**Quality Assurance in the Dental Profession**

**Progression of Quality Assessment**

 Upon thorough examination, the best recommendation for the 42-year-old patient is retreatment for an RCT. However, he requires an endodontic consultation first before the treatment.

**Identification of Issues**

The patient trusts me to undertake the procedure without any need for endodontic consultation. The dilemma, in this case, is whether or not to treat the patient. The options open to me would be not to treat the patient until he undergoes the proper endodontic consultation. Second is to retreat the patient’s RCT without the endodontic consultation, and lastly to not refer the patient to other dentists who may agree to retreatment of the RCT without the endodontic consultation (Gaylor, 2007).

**Development of a Strategy for Resolving Problems**

 In resolving such a problem, the best strategy is to apply the “decision model II,” to come up with the best ethical decision, which, in this case, is to proceed with retreating RCT without referring the patient for endodontic consultation (Higgs, 2011).

**Implementation of Changes**

 The retreatment can be accomplished even without the endodontic consultation provided that I apply all the necessary precautions to ensure that the procedure is safe and successful.  This choice would be the best option for the patient because he is having financial difficulties and the endodontic consultation would not be covered by his insurance (Higgs, 2011).  It is also ethical to proceed with the retreatment even without the endodontic consult first because I am a qualified dentist and I can retreat the patient’s root canal using the skills and knowledge I have already gained throughout the years.  I would not be putting the welfare of the patient in danger, and instead, I would also be relieving the patient’s financial worries which are likely causing him significant stress (Gaylor, 2007). Choosing to undertake the retreatment of the RCT without the endodontic consultation would not be a risky decision because the consult would not require significant specialized expertise.

**Policy and Practice Modifications for Future Performance Improvement**

Patient’s interest and well-being should always be placed first, with the highest care and knowledge of all dental professionals (Higgs, 2011).

**References**

Gaylor, L. J. (2007). *The administrative dental assistant*. St. Louis, Mo: Saunders.

Higgs, J. (2011). *Clinical reasoning in the health professions*. Amsterdam [u.a.: Elsevier [u.a..