What "Professionalism" means to Dental Professionals, Patients, and others?

Faculty Development

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Background

Review of Professionalism for dental professionals across the continuum of education, training and established practice: commissioned by the General Dental Council (GDC) – the UK regulatory body for all dental professionals

❖ Registrants are obliged to work in patients' best interests, however there is a lack of a shared understanding of:
  - 'Professionalism' and what it means
  - What constitutes a 'lapse' in 'professionalism'.
❖ The GDC commissioned ADEE to undertake an extensive review investigating broad aspects relating to 'professionalism' in dentistry and across other healthcare sectors.
❖ Report on Professionalism published 2020 [1]

Aims & Objectives

Primary aim:
To explore and seek consensus on what 'professionalism' means to dental professionals and the public and why being professional matters.
To provide evidence to support the GDC's 'promoting professionalism' initiatives. [1]
More specifically, the review aimed to address the following research questions:
❖ What aspects of professionalism the public expects from dental professionals (what causes a patient to lose trust), and why these are perceived as important?
❖ How aspects of professionalism may be categorised (personal behaviours, moral, clinical, in work, outside work)?
❖ Whether expectations of professionalism differ in dentistry compared to other professions or between types of dental professionals?
❖ The teaching of professionalism - how the undergraduate curriculum prepares students to meet professionalism expectations and how this is evidenced?

Materials & Methods

❖ **Telephone 'scoping interviews'** with 13 topic experts: 7 dentistry; 3 other professions; 3 medical education - recorded, transcribed, analysed thematically.
❖ **Focus groups:** Four with dentists (n=19); one with allied dental professionals (nurses/hygienists/technicians etc, n=13); three with members of the public (n=19) - recorded, transcribed, analysed thematically.
❖ **Workshop** with representatives from the GDC (n=17) and a panel session on 'professionalism' with stakeholders (n=>120).
❖ **A Rapid Evidence Assessment (REA) of the international literature**
  ❖ 1000+ publications: data extracted from 92 relevant publications & websites.
❖ **Delphi** survey: Round 1 – 1000+ responses; Round 2 – 650+ responses

Results & Discussion

❖ **Public's expectations:** High on the public's priority list were professionals' interactions with their patients, importance of good communication, joint decision making, good clinical skills and a safe environment .
❖ **Professionalism is multifaceted and the context in which a given behaviour is considered unprofessional is an important factor**.
❖ **Variety of factors may influence the professionalism of a dental professional** - cultural or religious factors, environment/work setting, the observer or individual the action is directed towards and their perception, and whether the scenario was a one-off event or a patterned behaviour.
❖ **Variations between the perceptions of dental professionals and members of the public: views of the public were more lenient.**
  ❖ Generally, patients placed greater emphasis on appearance - liked a uniform and good personal hygiene; generally related 'professionalism' to behaviour within a clinic.
  ❖ In contrast, some dentists saw the boundary between inside/outside work as more blurred.
❖ **Good communication and clear treatment explanations were valued by all.**
❖ **Teach or learn about 'professionalism':** Little evidence to suggest the best way - accepted that **aligning theory with practice and experiencing 'real life' scenarios** is key
  ❖ A range of approaches to support learning including: role modelling, mentoring, the 'hidden curriculum', reflective practice.
❖ **Being professional did not exclude one-off errors or lapses,** which tend to **occur more commonly in challenging situations.** What is important is that professionals should **reflect and learn from mistakes**.
❖ **Growing threats to 'professionalism'** were seen in terms of social media; demands for cosmetic dentistry; limited time/funding.

Conclusions

❖ **Data collected exceeded expectations, not least the on-line survey -** demonstrating the wide interest in this important topic by professionals and members of the public.
❖ **No agreed definition of 'professionalism' or what behaviours might represent a 'lapse' -** related to individual judgement, culture and context.
❖ **Review highlighted the importance to patients** of being treated in a safe healthcare environment, good clinical skills, dental professionals to communicate and engage with them appropriately – put them at their ease, be involved in decision making about their treatment so that they have trust in those who care for them.
❖ **Evidence of good teamwork and continuing education and training were also important to patients.**
❖ **Significance of the context in which professional behaviour is interpreted -** a one-off lapse with minimal implications (out of character) was acceptable to professionals and patients alike, as long as the individual learnt from this experience and could personally move on. There is scope to update current guidance and provide ongoing optional support.
❖ **Dwelling on a lapse was seen by all concerned as detrimental to that professional both from a mental health and a clinical service provision point of view**.

Reference

[1] Professionalism – a mixed-methods research study, 2020
https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/promoting-professionalism