Experiences from the Dental Office: Initiating Oral Cancer Screening

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> "You tend to forget oral cancer screening because you're focusing on the crowns and bridges and fillings and implants, and you kind of leave all that [screening] education behind."
>
> *–Focus group participant*

An important objective of the British Columbia Oral Cancer Prevention Program (BC OCPP) is to promote dialogue among community dental professionals about their experiences with oral cancer screening. To begin this effort in British Columbia, we conducted 2 focus groups in February 2007 involving 12 dental professionals (dentists, dental hygienists and dental assistants) from well-established dental offices in the Greater Vancouver area. The staff in these offices had previously participated in a 1-day oral cancer screening workshop in September 2006 that included a review of risk factors, procedures for conducting screening examinations and a hands-on clinical session with volunteer patients presenting with high-grade dysplasia or squamous cell carcinoma. The purpose of the follow-up focus groups was to learn about the team's experiences with oral cancer screening since attending the workshop. In this article, we share the views of these dental professionals about integrating screening into their practice, summarize their concerns and solutions, and establish what efforts are required to support this initiative.

Not Enough Time

Some focus group participants suggested that a lack of time could discourage their peers from performing oral cancer screening examinations. One dentist commented that most dental offices are very busy and the thought of adding oral cancer screening to the existing workload might be deterring colleagues from integrating screening into their practice. In addition to the time needed to complete the examination, some found that extra time was also needed to explain the screening process to patients. One dental hygienist noted, "you're asking questions that patients have not heard before, which raises questions from them, and so you're trying to stay focused but you have to answer their concerns."

Many dental professionals found ways to integrate screening into their practices that were not time-consuming. They developed printed information sheets for patients and prepared short, simple responses to common questions. When asked what advice they would offer to other dental offices considering the introduction of oral cancer screening, one dentist remarked:

> I would tell them that it doesn't take very long. If you screen often enough you get really fast and you learn more about what's normal. While you might not always know what something is, you'll know if it's something that you don't see all the time.

Talking to Patients

Another reason commonly cited for not screening for oral cancer is being unsure about how to explain the disease itself and the need to screen to patients. However, the focus group participants had some tips for their peers to help them handle these concerns. Some suggested developing a script to follow or having literature available chairside — "something simple" for the patient to read while waiting. One dentist suggested that an information sheet containing factual information should be available in multiple languages. As a dental hygienist noted, "it should include some statistics…comparing oral cancer to other cancers, because people are learning more about it and it helps put oral cancer into perspective."

There was consensus about the need to keep the explanations simple. One dentist stated, "I spent way too much time going into what I was doing and I probably shouldn't have, so maybe it would have been better to have a short script." Another dentist developed a script after the workshop that had the positive effect of prompting patients to ask questions, opening up new opportunities to discuss oral cancer.

> The message that I learned is that patient education and awareness is half the battle, and that's part of what your campaign is about. I went home and put together a one-page script about what we're doing, why we're doing it, how we're involved and what the statistics are. Patients read that, they filled the form out before they came in and then we did the normal screening. This raised their awareness and started them asking questions about oral cancer that they didn't ask before. It gave me an opportunity to have a dialogue, which is quite different than me telling you what the problem is versus you asking me what the problem is and giving me permission to tell you.

Predicting Patient Response

Another concern raised as a barrier against screening is how patients will respond to the new behaviour. Experiences shared by the focus group participants suggest that patients were curious and sometimes surprised. One dental assistant commented, "most people wondered, 'Why should I have this screening? I don't have anything.'" A dentist who practises close to Vancouver's downtown eastside, an area renowned for high-risk behaviour, provided the following observation:

> It's just astonishing how many new patients will say, 'nobody ever did that to me before.' I'm amazed because we all learned the same things in dental school about what you're supposed to do and what's considered thorough and what isn't.

The consensus from the participants was that patient responses to screening were very positive overall. Patients often expressed their gratitude to the staff for performing the screening. Another unexpected positive outcome was that the dental office and staff were viewed as being progressive by patients. The introduction of screening tended to open up discussions about friends or previous histories regarding oral cancer that would not have otherwise taken place.

The Responsibility for Oral Cancer Screening

The role of dental practitioners as oral cancer screeners was also discussed. One dentist suggested that the lack of oral cancer screening awareness among dental professionals may be related to the fact they are "not medical doctors" and generally do not deal with diseases like cancer. The lack of clear financial incentives was also mentioned as a potential barrier.

Two different approaches were suggested to encourage dental professionals to get involved in oral cancer screening. The first related to increasing public awareness to create a demand for oral screening:

> Because the public doesn't know about it, and we haven't told them about it, there's no expectation. But if the public comes in and asks 'Are you going to do an oral cancer check today?' the clinician is going to do it.

The second approach related to the ethical obligations of dental professionals:

> I think we have to appeal to our practitioners on an ethical level more than anything else, because monetarily you're not going to see many benefits. But from an ethical standpoint, I mean, our first mandate is public health.

The Need for Continuing Education

Many participants stated that involvement by the regulatory bodies, making oral cancer screening courses mandatory as part of continuing education, may be necessary to guarantee the role of dental professionals in oral cancer screening. One dentist advocated: "Make it a requirement through the College. If you really want to educate practitioners you've got them there, and there's no ifs, ands or buts." The focus group participants also discussed the importance of regular educational opportunities to support this change in practice. One dentist likened it to the need for CPR training:

> We have continuing education requirements that are due every 3 years. Why not make one of these days mandatory for an oral cancer course. I mean we have to learn CPR but how often do we actually have to do CPR?

Many people at the focus groups offered suggestions for future continuing education opportunities on oral cancer screening. Participants were interested in learning more about the biopsy

procedure, referral pathways and guidelines for screening. They suggested that a clinical session could be included involving patients with other mucosal conditions and variations of normal tissue. Providing examples or best practices about how to integrate oral cancer screening into dental practices was thought to be beneficial in supporting interested dental professionals. Educating the entire office staff, not just the dentists and hygienists, was also thought to be important. Focus group participants suggested this could be facilitated through courses offered at conventions and study clubs or as in-office sessions.

Conclusion

The dental professionals in our focus groups were successful in integrating oral screening into their practices in ways that overcame commonly cited barriers. Their experiences provide helpful advice for others who may be considering the introduction of oral screening at their dental office. The importance of and enthusiasm for implementing this practice is perhaps most clearly captured in this dentist's remarks:

> We're talking basic ethical things here, the general health of our patients. If I do my little quick check, I'll probably find something and it might make a big difference, so yeah, it's worth it for that one person.

THE AUTHORS

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