A PAEDIATRIC DCT'S LIFE

'I love the challenge of dealing with worried children'

Shaadi Manouchehri graduated from Barts and The London School of Medicine and Dentistry in 2015 and is currently working as a DCT in Paediatric Dentistry at Guy's and St Thomas' Hospital following completion of her Dental Foundation Training Year as part of the North East London Scheme.

Every day, I ask my patients that all important question: what do you want to be when you grow up? I listen to their elaborate stories about how they are going to be princesses and pirates and wonder why I cannot make up my own mind with such efficiency and fearlessness.

Granted, I have genuinely always wanted to be a dentist: for many of the reasons that I am sure we all recited repeatedly in front of the mirror for our undergraduate interviews. But now that I have passed that test and the many more after that, what comes next? What sort of a dentist should I be? That is still to be decided. To help me decide, I opted for a hospital post following my dental foundation training year.

Having completed my undergraduate training at Bart's Hospital, I decided to try a year at 'the dental school across the river'. When applying for a hospital job, there are two main questions to consider: what and where. At Guy's and St Thomas' the year can be divided between two disciplines. I am currently on the paediatric rotation (which I am enjoying immensely) and at the end of six months, I can decide with my educational supervisor what my next post is going to be.

The paediatric department is based at St Thomas' Hospital, away from the other departments such as oral medicine and oral surgery which are all based at Guy's Hospital. This means that apart from my fellow DCT at the department, we are relatively isolated from the other trainees and only get to socialise during teaching sessions on Friday. This is different to our experience as students, where we were constantly using each other as sources of information to better guide our decisions.

What to expect

After the initial induction and endless blood tests to confirm that it is in fact safe for you to treat patients, you begin by observing other dentists during clinics. You may think that, after a gruelling DFT year, it would be great to get paid just to observe others do all the hard work. But it does feel very strange to be back to the 'work experience' role and you may find yourself feeling restless fairly soon.

The first few weeks felt as though everything was in slow motion, especially compared to being in practice. I felt as though the last year had not happened and that I was back at dental school, lurking around whilst my consultants saw patients and carried out treatments. My biggest contribution to the team during those first few weeks was once finding the stapler that had gone missing!

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We were gradually eased into seeing patients ourselves starting with mostly routine cases such as examinations and preventive care. I had of course treated paediatric patients as an undergraduate and during my DFT year but found that this experience was completely different. As you would imagine, the children who are referred to the paediatric unit are not straightforward cases like the ones that we treated in clinics as students. Common presentations include dental anomalies, such as molar incisor hypomineralisation, medically compromised children and severely anxious children that burst into tears at the sight of me. I'm trying to not take the latter personally.

In fact, sometimes I feel like tearing up myself when faced with the severely medically compromised children. Nothing could have prepared me for the epileptic patient who had a seizure mid-assessment. Fortunately, her parents were fully prepared and calmly proceeded to supply her with the oxygen that she always carried on her wheelchair. It was quite a distressing experience, so much so that by the end of it, I could have used some buccal midazolam myself!

Managing such patients does help put things into perspective. Seeing what some patients and their families have to go through makes whatever personal problems I may be having that day seem so incredibly insignificant that I feel almost ashamed to even consider them as problems. It also motivates me to help in any which way I can to make even a small contribution to improving their quality of life.

Why paediatrics?

I did not consider paediatrics as an obvious choice for my DCT year. Despite having enjoyed working with children as an

undergraduate, we just did not get enough exposure to paediatric dentistry.

Coincidentally, at the time of receiving confirmation of my post, I had just finished completing a referral of a particularly difficult 4-year-old patient to the hospital. I was feeling content in a job well done when it dawned on me that it could very well be me on the other side of that referral.

However, I can honestly say that I have thoroughly enjoyed every second of my experience so far. Everything from being greeted by Big Ben every morning when I leave Westminster Station, to walking through a waiting room full of children happily (albeit noisily) watching 'Despicable Me'. I love the challenge of dealing with worried children, the variety of cases available, the need to develop a new approach to patients and the reward of getting positive feedback from patients that never pretend.

I get to see fascinating cases, some of which I am fortunate enough to see at the initial presentation and others that are towards the end where I can see the transformation following completion of some very complex multi-disciplinary treatment plans.

One of the unique features of paediatric dentistry that I have enjoyed thus far is that it is one of the few specialties where you still carry out various treatments such as extractions, endodontics, prosthetics and many more; it just so happens that your patients are little. Therefore, it is an ideal discipline for dental core training for someone like me who is still deciding on their career path.

Timetable

My time is currently split between consultant clinics, treatment planning and general anaesthetic sessions. Every Wednesday, we treat medically compromised children at the Evelina Children's Hospital under general anaesthetic (GA). This is where we face all those challenging cases that we read about but did not typically encounter as students such as afibrinogenemia and cleidocranial dysplasia. Suddenly they're not just words that look like anagrams, but actual conditions with real life implications.

Being part of the Evelina London team means that it is my responsibility to ensure that patients are fully prepared for their GA. This involves liaising with different people: ensuring that all relevant medical correspondence is chased, patients are pre-assessed and essentially are fully cleared by everyone involved in their care before they can have their GA. All of this is done during my allocated weekly admin session; if I am not needed on the clinic or otherwise during any time that I am able to spare between clinics during the week.

Evelina London Children's Hospital

Wednesdays are an early start for me and the rest of the Evelina London team: our pre-op clerking of patients starts on the ward at 7:30 am and we are usually ready for a team briefing in the procedure room by 8.15. At ECH, oral rehabilitation is completed under GA for medically compromised children and each list normally consists of four patients. The order of the list is decided on the day and we usually proceed in increasing age order where priority is given to the youngest children as they are usually the ones that find it most difficult being nil by mouth. If there are any autistic patients on the list, they are given priority as they generally find the whole experience more difficult to cope with. We are also more flexible with their discharge time and criteria following treatment as they tend to find the hospital environment slightly unsettling and (along with their families) they generally prefer to recover from their anaesthetic in the comfort and familiarity of their own home.

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Positives and negatives

As a paediatric DCT I essentially have double the patients to deal with: the children and their parents. Initially, it can be quite intimidating having the parents constantly looking over your shoulder asking you different questions about their child's development, bearing in mind it was not too long ago that I was a child! But with practice and the help of my consultants, I have learnt to be more confident in discussing diagnoses and treatment plans with patients and their parents. Prevention advice forms a big part of that speech and patients and their parents are quite appreciative of that advice. The Department of Health Toolkit for Prevention is now my best friend and every day I find I get a little closer to reciting it off by heart. Needless to say that a negative side to this is that consumption of sweets on the job is out of the question!

Another challenging aspect is that a considerable proportion of these children are quite fearful of the dentist, either due to previous bad experience or *de novo* anxiety. I spend a lot of my time convincing my patients that I come in peace and that I am not the enemy – indeed, caries is the real enemy. Sometimes this is to no avail and we have to explore other options such as provision of treatment under inhalation sedation or GA.

One of the best things about being in a hospital environment is that there are always people to go to for advice, some of whom literally wrote the book on their respective subjects; people whose names I have seen on the books, articles, and guidelines which were essentially the manual for undergraduate training and surviving finals.

Final thoughts

My experience so far has been invaluable; I am constantly learning new things and enhancing my clinical skills as well as my knowledge base. I have also learnt that being a good paediatric DCT can have slightly different connotations on different days: some days that term refers to being up to date with the latest research on the management of hypomineralised first permanent molars, some days it refers to being up to date with the latest 'Peppa Pig' episode.

Each day I find I get a little bit closer to answering that all important question of what I want to be when I grow up. I now realise that it is also okay to keep an open mind. It is okay to experience things firsthand before making an informed decision about what to do for the rest of my professional life. So now if my patients swing that question back at me and ask me what I want to be when I grow up (ignoring the fact that I had just introduced myself as Shaadi the dentist), I now have a much clearer idea of what answer to give. ■