Depicting your *truly professional* nature

According to **Debbie Reed***, how you as a DCP present yourself is directly linked to how society perceives you, your value and the importance of what you do.

As dental care professionals (DCPs) it is interesting to consider the General Dental Council's Standards Guidance (2006) *Principles of team working* which states that 'all the dental professions have a professional responsibility to patients to inform them of who is involved in their treatment'.

The way in which this principle is observed and the necessary information presented provides an opportunity for DCPs to depict themselves professionally, and convey a message about the status, professional agency and esteem of their particular dental care profession.

In the past other health care professionals have found it useful to present themselves, as well as their role in the treatment of patients, by depicting their knowledge using language which elevates their position to that of professional colleague.

This simple action has been crucial in the negotiation of professional status within society. As DCPs we understand that by developing an audible professional voice DCPs, like other health care professionals, are able to help society to construct an understanding of the importance of what we do, our professional identity, and why what we do is valuable.

What is professional agency?

Professional agency is associated to the notion of professional identity, professional empowerment and the way in which we relate

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health provision. Ultimately how this IS conveyed will contribute to the value and status society imbues on our professions.

Through well defined and carefully communicated professional depiction, professional significance and professional credentials can be established, and the contribution that each DCP group makes within health care, highlighted.

Who am I? What do I do?

So, if someone asks about what you do as a DCP, what do you tell them?

Being able to describe or depict the knowledge that is necessary in respect to a routine action is critical. Often tasks are so routine to us as DCPs that we do not take time to consider the importance or significance, or the skills involved, in carrying them out, never mind trying to articulate that information in a clear and positive way.

If we could consider for one minute a 'routine act' carried out by most DCPs, the act of receiving the patient in the waiting room and escorting them to the surgery for treatment.

This act involves a number of specific and significant elements, such as asking the patient to consider their medical history. This task requires the DCP to have

being which may be being communicated and providing insight into the potential impact on any treatment to be undertaken.

These are vital tasks which require professional skill and considerable knowledge and understanding.

Working with others

The previously described acts are typical, along with many, many others, which highlight the complexity of contemporary care giving and treatment required of DCPs and the extent to which knowledge, beyond that of an initial registrable qualification, is essential for a fully engaged professional working within the dental workforce.

The functions do require the DCP to confer with other colleagues and engage in collaborative practice to ensure the most appropriate intervention. As DCPs we understand the extent to which others are critical – the essence of interdependence practice. The nature of this collaborative practice underlines the multifaceted nature of the DCP role within oral health care provision and the significant professional judgement and a critical understanding required of a DCP in order to carry out 'routine tasks'.

to the commitment to joint goals within our particular sector of health, dentistry. For dental professionals one such joint goal is 'improved patient oral health'. Professional agency is based on the belief that each profession is consequential and as such it is imperative on each DCP to evolve a professional voice sufficient to effectively communicate their professional message, to other health care colleagues, government, patients and the media.

This communication requires a particular style of depiction if it is to be effective. Depiction is generally defined as a descriptive portrayal which provides interpretation and adds meaning in order to convey understanding. Applying this in the context of DCPs it becomes meaningful if we consider that a failure to professionally depict ourselves to colleagues, patients and others in society may inadvertently communicate that our professional role is not significant and that our roles are peripheral to dentistry, an adjunct rather than fundamental and crucial to oral health provision and care provided.

Professional agency and society

It is possible for us to notice the actions of other health care colleagues who are held in high esteem by the public, as they promote understanding by taking every opportunity to depict themselves through the construction and reinforcement of positive and strong professional images. As DCPs we accept that the ability to depict ourselves professionally, and encourage understanding and value by society, is an individual responsibility.

Being self-effacing may well be a virtue but not one that will enable the professional advancement of DCPs. It is never more important than at the current time for all DCPs to articulate their contribution to oral

'DCP work is not carried out by instinct but through the accumulation of knowledge and understanding, professional skill and accomplishment, which requires commitment.'

considerable professional knowledge and understanding related to the questions posed, the underpinning conditions being explored, the implications to the treatment if particular answers are given by the patient, and the ability to respond to a particular query or uncertainty the patient might have related to the question being asked. In addition, carrying out the 'simple' task of meeting and receiving the patient the DCP needs considerable knowledge and understanding related to patient anxiety – how that might be exhibited by the patient – along with the professional skill and ability to support the patient to deal with that anxiety sufficient to proceed to the surgery. During the process of receiving the patient the DCP is monitoring the patient for other signs related to more general aspects of health and well-

DCP skills

DCPs' practice, within a world of rapidly advancing knowledge and increasingly complex treatment options, requires professional capability and engagement in critical thinking, professional reflection and the examination and evaluation of self, in terms of personal core capabilities and capacity, thus seeking to evolve beyond what has been previously.

DCPs recognise that their role is not the sum of a number of simple tasks. DCP work is not carried out by instinct but through the accumulation of knowledge and understanding, professional skill and accomplishment, which requires engagement and commitment to lifelong learning for the duration of their professional lifetime. Those making a DCP career choice are determined

to achieve and maintain the highest level of professional knowledge and understanding, across a wide variety of areas: technical knowledge, psychology, sociology, as well as an ethical commitment to providing the best level care within the boundaries of their individual scope of practice. Therefore careful professional depiction is important.

Accurate professional depiction

Professional depiction requires professional confidence and there might be a number of reasons why this is inhibited, why as DCPs we might be cautious or reticent about choosing to professionally depict ourselves. However, accurate professional depiction is not about self-aggrandisement but about appropriate recognition and acknowledgement of the contribution that we being make. Few DCPs work out of purely altruistic reasons; most choose their professions with the intention of building a professional career through participating in fulfilling and meaningful occupation, which is recognised, valued and rewarded. If DCPs are neither recognised nor valued then the dental workforce is likely to be depleted of the brightest and most capable individuals, who will seek professional fulfilment and meaningful work elsewhere.

Conveying and depicting DCP practice cannot be achieved effectively without reference to the research and theoretical concepts which underpin it. Thus routine DCP work is now starting to evolve into evidence-based DCP practice. No longer is it sufficient for a DCP to defer to a colleague's direction and decision without understanding the theoretical and evidence base for that decision. DCPs are recognising that increased professional responsibility and accountability necessitate a deeper level of understanding of their professional practice.

Evidence-based practice for DCPs

Evidence-based practice is 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients...' However, evidence-based practice is about more than facts and figures; it must be supported by clear professional reasoning. This is already achieved by other health care professionals by building awareness of the most recent evidence related to the tasks carried out, then combining that with their own professional judgement and the patients' preferences.

This is also the case for DCPs: professional depiction is being achieved through professional explaining of why a particular action has been taken, supported and justified through an appropriate evidence base. Raw evidence alone is

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not sufficient. Appropriate interpretation and application requires the judgement, professional understanding and critical thinking skills – high order learning skills involving analysis and evaluation – skills and abilities which all need to be developed and demonstrated.

CPD and depiction

Enhancing professional credibility is possible through the best possible practice derived from accessing the best possible evidence. Building and maintaining a contemporarily informed evidence base is one of the factors which contributes to professional confidence and credibility, ensuring that professional practice is as up-to-date and as informed as possible, via active participation in CPD.

Being able to communicate the evidence for the action or intervention to the patient to ensure that the decisions the patient makes about their treatment is derived from a fully explored and contemporary evidence base.

As DCPs we increasingly recognise that CPD is not simply about gathering technical knowledge but an attitude. It is about being progressive, linking the development of essential individual personal skills – such as personal evaluation, critical thinking, locating and exploring appropriate and authoritative literature and evidence, the evaluation and application of literature. Ultimately CPD is about enhancing professional practice, allowing us to transit on the journey from novice to expert. Embracing such principles, related to the concept of lifelong learning, encourages a thirst for knowledge, as well as a desire to share, discuss and create knowledge. Through the application of these skills as DCPs we are able to depict the truly professional nature of our occupations and the valuable contribution that is made by each DCP to the outcomes achieved by the dental team.

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For more information on the BSc in Primary Dental Care (a degree specially designed for DCPs) commencing in September 2010, email Debbie Reed on d.reed@kent.ac.uk. Scholarships and maintenance grants are available to potential students.

For more information about maintenance grants access the following website by 25 June 2010: www.direct.gov.uk/en/EducationAndLearning/UniversityAndHigherEducation/StudentFinance/Applyingfortheirstime/DG_174046

For more information on scholarships access the following website by 31 July 2010: www.kent.ac.uk/scholarships/undergraduate/dentistry.html

For information on student loans see www.kent.ac.uk/finance-student.