EDITORIAL

WHAT I MEAN IS...

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The BDJ Upfront section includes editorials, letters, news, book reviews and interviews.

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BDJ UPFRONT

We all think we communicate and to some extent we are all correct. We all think we communicate well and to some extent we are all mistaken.

I am tempted to write that the ability to communicate well is a skill that is partly inherent and partly learnt since there are some people who seem to be natural at it. For each of us the need to communicate from a young age: crying for food, comfort, warmth, is a mixture of both. How can we know other than instinctively that making such awful noises is rewarded with the benefits which provide us with the building blocks of survival? Yet as we realise that emitting certain sounds almost magically brings more comfort more often, our ability to practise them, vary their interval and bring to bear increased emphasis on those which produce greater benefit, works to personal advantage.

It is often said that effective communication is about achieving what we want, about getting our own way. That may sound like a very unprofessional stance, a negative, narcissistic and avaricious strategy, but broadly speaking it is the basis of the overwhelming motivation of communication. In a professional context what we 'want' might not necessarily benefit us alone but may be to inform and persuade the patient that if they do as we suggest they will have improved oral hygiene, a repaired tooth, better health. Arguably that might also benefit us personally too by providing a sense of job satisfaction and an income, but there must be a sense of altruism as well or the professional ethic stands for nothing.

'What if a dentist from eastern Europe begins working in a practice where Geordie is the verbal currency?'

While there is no doubt that a lot of that which we communicate is mediated through body language, or non-verbal communication, that which we do speak is of significance too. This is especially in relation to clinical matters and for example in checking understanding of ideas and instructions given and for important concepts such as gaining consent. These cannot be achieved by mime and clever facial expression alone.

This essential ability to transact clearly is no doubt behind the GDC's introduction of an English language test from 1 April 2016 – and no, this is not an April Fool editorial. The GDC's stated commitment is to ensure that only dental professionals who demonstrate the necessary knowledge of the English language are able to treat patients in the UK. These new powers will be applied to all dentists and DCPs, including those from the European Economic Area (EAA). Current legislation does not permit the GDC to check the language capabilities of such applicants.

The extent to which poor communication skills lead to disputes, complaints and to fitness to practise cases is overwhelmingly apparent. The indemnity providers confirm this time after time, emphasising the need to be clear and concise in what we tell patients in the written and the spoken word. It is not only about instruction but also encompasses the ability to manage patient expectations. So often, as we all become aware throughout our careers, it is the creation of misunderstandings which lead to friction and perhaps to litigation. How frequently can a dispute be traced back to a moment when the patient obviously did not comprehend what we were saying; in reality was that our fault for not expressing it in a way in which they understood? No; how could that possibly be the case?

Language also exists within a cultural context so that there is a need not only to learn the words themselves but also their nuances, shades of meaning and appropriate placement. Again, on both conscious and subconscious levels we are aware of these patterns. While it may be argued that such regional niceties are not needed in the logical application of clinical decision making they can be essential to the world of exact understanding, of precisely being able to manage the patient's expectations. We can all appreciate the obvious confusions that may arise due to regional accents. What if a dental professional from, say, eastern Europe, begins working in a practice where Geordie is the verbal currency? Not only does he or she have to juggle everyday English but also technical terminology, cultural hues and the sheer unfamiliarity of the speech pattern compared with the classroom pronunciation by which they have been educated. Equally from a patient's perspective the ability to refine what is being spoken with a 'foreign' accent (which might also be an accent from another part of the UK) might render the meaning not just obscure but actually incomprehensible.

Undoubtedly any measure which improves communication has to be welcomed as a step in the right direction of enhancing patient care. You're getting very much the most I am meaning innit?

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