family implies that the bonds between all of the workers are very strong.

I printed off 20 surveys but only ended up distributing seven. This was due to the size of the office and the number of its personnel. I also interviewed someone, and integrated some side questions that I thought might yield interesting results. This person requested to remain anonymous, and so for all intents and purposes of this essay she will be referred to as Brenda. (See Appendix for interview questions) Through these processes, I was able to obtain a large set of data to work with.

I did find the answers to both of my research questions. However, they were not at all the ones that I was expecting. In hindsight, I failed to realize that leadership and authority can be influenced not only by who is more assertive or good at their job but also by how long the occupant has been working at that specific place. Their prior experience at other locations could

also influence others' opinions. I probably should have included "years in this career" and "years at this facility" as questions in my survey. Although I distinguished between experience and assertiveness in my research question, I failed to keep this distinction as I observed. The different levels of authority within occupations are indeed determined mostly by experience, but when I interviewed Brenda and looked at the results of the survey another fact came to light. No one at the office wanted to be viewed as "better than" their peers. To them, it was a community in which everyone got along. So some preserved this instead of using their authority to its full potential. The results of the survey (see the Appendix) were also interesting, with the numbers ranging from 2-10. The numbers also ended up being split into four separate job categories that increased in number. The two dentists at the top said 10 and 9; the three dental assistants said 5,5, and 7; the admin and dental hygienist said 3 and 2 respectively. As can be seen by the graph (Refer to Figure 1), distribution of this curve is relatively exponential.

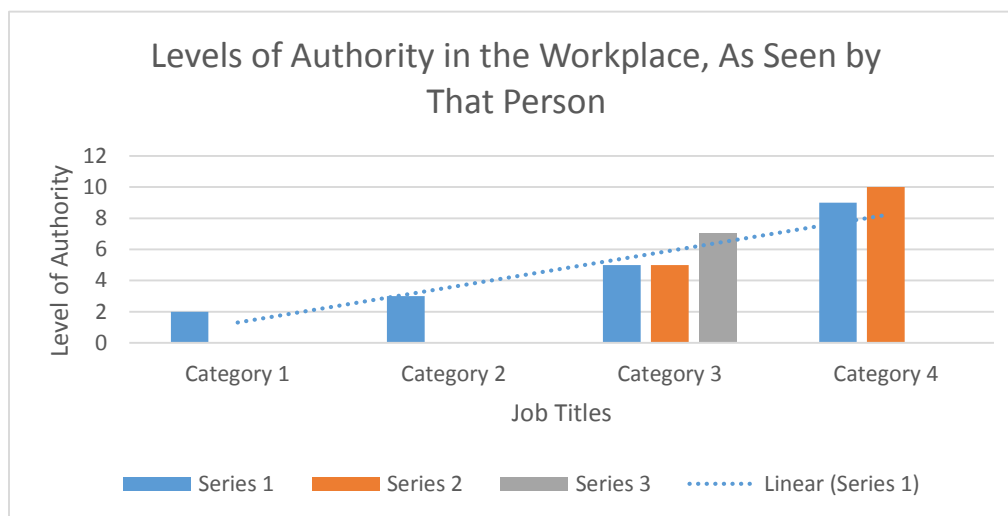


Figure 1: A graph that depicts the levels of authority the members of the office feel they have. The different categories correspond to the different occupations. Category 1 refers to RDH or resident dental hygienist; category 2 refers to admin; category 3 refers to dental assistant; category 4 refers to dentist.

The answers to these questions could also be skewed due to the fact that the office is so small, being located in what looks to be a house. The relations between the workers are that of family, and so there is not a lot of competition happening, which might be seen in a bigger office. As for assimilation, in my experiences it was relatively easy. The second question of the survey had a median answer of about 3.5, which is more support. (See Appendix) Everyone was very nice to me, and I could tell they were being genuine about it as well. When I asked Brenda about her first day, she said “Everyone was, uh, very eager to lend a hand and help me in delegating and helping me do my responsibilities. It was very pleasant.” Every time I went in I was greeted with a smile from everyone I saw. None of my questions were denied an answer—some of the patients even started to show curiosity and ask questions themselves! When something new that I hadn’t seen before was happening, another dentist or assistant would come into the room I currently occupied and take me to a new one to make sure that I could observe it. It was a really positive experience, and I had the opportunity to absorb a lot of knowledge as well.

The discourse community that I studied was more than just a conglomeration of different people who happened to be working and speaking with one another. It was a well-functioning family. The hierarchies of power were based on knowledge of the field instead of asserted dominance, and assimilation was seamless with the right attitude. This research could definitely be continued by studying a larger office, or one located closer to a college with a dental graduate program. As a student and a potential dentist myself, this experience answered many questions; I gained so much knowledge, and I can’t wait to go back.

APPENDIX

Survey Questions

Occupational Title:

How many hours a week are you in the office?

On a scale from 1-10 (10 being the highest), how much authority would you say you have in the office?

1 2 3 4 5 6 7 8 9 10

On a scale from 1-10 (10 being the most difficult), how hard was it to assimilate into this work environment?

1 2 3 4 5 6 7 8 9 10

Thank you!!

Interview Questions

1. Is there a hierarchy of authority within occupations in the office?

“I mean yes, different areas of the office, definitely.”

IF YES:

A. How would you explain this hierarchy?

“Well we have office management here, who kind of controls and delegates what other areas of the office take care of, and then appoints each one to responsibilities.”

B. Which group of people has the most leadership/ is “in charge”?

“In this particular office, it would be the doctors. They kind of delegate to all of us who has what responsibilities in the office.”

- 2. Switching topics here, what was your first day in the office like?**

“Goodness, that was 22 years ago. Um, but, I’d have to say it was very pleasant. Everyone was, uh, very eager to lend a hand and help me in delegating and helping me do my responsibilities. It was very pleasant.”

- 3. How long did it take for you to feel like a member of the workplace community?**

“It took me a really good year to feel like I was really 100 percent part of the team, and really learned everything to where I actually could rely on doing-

Just actually feeling like I was doing everything that I should be. Actually maybe I’d say about six months that I felt like I could take care of all my responsibilities without any mistakes or having to ask anybody questions, and just feeling like a part of the family here.

- A. So was it kind of like a confidence thing?**

“Um, maybe a little bit of confidence. Especially in this field there’s so many things to learn. We don’t just do one little-

We learn office aide and it’s a lot to ingest, but a lot of it is just confidence too.

Just feeling like you can do your responsibilities.”

- 4. What are some struggles you overcame throughout that process?**

“Like I said, we’re going back 22 years, I might not be the best person to interview for this. Um, this job- I am a dental assistant- requires doing like five things at one time, so being able to multitask is really important so you’re not forgetting anything. That was probably the hardest thing, is just juggling five things at once.”

5. Do you have anything to add that you think would be important to know?

“Um, no just be very open. The best thing that I can say is that when you’re coming in, we tell people who come in and are new here to just be very open to help and corrective criticism. Be open to that because that’s how you learn the best. So just uh, come in with an open mind and not let anything bother you when it comes to having corrections and stuff. Because we all make mistakes, we all still make mistakes even when you’re 22 years like me. So just be open to being trained in whatever profession you’re in and patience. Always have to take everything with some patience. Especially like here when you put a bunch of women together, you got to have an open mind.

Thank you!!!

Works Cited

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