

# Summary of: A qualitative study examining the experience of primary care dentists in the detection and management of potentially malignant lesions.

## 2. Mechanics of the referral and patient communication

P. R. Brocklehurst,<sup>1</sup> S. R. Baker<sup>2</sup> and P. M. Speight<sup>3</sup>

### FULL PAPER DETAILS

<sup>1</sup>Specialist Registrar (Mersey Deanery)/Honorary Lecturer, School of Dentistry, The University of Manchester, Higher Cambridge Street, Manchester, M15 6FH; <sup>2</sup>Senior Lecturer in Psychology, Oral Health and Development; <sup>3</sup>Dean and Professor of Oral Pathology, School of Clinical Dentistry, University of Sheffield, Claremont Crescent, Sheffield, S10 2TA

\*Correspondence to: Professor Paul M. Speight  
Email: p.speight@sheffield.ac.uk

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**Background and aims** The diagnosis of early and pre-malignant lesions of oral squamous cell carcinoma is of paramount importance given the mortality rate of late stage disease. Although studies have been undertaken examining how dentists manage and refer potentially malignant lesions, the majority of the research has used questionnaires, with the inherent bias this introduces. The aim of this study was to use qualitative methods to understand in more detail how practitioners manage potentially malignant lesions once they have been discovered. **Methods** Semi-structured interviews were undertaken with eighteen dentists in Sheffield, transcribed and analysed using thematic analysis. **Results** Five codes were identified relating to the mechanics of the referral, the management of the lesion and the patient's risk factors. Health promotional activities were not being undertaken by all the participants and for some, explaining positive results and giving advice about alcohol was perceived as particularly difficult. **Conclusion** Overall, the present research suggests that further training is required to help dentists broach difficult issues with their patients.

### EDITOR'S SUMMARY

As a follow on to their paper on screening and the decision to refer patients with potentially malignant lesions in general dental practice, the authors also considered what they term the mechanics of referral and the communication with the patients.

This dual approach shows a commendable understanding of the process from the viewpoint of the individual-to-individual nature of professional and patient, the vagaries that can occur in this relationship and the resultant potential for compromised care. In this study in particular there is added value from the use of qualitative research. Being able to read the verbatim comments from other practitioners enables the development of a much more personalised approach to understanding than the relative anonymity of tables, graphs and figures.

It is precisely this need for the human touch that would help to improve the process of diagnosis, referral and the essential communication that forms the lubricant between the stages. What becomes apparent is that further training for dentists, and doubtless for other team members, in how to approach description and discussion of these sensitive and emotive areas with patients is a crucial element in the success of a long term strategy to improve oral cancer survival rates.

The joint barriers of lack of training and minimal resources are often raised in relation to practice activities such as questions about, and advice on, smoking cessation, alcohol consumption and diet in relation to overweight and obesity (but rarely in relation to caries – which is interesting). Once overcome, the missionary zeal with which practitioners of

all sorts then feel empowered to tackle the prevention and treatment of a particular problem is inspirational. At the risk of repeating myself, I believe that in the coming years we will be increasingly engaged with patients at the individual and very human level of discussing lifestyle choices (or habits depending on one's definition) and their impact on oral and general health. We will ignore the potential of our role in this at our professional peril.

The full paper can be accessed from the *BDJ* website ([www.bdj.co.uk](http://www.bdj.co.uk)), under 'Research' in the table of contents for Volume 208 issue 2.

Stephen Hancocks,  
Editor-in-Chief

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**IN BRIEF**

- Readers will be able to get an idea of the types of oral health promotion that primary care dentists undertake for oral cancer and its precursors in general dental practice.
- They will be able to learn about the extent and reported difficulties involved in health promotion for this disease and where future training would help.
- They will be able to learn about primary care dentists' views of their management and referral practices for this disease.

**COMMENT**

This is the second of two papers that report the experience of primary care dentists (PCDs) in the detection and management of potentially malignant lesions (PMLs). The first paper dealt with factors influencing the screening and decision to refer. This paper looks at the mechanisms of the referral and patient communication.

These two papers form part of a body of work in which 18 dentists responded favourably to a request sent out to 42 PCDs in Sheffield. They were interviewed by one dentist who used a semi-structured approach in which the dentists gave their opinions on how they communicate with patients who may be at increased risk of developing PMLs or who have a clinically suspicious lesion (eg is this lesion significant? Should I refer it? If so, where?)

All responses were transcribed, sorted into 23 codes and then organised into seven themes. This paper reports on five codes under one theme. In qualitative research of this nature, the relatively small number of responders is not critical, as can be seen by the variety of responses reported. The codes considered included what's told to the patient, patient's response, health promotion to the patient, management within primary care, and mechanisms of referral and feedback.

By its very nature there is a risk that conflicting strategies may emerge. For example, does a patient information leaflet inform or scare the patient? One PCD concludes they won't stock the leaflet because everyone thinks they

have cancer after reading it. Others find it useful to augment what they may have said.

PCDs should keep a note of those with PMLs (in case the patient fails to attend the specialist or PCD). Although outside the remit of this study, what is the quality of information they get back from the specialist? ('What can I learn from this case that can improve my practice for subsequent patients?')

A potential bias results from all respondents being near to a dental school (does this alter their referral practice?) Would we see a different response from those working in remote and rural regions? Furthermore, those that chose to respond may have a different attitude to those that did not.

It is high time that we concentrated on what PCDs are thinking, since they make the important decision as to whether to refer. Improved training of PCDs in health promotion and patient communication is the 'take home' message.

**G. R. Ogden**

Professor of Oral Surgery,  
Unit of Oral Surgery and Medicine,  
University of Dundee Dental  
Hospital and School

**AUTHOR QUESTIONS AND ANSWERS****1. Why did you undertake this research?**

Over the past 20 years there has been a change in the prevalence of oral squamous cell carcinoma as the pattern of tobacco and alcohol use has changed. Mortality rates have remained unchanged, despite the improvement in tertiary prevention. This is largely due to the late presentation of the disease, despite the increase in publicity to both the profession and the public. Screening has been shown to be an effective measure and recent research has demonstrated that a targeted approach in primary care would also be cost-effective. However, little was known about how primary care dentists (PCDs) manage early malignant or potentially malignant disease and what cues they use when initiating a referral.

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

The most important area of research is to investigate the feasibility of a screening programme in the UK. This should ideally take the form of a prospective randomised controlled trial or a demonstration study to investigate its efficacy and should involve practice populations in primary care dentistry and medicine. There should also be consideration given to the impact a screening programme would have upon secondary care, the attitudes of secondary care professionals and the capacity that would be required to deal with the positive results. Further work is also required to determine the training needs of PCDs given the importance of, and their relative inexperience in, discussing positive findings and the role of alcohol in the disease.