

WHEN RESEARCH MEANS CHANGE

A report from IADR by
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Daily decisions reached by clinicians are guided by a knowledge of the evidence base that sits behind dentistry. Most of the research that contributes to our dental knowledge is undertaken in universities around the world, but increasingly dental teams and their patients are getting involved with research projects as well.

Every year, dental researchers from around the globe meet to present their latest findings at a meeting organised by the International Association for Dental Research (IADR). The IADR is a non-profit organisation headquartered in the USA, with nearly 11,000 members worldwide. This summer, 5,000 delegates met in London.

There is no need for the dental team to go along to an IADR meeting when the key developments are disseminated through publications like *BDJ Team* and the BDA's online educational resources and fact sheets. Indeed, sharing the fact that your team has regular training sessions to keep up to date is another good way to demonstrate your commitment to patient care. So when a patient tries to book an appointment at a time reserved for a practice meeting, be sure to inform them that you are running a training session at the time originally requested!

The dental team has an important role to play when new research results in a change to the practice routine.

Patients notice when things are done differently and may not always understand why their treatment was not the same as last time.

- Why did they not have to take antibiotics before their cleaning?
- Why was a lead apron not used for their x-ray?
- Why is silver amalgam not being used this time?

If that question is raised in the surgery it is likely that the patient will only retain a small percentage of what they are told by the dentist. Often the patient doesn't like to ask the dentist in the first place and so leaves their concern unvoiced. Other team members can help by being sensitive to changes that have been made and checking with the patient to see if they have any questions about this. The practice manager and the dental nurse taking the patient back to reception are well placed to have a chat with the patient away from the surgery. In the process they can reassure the patient that the change was not due to an oversight or a mistake, and based on good science. This can make surprisingly significant contributions to the level of patient satisfaction.

Resistance

Chief Medical Officer Dame Sally Davies was among the delegates at IADR this year. The need to combat antimicrobial resistance through good stewardship is a campaign that she has successfully advocated for a number of years and has had an enormous impact on global health. For this reason, the IADR awarded Dame Sally an Honorary Membership of the Association. It is a reminder that dentistry is a branch of medicine and has a valuable role to play in the management of systemic disease.

Dentists prescribe about 10% of the antibiotics dispensed in the UK and there has already been a measurable reduction in the number of prescriptions written for dental patients. But for every patient who expected a pack of antibiotics for dental pain, and others who had routinely been asked to take a sachet of Amoxil before seeing the hygienist, there is likely to have been a question when they were first informed that no antibiotics were needed.

Provided the practice has trained together as a team and created a common understanding behind any changes to a clinical protocol, every member of the dental team can feel confident when speaking to patients about those changes.



ONSLAUGHT ON CHILDREN'S ORAL HEALTH UNDERWAY!

A comprehensive resource pack is now freely available to dental practices to promote prevention in 0-2s.

Created under the SMILE4LIFE banner, with resources from a range of organisations, the pack has been circulated to Local Dental Networks and has been warmly welcomed by the British Society of Paediatric Dentistry.

President Claire Stevens commented: 'So many of us have been working to turn the tide on the ridiculously high number of general anaesthetics for multiple extractions in children. Now that this new pack giving online access to educational posters and leaflets is available to all dental practices, the onslaught against dental decay can really begin.'

'For too long, primary care dentists in

England have been disadvantaged when compared to colleagues in Scotland, where there is the Childsmile programme and colleagues in Wales, where there is the Designed to Smile programme. Now the Chief Dental Officer, England, has delivered on her commitment to Starting Well Core, the dental access and prevention programme for 0-2s, and we are really grateful for her leadership.'

Claire said that the strength of the Starting Well Core initiative is that it is taking the best of existing resources, such as BSPD's Dental Check by One campaign (see poster, right), Public Health England's Change 4 Life programme and Manchester's Baby Teeth do Matter e-learning package, and making them available nationally.

In addition to resources directed at

patients, the pack contains educational material and evidence-based links for dentists and their teams. Each pack is different with dental health statistics which relate to the local area so dental teams know the challenge they are up against.

Claire continued: 'Dental practices which want to work to reduce dental caries in children should find they have a rich supply of resources. We are also delighted to know that wider health and social care networks are also going to be sent some of the resources in the coming weeks.'

Make an appointment here for your baby to see a dentist before their first birthday.

