ADEE 2021 SIG Session:

Tuesday, 22nd June 2021 - 16:00 to 18:00

Special Interest Group
on
Professionalism in Dentistry

Professionalism in Dentistry: 'Let's be Positive'.

Session synopsis:

The facilitators are most grateful for the significant contribution made by participants during this interactive SIG.

This SIG was designed to draw on the recent work with the General Dental Council (GDC) UK on Professionalism: A mixed-methods research study – August 2020. Using a workshop format, the session provided background and key messages from the 2020 report. A series of four themes, relevant to the issues of professionalism, were discussed.

The aim was for participants to have an opportunity to share their views about these themes, through a series of group discussions followed by a plenary session where the key messages were identified.

The issues that this workshop, on professionalism in dentistry aimed to address included:

- the emerging issues and challenges for professionalism.
- how professionalism is taught at undergraduate level and through continuing professional development.
- do the expectations of professionalism differ between different dental professionals and between different professions?
- and what support mechanisms and mentorship roles are in place to help professionals learn from lapses in professionalism and move on.

Each group of participants rotated through each of four themed discussion sessions, sharing views and opinions and came together at a final plenary session to hear the key messages. The runtime including breakout work was approximately 2 hours.

Themed Questions addressed in the breakout sessions:

Theme 1: ***Do the expectations of professionalism differ?***
for different members of the dental team? for dentistry compared to other professions?

Theme 2: ***What do you think are the emerging issues and challenges?***

Theme 3: ***How do you teach undergraduates about professionalism? How do the students evidence their learning about professionalism?***

Theme 4: ***How can we support/mentor professionals to learn from lapses and move on?***

Learning Outcomes:

Participation in this event was designed to enable delegates to understand:

- whether the expectations of professionalism differ between different dental professionals and between different professions.
- the emerging issues and challenges for professionalism.
- how professionalism is taught at undergraduate level and through continuing professional development.
- what support mechanisms and mentorship roles are in place to help professionals learn from lapses in professionalism and move on.

Programme:

16:00 Welcome and Introduction

16:15 Rotation through break out themes

17:20 Feedback from breakout discussions

17:40 Questions and Answers

17:50 Key messages and takeaway actions

18:00 Session close

The following information summarises the series of comments made, under each themed question, across the four discussion groups during the breakout discussions session.

Theme 1: *Do the expectations of professionalism differ?*

- for different members of the dental team?
- for dentistry compared to other professions.

Definitions:

- Does it apply outside of the surgery?
- Professional behaviour that you exhibit shouldn't just be an act that one puts on or only aspire to from 9-5. Still doing the right thing when no one is looking or checking you.
- It's important to portray the profession in a positive light even outside of clinical spaces – e.g., with neighbours, social media. Professionals have a responsibility to portray the profession in a positive way.
- It's a state of mind; a responsibility; a way of living life and it should be taken in context of associated duties.
- Sustainability/recycling - 'doing things in the right way' contributing to climate change.
- We professionals are not here to judge patients but to heal patients.
- Patients want you to have their best interests at heart – thus enabling and maintaining professional/patient trust.
- Patients want confidence they can trust your word – they may not understand the diagnosis/scientific basis, so it's important to share information in an understanding and understandable way.
- Recognising we are all human as well.

Influences:

- Blurry boundaries – a personal life exists but professionalism can '*bleed over*'.
- Not black and white – can't say okay for one group but not okay for another group.
- Don't work in the same town where you live? This may be helpful.
- Culture - Some defensive dentistry – referring to covering your back.
- Bureaucracy presenting a big challenge to dentistry.
- What is more important – not the lapse itself but did you learn from your lapse?

Other professions:

- For students - dental students have more responsibility early on due to early patient contact both in terms of communication and invasive irreversible procedures, medical students are 'more removed'.
- Medical doctors have similar expectations from the public (but dentistry is more 'cosmetic', invasive non-reversible treatment with cost implications)
- Does paying for service change professionalism?
- Dentists have to know their equipment better than doctors - adds to all the other pressures of the working environment. Impact could influence the professional behaviour or actions of a clinician.
- There are shared elements of professionalism with other HCP – physicians at an even higher degree.

- Hierarchy and bureaucracy is a challenge to dentistry – may vary between single-owner practice and a group-owned practice.
- Police services, law, have v high expectation from the public.
- Police – perceived as a good civilian.
- Fitness to practice – general nurses are very strict.
- Dentistry far stricter than medicine in terms of student attendance and commitment to training
- Professionalism in context of your profession – one is perceived as a role model in your area. As a dental professional, you feel you should maintain a healthy lifestyle. Physicians who smoke would be setting a poor example.
- Teachers are considered to be role models - self-awareness is crucial for teachers as their students will pick up on everything - student confidentiality in the classroom. Role of teachers as role models

Members of the dental team:

- Different members of dental team – if there are differences, are they related to self-perception of one's own responsibility within the team and role requirements, decision making, clinical demands, talking with patients.
- Role of different members of the dental team may be unclear to others - team education about roles and responsibilities is required.
- Professionalism varies in line with role requirements.
- Different roles in dental team and the role expectations may influence the perceived level of professionalism.
- All members of the dental team should behave in a professional manner (but who knows what's going on inside)
- Even administrators (may not be on a register), need to uphold professional behaviours.
- Degree of migration present in the country has a big impact on the student and patient population.
- Some countries only have one health regulator! UK has different regulators so will influence. Are regulators also being defensive? Frightened of being sued? Often aspects are very subjective and very different perceptions – even from people within regulators.

Other comments:

- Defensive dentistry – refer to specialists just to 'cover your back' - or may be pressured by patients to go against one's correct clinical judgement.
- Dentistry taught didactically – '*this is how it is done, do what I do'*!

Key points

- Professionalism a state of mind; more than 9-5, but in the context of us all being human.
- Some shared elements of professionalism with other HCP and other professions but payment for service may have impact.
- All members of the dental team should behave professionally and in line with role requirements.

Theme 2: *What do you think are the emerging issues and challenges?*

- Being 'unprofessional' towards students, dental assistant, and patients - it matters to everyone not just patient and clinician. Depends on situation though, example given: when we don't educate patients, and don't think about their welfare.
- Professionalism lapse = when patient's welfare is not the most important factor. Educating patients to make appropriate decisions should be our focus.
- When things aren't professional - see a decline in respect and dignity to patients and colleagues and within academic community (e.g., within institutions between students and tutors).
- Difficulties/challenges maintaining professionalism and your own personal biases when faced with something you aren't expecting or surprises you e.g., transgender or disability.
- Struggle to maintain professionalism when confronted with aggressive or challenging behaviour. Participant says she struggled not to be rude back.
- Context matters and social media. More prevalent issues will include: borders, immigration, displaced persons. These are all emerging challenges. Increasing diversity of patients and students and clinicians will bring challenges too.
- Cultural differences in expectations and what's acceptable (e.g., touching), even when same language is spoken (example of Canada and Ireland).
- Professionalism more difficult nowadays because of mobile phones – e.g., inadvertent capture of patients in a photo.
- Increasing complexity of interactions, including interactions between team members.
- Talking of 'new normal' – not 'new' but 'next normal': wider considerations needed to address patient sensitivities e.g., about using public transport which has implications for the timing of patient appointments. Other examples: waiting rooms and safe capacity; PPE and vaccinations - patients are worried. In a sense, the scope of what professionalism means has expanded.
- ADEE as influencers – not just about compliance we need include how we interact with the media.
- Definitely a generational difference, younger generation much more critical of each other and others.
- Variance of people's views depending on upbringing, parents, friends etc. When something goes wrong - different approaches to picking people up and responding to this.
- How you address a patient and how they address you - e.g., introducing actors in OSCEs with students would be valuable.
- Under- privileged persons - example of someone fighting for everything as they're used to this - bringing this into professional/student life. Participant said this has been difficult.
- Nuanced in culture and expectations.
- As dental professionals, the expectation is to keep 'up to date' regarding all skills not just clinical e.g., communication, 'soft skills. So, although there are differences, we should be learning skills to bridge this gap.
- In France - illegal to put images of children online until 18+ - culturally different to UK. Interesting, as the perception of patient biases can be different.

- Does being a 'friend' on Facebook change the nature of the relationship e.g., professional and/or friend?
- Be aware and think before 'posting' - social media 'savvy'. Need to be careful as dental professionals. Consent is required for people and patients in photos - even if in background.
- Boundaries - separate professional and private social media accounts would be of value.
- No hard and fast rules and this is contributing to the issue?
- Different work ethic in upcoming trainees – '9-5 job' – perception of interest in job only. Less wanting to stay and work long hours. Perceptions of work ethic changing. Perhaps a generational thing.
- 'Consumer society' –students changing too: they pay more in fees as students, and they provide a clinical service.
- Financial side of professionalism can be a challenge – tension sometimes between keeping the business running and acting morally which may mean working at a financial loss.
- Patient perspectives can be influenced by generation, culture and recently by the covid pandemic.
- Patients might lose trust if there are communication differences. Also, repeated changes in staff limits the ability to develop long term relationships between patients and their clinicians.
- Internet: patients 'search' and have demands. They look at practice reviews. Things have changed – the relationship with the dentist has become less paternalistic, a cultural shift to the patient wanting to be more involved.
- Some surprise at our finding that patient views were more lenient; one participant rather assumed the opposite.
- Some mention of the 'fear of the regulatory body', perhaps because students are being more informed? But the goal should be just to develop someone who want to do best for the patient.

Key points

- Professionalism is complex and nuanced and concerns the whole team and patients as well as students and teachers.
- There are cultural and generational differences (in relation both to patients and students), even in English speaking contexts.
- Social media challenges – important to highlight the value of appropriate use of SM for the benefit of patients and clinicians/professionals.
- Covid consequences – expanding the scope of professionalism to include environmental patient safety concerns.

Theme 3: *How do you teach undergraduates about professionalism? How do the students evidence their learning about professionalism?*

Timing -When do you start teaching?

- Most courses have an element of professionalism in terms of the 'hidden curriculum' from the start. A number of participants highlighted setting down the "rules/ expectations/ standards" early on.
- Most courses have some form of formal curricula. Only one didn't but they were introducing a programme from next academic year after identifying communication skills as an area that required improvement. '*They don't know how to communicate or talk one to one*'- in person as they spend a lot of time in the digital world (*Poland)*
- Many participants (e.g., Spain) described starting immediately for those enrolled in clinical/ health professions, to a greater or lesser extent. The view was that teaching of professionalism should start from day one in UG training, so students were informed of the expectations of them as professionals.
- Implicit learning of professional expectations from day 1 (*Spain).* For some, professionalism was included as a part of the formal curriculum for community dentistry – (2nd year Dental Public Health) (*Italy).* For others, the formal curriculum did not include professionalism.
- Subtleties were identified:
    - Vaccination programs discussed - professional expectation to be vaccinated.
    - Professional teaching all the way through intertwined and part of dentistry. For some, this was combined with a holistic approach overall for wellbeing, mental health, and mental wellbeing - including where to go for help.
    - Signing up to ethical codes
    - Combining the holistic approach was identified as a challenge.

Is their 'positivity' or a sense of 'negativity'?

- 'Must not rules' in anatomy - guidance of how to behave and what is expected as a healthcare professional (generic) including appropriate terminology to use which is sympathetic to the environment – contextual.
- In the UK, there is a presence of '*student fear'* in year 1 when they enter – '*digital conduct'* is addressed early on. There are links with '*fear'* and '*blame culture'* an environment of '*defensive dentistry'* in the workplace (possible role for regulatory body to address?)

Professionalism Standards and Rules of conduct:

- Perception, in the UK, that the professional standards are higher in dentistry than medicine. Nursing possibly higher than dentistry – the question remains on why do these differences exist and where do the expectations come from?
- In the UK, Medical regulatory body (GMC) Fitness to Practice (FTP) cases seem less confrontational than the dental regulatory body (GDC) – image of a big stick being wielded over professionals.

- How to address those who are overconfident
    - use of scenarios - videos of actors – demonstrating uncomfortable clinical situations. These are recorded and then used for discussions and then shared with other students to provide feedback and discussions.
        - what was right, what was wrong raising awareness in them to what they didn't know, because students often feel they are ready to deal with any situation!

Further comments:

- ADEE and GDC (other regulatory bodies) standards shape Professionalism curricula.
- Professionalism is transient evolving - diversity and inclusion issues present challenges.
- Professionalism education should start immediately - personal professional workshops - scenarios used to get students to consider professionalism in a variety of context.
- The 'hidden curriculum' - awareness very early on and 'intertwining' of professionalism through the curriculum. Integrated throughout the course - linked to mental health and wellbeing. In week 1 of the final year – relate professionalism to seeking help as well as behaviour.
- Standards for professionals introduced early on
- Students are often taught didactically and can develop a blame culture.
- A UK school teach professionalism from year 1 when a FRAMEWORK is laid down. It would be helpful to have a more positive approach - highlighting professionalism rather than unprofessionalism which can be challenging.
- Establish novel ways to acknowledge good/positive professional development in a positive way – A UK school introduced a 'White coat ceremony' professional development certificate before students go on clinic.
- Others suggested their school has a more negative approach to teaching professionalism - 'you must do this training' or you won't progress – you must stick to a set of rules!!
- During the clinical years - encourage reflection on professionalism
- Prospective students during UK, UCAS university selection interviews allude to GDC (other regulatory body) 'rules' and what they should/shouldn't do! So, negativity may be ingrained early on.
- It always seems that it's more important to flag up unprofessional behaviour more than praise good professional behaviour.
- Roles models - staff actions and behaviour can be very influential to students. However, there are concerns that sometimes staff have double standards and staff behaviour impacts on student behaviour which may be either positive or negative - students pick up on attitudes of staff – they can be hugely influential.
- It's important to show that we can learn - we are all humans, and we are not perfect.
- In a UK School, their students produced video to educate staff on professionalism in relation to equality & diversity - Transparency with professionalism - professionalism evolves throughout a professional's career. Showing/ acknowledging this as staff member will help students.

How do the students evidence their learning about professionalism?

- In the UK, the use of OSCEs, ISCE's,
- Reflections can be used as discussion areas.
- 360-degree appraisal – this would be valid information beyond clinical observations
- Evidence provided in progress reviews – again perhaps through reflection.

Key points

- Importance of the hidden curriculum and role models; starting early with students and ongoing throughout the curriculum.
- Recognition that professionalism isn't a static concept but one that is evolving.
- Some concern about the regulator as wielding a big stick and the importance of positive teaching about professionalism.
- Varied methods including use of workshops, scenarios with actors, reflection etc.

Theme 4: *How can we support/mentor professionals to learn from lapses and move on?*

Lapses:

- What counts as a lapse now might be different in the future – so implications for continued refining of teaching for undergraduates.
- There are knock-on effects and far-reaching implications for people who have been investigated. The process is perceived as adversarial rather than empathetic. There is a perception that there is positive change with more engagement of the profession happening in GDC, but investigations often involve inexperienced lawyers who may not understand the law and its long implications on a professional. DCPs often do not get any support.
- Should work with the professional to gain insight into the lapse and use it as an opportunity for reflection. Feeds into the requirements of preparedness for practice.
- Dental teams don't always have time set aside to share experiences and to reflect on issues experienced and ways to do it better. Don't talk about near misses or difficult patients.
- What is acceptable culturally – how do you correct it without offending people?
- Lapses may be related to general wellbeing or mental health – possibility of organisations having provision to assist with those before it becomes a problem in their work.

Supporting, Educating, mentoring:

- Dental professionals taught from early training to fear being reported to the regulatory body (eg GDC). Younger dentists limit their scope of practice out of fear of investigation. Regulatory bodies (eg GDC) should be involved with fitness to practice issues during training rather than leave it to the universities so that they don't train students to be fearful of the regulatory body.
- Support provided after a lapse is very different between dental and medical regulatory bodies (GDC and GMC) – GDC very formal, talk of prosecution with no leeway for health or mental health factors to be taken into consideration. GDC seen as looking for reasons to investigate.
- Swedish system – looking at ways to mediate and offer support after a lapse rather than pursuing a "prosecution".
- Possibility of having mentors in organisations to support professionals to learn, reflect and move on positively.
- Having a mentor in the deanery or similar postgraduate training institution would be good as it aligns the support with education.
- Issues around making people aware that they have an attitude problem. Would need a mentor to change their way of thinking – more complex role than clinical support, would need counsellor or behaviour change. Someone non-threatening who had experienced similar situations would be beneficial.

- In Ontario, use Practice Advisory Services as a first line of advice after a patient complaint offering advice on how to proceed. The punitive process is separate. Newsletters publish anonymous reports of mediated cases short of punitive process with suggestions on how it could have been avoided. Learning opportunity as all read these reports as they don't want to be the person being investigated.
- There used to be a service for ill doctors to seek help, in faculty there are multiple levels of mentorship. In faculty there is discreet, anonymous opportunities to seek help – difficulty is with borderline behaviours e.g., shaming patients for oral health. Systems and structures need to be installed to deal with it before escalating to the Dean.
- Discussed experiences of mentorship in their university – commonly train tutors in medical school for paid support roles for fellow students, but it is rarely done. Mental health is as important as clinical support but is often overlooked. ADEE are engaging and supporting undergraduate students.

Key points

- Importance of learning from and reflecting upon lapses.
- Support for professionals to learn from mistakes, reflect, and move forward.
- A role for mentors and advisory services during training and throughout a professional's career.
- Need to promote pride in being a professional rather than fearful of being unprofessional.
- Closer non-confrontational engagement between professionals and their regulatory body.