Don't look down

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Your footwear says more about you than your class II amalgams ever will. But how do you decide what to walk-out in?

No, don't do it! Don't look down. Now, answer me this, what have you got on your feet? Can you remember? Is it surgery wear or casual? OK, if you can't remember you can take a peek now and remind yourself.

Footwear is one of those essentials to which we probably don't pay too much attention and perhaps one of the reasons is that it doesn't seem terribly important. After all, the subject is apparently out of the notice of most patients. It is the part of the business that is going on underneath them. It's just the apparatus that keeps you and your team level (give or take a degree or two) and the bits that work a control which, as if by magic, maintains the drill whining and the bur spinning.

Yet, make no mistake, those which keep you on the floor will be keenly noticed by your patients. End-of-leg couture will help them to construct a picture of you as surely as your assessment of them is reliant on observations of plaque control, DMFS levels and implant abutment opportunities. Of course it depends on the type of image that you'd like to project either personally or as part of the practice team. In many ways, just as at school or in any semi-regimented situation, the stricter the dress-code, by and large, the easier it is to comply. So if Smile-More Dental Practice welcomes the unwary traveller with a uniformity of sensible shoes then as a team member the decision is out of your hands, well, feet. Such resolutions may be the result of dictates or the outcome of democratically arrived at consensus but whichever route has been chosen there will always be those for whom conformity is not an option. 'But my chiropodist insists that I have to wear sandals and socks...rainbow flipflops ...native American beaded moccasins...'

However, if the style is not noted in the job description or the person specification, how do you judge? And if you're the boss what do you go for? Admittedly trainers are a comfortable modern choice that have gained comparative respectability in recent years. But contemporary models seem to err increasingly on the looky-likey side of hooves. Albeit hooves that have a plethora of Velcro strapping and come in distinctly un-goat like colours. How many ungulates can you name that have postbox red cloven trotters? Does this send the right message, and does it matter anyway?

The 'right' image will mean different footwear for different patients. Not that I'm advocating an Imelda Marcos approach in which you have a vast selection of shoes and boots concealed in a walk-in foot locker situated in a secret passage behind the compressor. On the contrary, one style should suit your overall approach. A Highland surgery will presumably dictate a rugged but highly buffed pair of tanned brogues. An inner city practice may well sport a set of slightly scuffed but otherwise functional steel toe-capped Doc Martens, whilst suburban urbanity would make a play for casually dresseddowned Hush Puppies.



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mented by some rhinestone encrusted heels and peep-toe specials.

Various fashions do have their days though. Not so long ago the trendy GDP would almost certainly have wended his or her way to the chairside in a pair of 'earth shoes', whose perverse soles were raised at the toe and lowered at the heel, making the job of walking to work seem like an even more uphill effort than usual. Then again, how many of us can recall the vogue for clogs? These were often just part of a radically chic ensemble comprising colourful, full-cut culottes for the ladies and general work-wear of Nordic jumpsuits in pastel shades of nature's whispers, which made everyone look more like Swedish petrol pump attendants or slightly becalmed skiing instructors than reassuring oral health operatives.

Not that the famously Scandinavian wooden-worked clumpers don't have a hierarchical place of their own in the hallowed world of oral surgery. Hospital changing rooms being seemingly scattered with a range of variously gleaming white to grubbily mangled specimens from con-

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But then how far should one take it? Comfy as they might be, would a brace of checky slippers with zips up the front really cut the mustard in a gerodontic consulting room and wouldn't knitted booties cause a serious health and safety slipping menace on the polished lino of a mother and toddler facility? Then again from the toxic angle, what price soft soles in danger of soaking up stray mercury lurking in the carpet tiles?

The surgery is presumably no place for high fashion but it could be that the advent of a greater number of women dentists will change all that. Stilettos, sling-backs and platforms might well brighten an otherwise dreary floorscape of plain black laceups and mock-leather loafers, complisultant down to on-call houseman. And speaking of institutions and posh matters like operating suites, what about the blueplastic stretchy things, on the one foot so humble whilst on the other so 'look at me I've just come out of theatre and am so consumed with importance that, oh goodness, I've forgotten to take off my overshoes...'

So, before you next slip into your rights and lefts, spare a thought for what your feet are saying, apart from 'ouch'. Don't look down without listening.

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