Summary of: UK dental laboratory technicians' views on the efficacy and teaching of clinical-laboratory communication

A. S. Juszczuk,¹ R. K. F. Clark² and D. R. Radford³

FULL PAPER DETAILS

¹Chief Dental Technical Instructor, ²Professor/
Honorary Consultant, ³Senior Lecturer/Honorary
Consultant, King's College London Dental Institute,
Floor 25, Guy's Tower, Guy's Hospital, St Thomas'
Street, London, SE1 9RT

Online article number E21

Refereed Paper – accepted 19 December 2008

DOI: 10.1038/sj.bdj.2009.434

©British Dental Journal 2009; 206: E21

Background The General Dental Council states that 'good dental care is delivered by a team' and restorative treatment is enhanced by communication between team members. Commercial dental laboratories are ideally placed to comment on effective communication. **Aims of the study** To investigate contemporary attitudes and communication between dentist and dental technician from the technician's perspective. **Materials and methods** Eight hundred and three dental laboratories were invited to take part in a postal survey covering dentist/laboratory communication and the dentist's understanding of technical procedures. **Results** Forty percent of laboratories responded. Only 9% scored communication as very good, 48% scored communication with newly qualified dentists better than with established dentists but only 26% considered that dental students were taught to communicate with dental laboratories effectively. The free comments that the respondents were invited to make identified three distinct themes, 'recognition within the dental team', 'effective communication between dentist and dental technician' and 'dentists lack of technical knowledge'. **Conclusions** Effective communication between dentist and dental technician is often poor. It was the view of the dental technicians who responded that newly qualified dentists do not have an appropriate understanding of technical techniques. Dental schools are still not preparing new graduates to communicate effectively with dental laboratories.

EDITOR'S SUMMARY

The emphasis on teamwork in dentistry has never been more prominent and yet one suspects that we are only at the very beginning of the process of proper integration and of understanding what it really means in practical terms.

Dental technicians have long been the missing member of the team, as much by geographical circumstance as by exclusion by design. One consequence has been that since communication is made less easy by the barriers of distance there has also been a tendency to assume that the technician has some supernatural powers of knowledge of the clinical parameters of a case and the individual requirements of a patient, or indeed the practitioner. In fact he or she often has only a delivery of manipulated dental materials and the briefest of briefs from which to attempt to conjure a suitable restoration or appliance.

This paper therefore throws a spotlight on various areas that need consideration and amendment in the relationship between technician and dentist (and the 'rest' of the team); dental student and the technical curriculum; and the recognition as well as the actuality of the need for effective communication between all of these team players.

In the same way that the team is often thought of as consisting of only those personnel who have direct contact with the patient, frequently further isolating the dental technician as a consequence, this paper serves to highlight that other agencies too need to consider themselves as team members, such as dental schools and the GDC itself. Momentarily setting aside the technical issues, one glimmer of hope is that nearly half of those responding to this survey felt that younger dentists communicated better than older dentists. Perhaps the future will be a little brighter?

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 206 issue 10.

Stephen Hancocks,
Editor-in-Chief

DOI: 10.1038/sj.bdj.2009.454

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IN BRIEF

- Dental laboratory technicians consider newly qualified dentists to have a poor understanding of dental technical procedures and techniques.
- Dental schools may not be fulfilling the GDC requirements of *The first five years* with regard to dentists' technical understanding and ability to communicate.
- This article suggests that newly qualified dentists are thought to communicate better than established ones.

COMMENT

The rehabilitation of partially dentate and edentate adults with good quality prostheses – be they of fixed or removable design – has long been recognised as being within the 'scope of practice' of a competent general dental practitioner. One of the essential stages in fabricating suitable and appropriate prostheses includes completion of its design and prescription bearing necessary clinical information in mind. This has been emphasised in good clinical practice guidelines, such as those published by the British Society for the Study of Prosthetic Dentistry and the British Society for Restorative Dentistry – which place ultimate responsibility for the design and prescription of a prosthesis with the clinician. Furthermore, this responsibility has been affirmed in legal guidelines such as the European Union Medical Devices Directive. Previous publications have highlighted the existence of poor quality communication between dentist and dental technician, despite the introduction of the aforementioned guidelines. Beyond all this, it is not that difficult to imagine that simply providing a master impression for a removable partial denture with the instructions to 'please make denture' will result in a design that will have the potential to cause harm to a patient in the form of periodontal disease or caries – the technician will not know which of the potential abutment teeth on the supplied impression will have periodontal pocketing. Also, it will not be your technician's fault if your

patient complains about the visibility of a completed metal palatal surface on an upper porcelain-fused-to-metal crown when you failed to highlight the patient's high aesthetic need.

In this timely paper, Juszczuk, Clark and Radford examine the problem from another viewpoint – dental technicians on the receiving end of such poor quality communication are becoming disenchanted. Only 9% of laboratories responding to their survey rated dentist-technician communication as 'very good' – which is surely a worrying trend. With an emphasis on the importance of the dental team being much to the fore these days, there was concern amongst technicians regarding communication and confidence amongst new graduates. This does not bode well for the future of dentistry, let alone being in breach of ethical, legal, and good clinical practice guidelines. There is a responsibility on each of us to improve this situation – and surprisingly, it is not that difficult to properly design and prescribe prostheses when one sets their mind to it.

C. Lynch,
Senior Clinical Lecturer/Honorary
Consultant in Restorative Dentistry,
School of Dentistry, Cardiff University

AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

This work formed the background for a keynote presentation given at the British Society for the Study of Prosthetic Dentistry (BSSPD) annual conference in Exeter 2008. Having been involved in the teaching of dental technicians as well as undergraduate and postgraduate dentists, I have first hand experience in the decrease in the technical teaching of dentists. This increases their reliance on the dental laboratory. I was concerned that a lack of technical knowledge and communication would be of detriment to the provision of patient care.

2. What would you like to do next in this area to follow on from this work?

In the future I would like to consider the efficacy of alternative methods in the teaching of dental technical techniques and the development of laboratory/clinical communication.