

Independent Reports on: Professionalism Preparedness for Practice

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Methodologies

Preparedness for Practice:

1. Rapid Evidence Assessment (REA)
2. Scoping Interviews (13 topic experts)
3. GDC event

1000+ ➡ 89

Professionalism:

1. Rapid Evidence Assessment (REA)
2. Scoping Interviews (13 topic experts)
3. Focus Groups (nine)
 - i. Dental professionals (7)
 - ii. Public (2)
4. Delphi Survey
5. GDC events

1000+ ➡ 92

1000+ ➡ 665



'Preparedness for Practice' at the point of Graduation

Research Questions

1. to what extent are **new dental graduates meeting required learning outcomes** and is this an **effective starting point** from which to practise safely?
2. what factors contribute **to variance in preparedness for practice**, are there specific skills, tasks or knowledge that graduates are achieving or lacking and what evidence demonstrates this?
3. what is the **potential impact, on both patients and the profession**, of graduates being **inadequately prepared** for practice?
4. what is the evidence (from dentistry or other healthcare professions) of ways that **preparedness for practice** has been **defined, addressed and evaluated**?



Professionalism in Dentistry & other Healthcare Professions

Research Questions

1. What **aspects of professionalism** does the public expect from dental professionals (**what causes a patient to lose trust**), and **why are these perceived as important**?
2. How can **aspects of professionalism be categorised** (e.g. moral, clinical, personal behavioural, in work, outside work)?
3. Do **expectations of professionalism differ** in dentistry compared to other professions or between dental professionals?
4. The **teaching of professionalism** - how does the undergraduate curriculum prepare students to meet professionalism expectations and how this is evidenced?



Preparedness for Practice – Key Messages

- In UK, **concept of a new graduate as a 'safe beginner'** widely accepted, but definition is **not clearly understood** by all stakeholders.
- **Good communication between stakeholders**, including those involved in undergraduate and postgraduate training, facilitates 'preparedness' and the **transition into the workplace**.
- Evidence that **integrated, patient-centred teaching in a variety of settings** (including outreach facilities) provides a valuable educational base - structured quality control management is required to ensure **a consistent and high-quality approach within the teaching strategy, across the different work settings**.
- New graduates were, in general, **less well prepared in the more complex tasks** such as treatment planning, crown and bridge procedures, endodontics (especially molar), surgical extractions and orthodontic diagnosis.
- Education providers (Dental Schools) found it **difficult to find sufficient cases for the more complex treatments**. This may be because of **changing demographics** and the **diversity of dental disease** but it could also be related to **curriculum constraints**.



Preparedness for Practice – Implications

“There are increasing **pressures to expand the undergraduate curricula** in response to: changes in disease processes; demographic, societal, and cultural changes; development of new techniques and new materials; and the continued complexity of some dental procedures.”

“Identifying **what is essential for the ‘safe beginner’**, as they enter the workplace, presents a huge challenge for the new graduate, educationalists and the regulator.”

“The **transition of a new graduate into the working environment can be a monumental step - closer engagement across stakeholders** - undergraduate and postgraduate education and training, the regulatory body, and employers, required. This significant point was raised in this review and at stakeholder events.”



Professionalism – Key Messages

- Considering the **public's expectations and perceived lapses**: professionals' interactions with their patients, the importance of good communication, joint decision making, good clinical skills and a safe environment were high on the public's priority list.
- **Lapses in behaviour or actions do not necessarily imply that a person is unprofessional**, what is important is that professionals should **learn from their mistakes**, many of which tend to **occur more commonly in challenging situations**.
- **Professionalism is multifaceted and the context in which a given behaviour is considered unprofessional is an important factor**. There are a variety of factors that may influence the professionalism of a dental professional.
 - cultural or religious factors, environment and 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.
- There were **variations between the perceptions, of dental professionals and members of the public**, about what constitutes professionalism - **members of the public took a more lenient approach in their views compared with the views of the dental professionals**.
- Little evidence to suggest the best way to **teach or learn about professionalism** - accepted that **aligning theory with practice and experiencing real life scenarios was pivotal**. Could include a range of approaches to support learning, including role modelling, mentoring, awareness of the 'hidden curriculum', reflective practice, and the importance of effective communication



Professionalism – Implications

“**Data collected exceeded expectations**, not least the on-line survey - received ten times the number of responses we were anticipated.”

“**Review highlighted the importance, to patients, of being treated in a safe healthcare environment** and they expected good clinical skills from dental professionals. In addition, patients expect professionals to **communicate and engage with them appropriately** – put them at their ease, be involved in decision making about their treatment so that they ultimately have trust in those who care for them. Evidence of good teamwork and continuing education and training were also important to patients.”

“Importance of the **context** in which professional behaviour is interpreted - A **one-off lapse**, with minimal implications (**out of character**) was understandable by professionals and patients alike, as long as the individual **learnt from this experience and could personally move on**.”

“Dwelling on a lapse, by a professional, rather than learning and moving on was seen by all concerned as detrimental to that professional both from a mental and a clinical service provision point of view”.



Concluding Remarks: Recent ADEE Project Team Ventures

Reference Manual for Dental CPD – 2013

<https://onlinelibrary.wiley.com/toc/16000579/2013/17/s1>

Updated *DentCPD* website – 10 years on

<https://www.dentcpd.org/>

Review of CPD – 2019

<https://www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/review-of-the-literature-on-cpd---2019>

Review of Professionalism – 2020

<https://www.gdc-uk.org/information-standards-guidance/standards-and-guidance/promoting-professionalism>

Review of Preparedness for Practice – 2020

<https://www.gdc-uk.org/about-us/what-we-do/research/research/detail/fitness-to-practise/preparedness-for-practice-of-uk-graduates-2020>

Thank you