

Tomorrow's dentists seek guidance on social media use



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Dental students and trainees have suggested they need guidance on use of social media, handling cultural and religious viewpoints, and dealing with complaints during meetings with dental regulator, the General Dental Council (GDC).

Various suggestions were made during several meetings held recently by the GDC between September 2018 and January 2019 at different dental schools across the UK.

The GDC held 'interactive sessions' at seven dental schools across the four countries, meeting more than 700 first-years from predominantly dentistry, but also hygiene, therapy and nursing.

It said the meetings were an attempt to deal with the widely-held concern of there being a 'climate of fear' among future registrants of regulation and the GDC itself.

The meetings were a trial of a new way of engaging with dental students and trainees early in their training and received feedback from participants, of whom 87% said the visits were either 'excellent' or 'good'.

At the meetings, the GDC explained its role in regulation of dentistry, discussed what it means to be a student in a regulated profession, and explored their understanding of professionalism.

Scenarios were examined of dentists and dental care professionals (DCPs) on social media and in professional and personal life that could have a negative impact on them, patient care and on public confidence in the profession.

The students' views were then compared to those of patients, by showing them videos of patients discussing the same scenarios to demonstrate what professionalism means to patients.

One (unnamed) participating student said: 'I feel as though today has taught us a lot about professionalism. I feel as though there could be an added extra of 'appropriate language' to use as a dentist as it can be hard to phrase things in a diplomatic manner without causing offence.'

Further suggestions made for topics to cover in the future included:

- Guidelines on social media use
- Professionalism within the dental team
- Handling cultural and religious differences and viewpoints
- More detailed guidance on complaints handling.

A GDC spokesperson said: 'We were very encouraged by the comments and the feedback, and impressed by the students' critical ability, maturity and professional attitudes demonstrated when discussing scenarios and patient videos.'

'In the coming years, we aim to speak to all dental students and develop similar appropriate engagement with trainees, DCPs and foundation dentists.'

Why ethics?

Shaun Sellars sets the scene for an exciting and essential series on ethical dilemmas in dentistry which will appear in every second issue of the *BDJ*.



Why bother with ethics?

We all think we're ethical, and in our own way, we are. We've all had lectures on ethics during our training, and we all aim to do the right thing by our patients. So why then do so many of us fall foul of being accused of dishonesty? Maybe because we can find ways to self-justify almost any of our actions.

People don't suddenly become unethical. We start with good intentions, and occasionally head off course. If this isn't resolved, we're likely to continue on this slight deviation until another obstacle causes further deviation. Rinse, repeat, and somewhere further down the line, we've crossed the line into dishonesty.

We need a way, or ways, to spot this deviation early on, either in ourselves, or in colleagues. We used to have an ideal process in place, regular peer group discussion, where we could discuss cases and issues without prejudice, but these have by and large been lost to the ether. This, combined with local resolution of problems can help us all keep on track.

Now, instead, we are encouraged to reflect on our problems with a view to resolution. And the good news is that this works. The not-so-good news is that we're reluctant to do this. Why? Partly because this kind of honesty is difficult and sometimes painful. Also, because the idea of 'reflection' has an image problem. It's clear from listening to the community that self-reflection is often seen as some kind of New Age nonsense dreamed up by the regulator to make our lives more difficult.

So here's a solution: don't think 'reflection' think 'course correction.' We owe it to ourselves, our patients, and each other, to make sure we're doing the right thing. And if we see others veering off that course, a gentle word can help. If you can, start up a local peer review group with like-minded colleagues, and help stop the problem before it starts.

What if we miss those problems early on? As a profession we need to reinstall that local resolution framework, and to do that we need to work with the GDC. Our regulator is often lambasted by the people it regulates, and sometimes rightly so. It is all too evident that 'right touch' regulation has been lost recently, but there is appetite for change.

'Moving upstream' may sound like another New Age initiative, but in order to enact change we need to engage. The GDC owe us an ethical duty in the same way as we owe one to our patients. If we can show them that we are able to successfully resolve issues before they reach their door, then we're partway to regaining that right touch that's been missing. And to do that we need good people in the right places and an ability to be open and honest in discussions without fear of recrimination. We don't have that yet. We do have the opportunity to make that happen.

How can we ensure we have an ethical profession? We talk.

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