

Summary of: Communication methods and production techniques in fixed prosthesis fabrication: a UK based survey. Part 1: Communication methods

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FULL PAPER DETAILS

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Statement of the problem The General Dental Council (GDC) states that members of the dental team have to 'communicate clearly and effectively with other team members and colleagues in the interest of patients'. A number of studies from different parts of the world have highlighted problems and confirmed the need for improved communication methods and production techniques between dentists and dental technicians. **Aim** The aim of this study was to identify the communication methods and production techniques used by dentists and dental technicians for the fabrication of fixed prostheses within the UK from the dental technicians' perspective. The current publication reports on the communication methods. **Materials and methods** Seven hundred and eighty-two online questionnaires were distributed to the Dental Laboratories Association membership and included a broad range of topics. Statistical analysis was undertaken to test the influence of various demographic variables. **Results** The number of completed responses totalled 248 (32% response rate). The laboratory prescription and the telephone were the main communication tools used. Statistical analysis of the results showed that a greater number of communication methods were used by large laboratories. Frequently missing items from the laboratory prescription were the shade and the date required. The majority of respondents (73%) stated that a single shade was selected in over half of cases. Sixty-eight percent replied that the dentist allowed sufficient laboratory time. Twenty-six percent of laboratories felt either rarely involved or not involved at all as part of the dental team. **Conclusion** This study suggests that there are continuing communication and teamwork issues between dentists and dental laboratories.

EDITOR'S SUMMARY

This paper is about the quality of communication between dentists and dental technicians, but from the technicians' point of view. Why is this important? Basically because effective communication means that people get the information they need, when they need it and in an understandable fashion. This important relationship most certainly impacts on patients and the quality of the fixed prostheses they have to live with day in day out. If the quality is not up to scratch these patients, often already vulnerable, have to deal with pain, discomfort or perhaps even simply embarrassment due to aesthetic concerns. However, good communication is also important so that both dentists and dental technicians are working together as a team for their own job satisfaction and self-fulfilment, perhaps even for their sanity!

The results show that there is certainly room for improvement. In approximately

half of the cases the laboratory prescription was lacking important information, such as the deadline for the work.

Interestingly, the authors mention undergraduate training of dentists in the area of fixed prostheses. It is suggested that some of the poor communication between these two groups could be down to changes in the technical prosthodontics training of dental undergraduates, or lack thereof. Anecdotally, we do quite often hear from younger dentists that they are unfamiliar with dentures and partial dentures but this is something that the more 'experienced' practitioner is quite comfortable with. Poor communication in these circumstances makes sense. If you're not quite sure what you are talking about it can be difficult to communicate about that topic effectively. Thus, it might be interesting in future studies to determine if there is a link between undergraduate training and the communication.

Part 2 of this study which covers production techniques used by dentists and dental laboratories is also well worth a read (*Br Dent J* 2014; 217: E13).

The full paper can be accessed from the *BDJ* website (www.bdj.co.uk), under 'Research' in the table of contents for Volume 217 issue 6.

Ruth Doherty
Managing Editor

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IN BRIEF

- Highlights the importance of dentist-technician communication.
- Concludes that dentists must ensure that written prescriptions contain all the necessary information so that the dental technician can fabricate fixed prostheses correctly and without delay.
- Recommendations for improved communication are made with the ultimate goal of better patient service.

COMMENTARY

Effective communication between the clinical and dental laboratory dental team members is essential to achieve a positive and quality assured process for the manufacture of custom made dental devices. Communication is a two way process with a series of essential components and both parties need to want it to work. It is also dependant on local factors related to the size of the dental laboratory, whether it is a hospital or a private business, also market sector and the individuals own communication skills. In these lean times businesses are looking at all their costs and 65% of customers are said to leave because 'we feel that they are indifferent to our needs'.¹ The survey suggested that dental laboratories might often feel removed from the clinical team but they are inextricably linked by the prescription process, whilst the survey found that other forms of communication are not extensively used.

The dental laboratory team members can only work to the written information provided on the case prescription or, in respect of the impressions, the affixed label confirming disinfection. The research carried out by the online survey resulted in a total of 248 returns. The survey results were analysed to determine information related to the communication around the production techniques used by the dentists and commercial dental laboratories regarding fixed prosthesis fabrication. Overall it appears that the two most frequently missing items from the laboratory prescription were: i) the shade and ii) the date the completed appliance was required back in the clinic. It was noted that over 60% of dentists would appear to be prepared to send patients directly to the laboratory for shade matching.

This study also found that dental labo-

raries received a single shade for the majority of fixed restoration cases. Might the dental laboratories need to consider for higher cost cases how they might better acquire the information they need? It would appear that currently a large proportion (81%) of dental laboratories indicated that they rarely receive any photographs related to the case. This is likely to change in a positive way as parties begin to appreciate the advantages of the use of high quality smart phone cameras and even the opportunity to send video clips by this method.² Likewise some dental laboratories are enhancing the two way communication process and send their dentist clients smart phone photo shots of the staged progress of particular expensive large reconstruction cases.

The demand of the consumer and the digital revolution, which is working its way through dentistry, allows all the team members to develop and enhance communication to meet the required needs. We all need to take responsibility for the principle: 'You must work effectively with your colleagues and contribute to good teamwork' (6.1).³ In providing the statement of conformity⁴ for the patients, as supplied with every new appliance, the dental laboratory is supporting that two way communication process.

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AUTHOR QUESTIONS AND ANSWERS

1. Why did you undertake this research?

The General Dental Council states that members of the dental team have to 'communicate clearly and effectively with other team members and colleagues in the interest of patients'. The last published survey of UK-based dental laboratories investigating communication and production techniques was in 2009, so this topic was revisited to build on this previous published research. It is apparent from past research that undergraduate students are not sufficiently prepared in the technical stages to allow accurate laboratory prescription, and these poor communication habits will carry on during their professional careers unless corrected. It is a reasonable assumption that proper communication between the dentist and dental technician will ultimately lead to the fabrication and fit of a well-designed prosthesis and raise morale within the dental team.

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

This work forms part of a series of studies exploring the dentist-dental technician relationship, communication and production techniques. The second part (*Br Dent J* 2014; 217: E13) reports on production techniques. A future research project would question dentists on these communication issues, to see if their attitudes are analogous to those in this current survey. There has been a sound case for many years now to reintroduce the technical stages of fixed prosthesis fabrication into the undergraduate curriculum in order for the complexities to be appreciated and for the qualified dentists to be able to prescribe and communicate precisely with the dental laboratories. This updated evidence is available to try and influence curriculum design within the UK dental schools, as well as to introduce recommendations for improvement.