COMMENT

Letters to the editor

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Dental education

Microteaching

Sir, the use of microteaching is well-documented as a technique used to prepare teachers for the real classroom and allows for systematic training and experimentation in desired teacher behaviours.[1] Microteaching has made an impact in various areas of education, including the health sciences.[2] Today's university educators are also expected to be able to utilise twenty-first century technologies in their classrooms as they facilitate the learning of millennials who appreciate the use of innovative technologies to enhance the teaching and learning experience. Healthcare providers such as dental surgeons, paediatricians or other health professionals can also use these technologies in their practices as they seek to educate clients on various healthcare topics.

We employed Prezi as a presentation tool for the microteaching activity of the Certificate in University Teaching and Learning (CUTL) postgraduate course offered to faculty members by the University of the West Indies (UWI), Mona. Prezi was chosen as an alternative to PowerPoint as it allowed for a graphic detailing of the outline of the lesson and seamless inclusion of the embedded videos and vox-pop interviews.[3] The presentation was delivered to a group of peers under the supervision of the facilitator of the Teaching with Technology module. The microteaching consisted of a 15 minute lecture presented by both authors, each focusing on their area of specialty (dentistry and paediatrics). Opportunity was given at the end for questions from the peer audience who were also asked to give written feedback.

The ADDIE model of instructional design (representing the phases of Analysis, Design, Development, Implementation, and Evaluation) was integrated in the discussed lesson plan. The lesson focused on the Public Health topic titled Periodontitis, Pregnancy and Preterm Birth (BC's Triple P), with content on periodontal/gum disease in pregnancy and its influence in causing preterm birth. Feedback from peer evaluators indicated that the content was educational and provided information that lay persons would find useful. Constructive criticism included suggestions such as using more class interaction and the use of simpler terms geared toward lay persons. There was also helpful feedback on the quality of the audio and visual technology embedded in the presentation.

A. Babu Santosh, C. Gabbadon, by email

1. Brent R, Wheatley EA, Thomson WS. Videotaped microteaching: Bridging the gap from the university to the classroom. *Teach Educ* 1996; **31:** 238–247.
2. Remesh A. Microteaching, an efficient technique for learning effective teaching. *J Res Med* Sci 2013; **18:** 158–163. Prezi presentation retrieved from: https://prezi.com/j8vhlnqdqhqd/relationof-periodontitis-with-pregnancy-and-preterm-birth/.
3. Periodontal disease and pregnancy. MilesMadisonDDS. YouTube video retrieved from: https://www.youtube.com/watch?v=zg2jHSnHRT8.

DOI: 10.1038/sj.bdj.2017.1004

Foundation training alternative

Sir, I am writing to discuss my experiences after recently completing General Professional Training (GPT) in the North East since graduating from the University of Manchester in 2015.

Many undergraduates and dentists to my knowledge are not aware of what GPT is or what it offers to new graduates. The majority of jobs available after national recruitment and graduation are one-year foundation posts; however, there are some longer two-year GPT schemes available.

GPT is a two-year longitudinal training programme which encompasses Foundation Training and Dental Core Training Level 1. As of 2017, there are only two remaining GPT schemes available, one in the North East and the other in Yorkshire & Humberside.

Over the two-year post, GPTs spend 50% of their time in a primary care (dental practice) setting and the other 50% in a secondary care (hospital) setting. Essentially, this means trainees spend alternate weeks in practice and hospital.

The hospital proportion was split into two halves:

1. The restorative year
2. A year split between paediatric dentistry and orthodontics/dental emergency clinic/oral surgery rotations.

I have found many positives to GPT. It has offered a wide exposure to all aspects of dentistry and close supervision from experienced consultants, boosting my practical experience following on from undergraduate level. The expected future GPT pay is 50% FD pay (£31,044), and 50% hospital pay (£36,461), therefore roughly £33,750, which is more than an FD salary. GPT offered separate MFDS study days in addition to FD study days. I believe this further guidance and mentoring allowed me to perform well in MFDS/MJDF examinations, which subsequently has led to me successfully completing MFDS Parts 1 and 2, and being awarded the TC White Medal Award from the Royal College of Physicians and Surgeons of Glasgow for my performance. Being employed for two years also allowed easier access and continuation of case reports/audits/papers/posters, boosting my overall CV and chances of gaining further hospital posts.

There are of course negatives to any job, and GPT provided a very steep learning curve at the beginning by exposing new graduates to complex procedures that are not usually performed at undergraduate level. A large amount of time was dedicated to note taking and dictation of letters, and due to the split between practice and hospital, patients sometimes have to wait

Official journal of the British Dental Association.

longer to have their treatment due to only working every other week.

My overall experience through GPT has been extremely positive. I believe by completing GPT I have gained vast amounts of knowledge and experience in the hospital setting as well as carrying out my foundation training. It has allowed me to build a comprehensive portfolio and experience broader insight to more aspects of dentistry. The staff have been extremely supportive and ultimately provided a springboard for a career as a competent hospital dentist. I highly recommend GPT as an excellent route for new graduates who may be unsure if they want their careers in a hospital or practice setting.

G. Jones, by email

DOI: 10.1038/sj.bdj.2017.1005

Oral health

Ever increasing pressures

Sir, we read with interest the letter entitled *Oral health: Dental neglect on wards* (2017; **223:** 238).

From our experience of oral health care of medical patients over the last 15 years, we would concur with the authors' main points that oral health is commonly neglected or not prioritised in an inpatient population. However, most clinicians working within busy NHS hospitals would agree that the neglect of oral health is not an isolated problem; it is simply part of the ever increasing pressures on clinical staff.[1]

The demand for hospital inpatients has only increased over the last 10 to 15 years.[2] With associated decreases in nursing and medical staff, inpatient care often feels as if it is buckling under the strain. It can be difficult to identify the healthcare professional looking after a particular ward patient and this may change regularly over a working day. It is not uncommon, on busy medical and surgical wards, to find basic inpatient requirements are not carried out in a timely fashion – such as routine observations, fluid management and mobility assessments.

We agree that oral healthcare is vital and particularly in older patients for the reasons the author commented on. However, if these trends continue, the importance of oral healthcare will simply fall by the wayside as the daily demands on healthcare professionals ever increases.

A. Cant, B. Collard, by email

1. Buchan J. Vacancies at all time high. *Nurs Stand* 2017; **32:** 28.
2. Hughes H, Churchill N. Speaking up in the NHS in England: the work of the National Guardian and NHS England. *Br J Gen Pract* 2017; **67:** 198–199.

DOI: 10.1038/sj.bdj.2017.1006

Restorative dentistry

An innovative handling approach

Sir, handling of small ceramic glazed restorations can always be troublesome to many practitioners due to their small size and slippery nature. Many times clinicians find themselves delivering an indirect restoration to the wrong quadrant under pressure especially with cements exhibiting a short working time. Handling of single or multiple ceramic restorations with fingers prior to seating can incur several problems as well. First, fiddling with the restoration using fingers may result in a slip away during seating. Second, during the surface treatment and particularly prior to silane application, debris present on the gloves could contaminate the high surface energy intaglio surface which is particularly critical after etching.[1] Third, during silane application, it is not uncommon for excess amount to spread and cover the glazed surface of the restoration due to silane's high wetting ability.[2] This is clearly evident when the restoration is treated on a napkin as the saline wets the napkin and the napkin in turn wets the glazed surface especially after air thinning. This is problematic since it complicates excess cement removal after the cementation because of the affinity of the cement to the 'treated' glazed surface. Therefore, it is recommended to suspend the restoration in the air using a holder while performing salinisation. Commercially available sticks are not cost effective and their availability is limited in many countries. These sticks are also available in a single colour and therefore don't allow for colour coding restorations. Jogad *et al.* described using composite adapted to a microbrush as a holder for indirect restorations.[3] However, using composite for such purpose is non-environmental and is a waste of valuable material since the holder will be disposed after light curing. To overcome the previous difficulties, we propose a simple method to create custom holders for easy pick up and handling of ceramic restorations using tacky putty. This is demonstrated in Figs 1–4 by cutting the tip of the microbrush (Fig. 1), then adapting a piece of tacky putty to the microbrush with dry hands (Figs 2 and 3), and finally adapting the tacky putty to the dry glazed surface of the restoration (Fig. 4). The tacky putty could be removed by laterally peeling the holder after seating.

A. Abyad, Beirut, Lebanon

1. Jardel V, Degrange M, Picard B, Derrien G. Surface energy of etched ceramic. *Int J Prosthodont* 1999; **12:** 415–418.
2. Matinlinna P, Lassila V, Özcan M, Yli-Urpo A, Vallittu K. An introduction to silanes and their clinical applications in dentistry. *Int J Prosthodont* 2004; **17:** 155–164.
3. Jogad N, Patil P G, Gade V, Patil S. Alternative technique for handling indirect restorations during evaluation and cementation. *J Prosthet Dent* 2015; **114:** 458–459.

DOI: 10.1038/sj.bdj.2017.1007

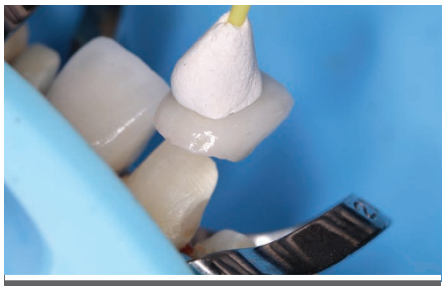

Fig. 1 Cutting the tip of the microbrush

Fig. 2 Adapting a piece of tacky putty to the microbrush with dry hands

Fig. 3 Adapting a piece of tacky putty to the microbrush with dry hands

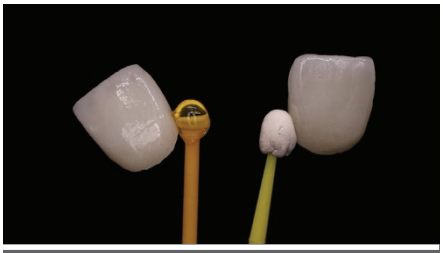

Fig. 4 Adapting the tacky putty to the dry glazed surface of the restoration