# Women in orthodontics

**Caroline Holland** takes a peek behind the scenes of three orthodontic practices.

o those who know little about dentistry, the life of a dental nurse may appear broadly the same. But for those who actually do the job, the working day varies significantly between practices and dental specialisms.

On the whole, orthodontic nurses enjoy high contentment levels. Chatting to patients and giving information and advice is almost part of the job description, which is rewarding for those with good communication skills. Added to this, patients are usually very happy to be having treatment and look forward to their appointment, creating a very positive environment for all who work in the practice.

But the operation of orthodontic practices is far from being standard. Each practice tends to evolve its own way of working based around the preferences of their principal, the layout of the building and the proportion of NHS to private work being carried out, as I found out.

# Fly on the wall

While preparing to give a talk to the Orthodontic National Group (ONG), a society of nurses and therapists, I was lucky enough to be a fly on the wall of three practices, in Birmingham, South London and Chichester, West Sussex.

## Pallant Orthodontics, Chichester



First stop was Pallant Orthodontics in Chichester. Typically, it's a mixed practice and a small team. Untypical is the superb environment, a Grade II listed

building in the historic area of the city, with a view of the cathedral. The principal is Alastair Smith and he has one associate and a support team of five.

Orthodontic nurse Debs Ayling is one of three nurses and she told me about their

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working day. Because the practice treats both children on the NHS and a mixture of children and adults privately, the nurses need to operate flexibly, moving between the Pallant Room, which has two chairs in it, and the upstairs Cathedral Room, which is usually kept for private patients.

For instance, on two days of the week, Alastair will see private patients in the early and late slots, working in the Cathedral Room surgery. In order to maximise his valuable clinical time, he will move seamlessly into the Pallant Room leaving one of the nurses to carry out the cross infection control in the Cathedral Room.

The start of the working day is always busy as, like general dental nurses, they must:

- Test autoclave cycles
- Get instruments out
- Flush though the water lines
- Get the chairs to the right height and put mouthrinse on the spittoon.

They also have to check notes to make sure the study models are in the practice. It's when new patients come into the practice that their additional training as orthodontic nurses comes to the fore. They bring the NHS patients upstairs for treatment and are able to undertake the majority of the record-taking, so they take X-rays, impressions and photographs. They also supervise the patient hygiene instruction at the end of treatment.

They have what Debs describes as a 'floater' system so that while two of them work with Alastair or Sarah, his associate, the third nurse has the role of keeping the appointments to time. If they see that their colleagues need an extra pair of hands, they will be there to remove the instruments into the sterilisation area, clean down the chair after the patient has left, or do whatever needs to be done.

As if that isn't enough, the three nurses will also help the reception team in the lunch hour when necessary. But Debs says that just a short amount of time on reception is enough for her and she knows that she is well suited to her clinical role.

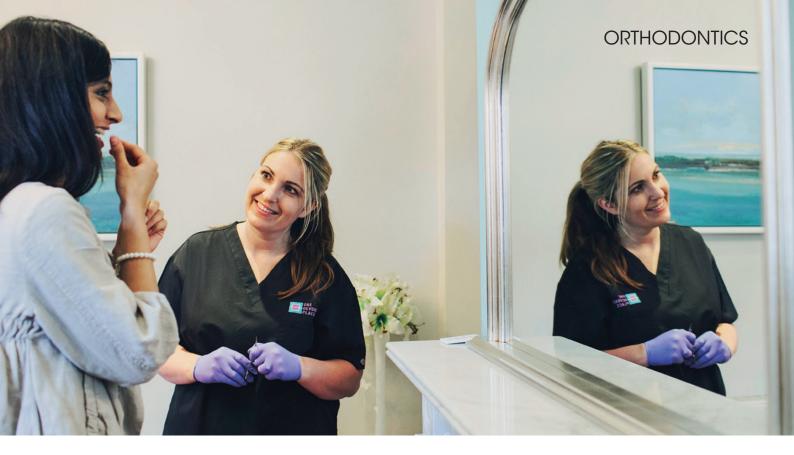
'I love working here,' she says. 'It's a lovely practice and I enjoy the nursing and the people.' She fell into dental nursing when she left school and has worked in general practice in London's Harley Street and in hospital in a maxillofacial unit. But she is now very contented working five days a week in a practice where the nurses are supported both financially and emotionally in their CPD.

### Dental Rooms, Wimbledon



Next stop was the Dental Rooms in Wimbledon, a specialist private practice and with a team of 18, the biggest of all the practices I visited.

Angela Auluck is the orthodontist and a partner with her husband, Dev Patel and she put me in touch with Sandra Smart, a senior nurse who has been there for more than six years.



Unlike the other two practices I visited, the Dental Rooms offers a broad range of specialist treatments, from perio and endo to implants and of course ortho. It's a referral-based practice and patients are very grateful for the in-house expertise, showering the team with chocolates and biscuits at the end of their treatment.

The challenge for the nurses, says Sandra, is the varying preferences of the clinicians. For instance, two clinicians use a rubber dam but they like different types so the nurses must remember who likes what. 'Every dentist works

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differently, whether it's different techniques, instruments or materials and we have to keep on top and make sure they have everything the need.'

Sandra usually works with prosthodontist Vinit Gohil. Like Debs, Sandra is very busy but contented too. 'What's important is how we relate to patients. It's very personal here. Everything is treatment planned, discussed and fully explained.'

The practice had just undergone its CQC inspection when I was shown round and they were all still recovering from the experience. In the month building up to the inspection, Sandra had worked 192 hours. But the positive outcome made the extra hours worthwhile.

### One Devonshire Place, London



One Devonshire Place was the third and final destination, a purely private practice owned by Rob Slater, with an unorthodox working style. There is no

reception but instead, three nurses, Becky, Lisa and Lauren, operate a concierge system. The philosophy is to treat patients as if they are guests in the practice.

When the patient arrives for their first appointment, they are welcomed at the front door and then ushered into a patient lounge with their name on the door, so they know it's for their exclusive use. After some time with the nurse, Rob is introduced to the patient and explains the way the practice works and what the options are.

Rob has a large ground floor surgery which is where the examination and records are undertaken. All three nurses work standing up, which struck me as another unusual feature of Becky's working life. There are usually two nurses in the surgery with Rob at any one time, one working as the clean nurse and the other the 'dirty' nurse!

Broadly, the clean nurse is the one working with Rob whose gloves must remain uncontaminated throughout the treatment. The dirty nurse fills in the record card, fetches any products, and takes the used instruments to the upstairs sterilisation area.

On days when all three nurses are in the practice, the third team member will be upstairs, ordering stock, replying to enquiries or phoning patients with appointment reminders.

The final debond appointment is also an important one for Rob's nurses. It's their job to give the patient hygiene instruction, to explain about wearing retainers and send them off with a goody bag.

Becky has been with Rob for six years and enjoys her work. She lives far from the practice but knows she would struggle to find anywhere she would enjoy so much. The patients become friends over the course of their treatment and it's a part of the role that Becky takes to naturally.

In the future she may have the option to train as an orthodontic therapist, which is what her colleague Lisa is currently doing. She is also looking forward to working with Rob as he merges his next door NHS practice, SB Orthodontics, into One Devonshire Place to create one integrated operation.