'Life is about lifelong learning'

Rosalyn Davies
explains
to *BDJ*
Team how

she progressed from being a trainee dental nurse in 1983 to being the first DCP President of the British Society of Gerodontology (BSG) in 2017.

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Age: 51

Marital status: Married for 24 years with a son and a daughter

Job title: Service Improvement & Operations Manager, ABMU Health Board Community Dental Service/ Dental Programme Manager 1000 Lives Service Improvement, Public Health Wales, Swansea

Town: Swansea

Qualifications: Certificate in Dental Surgery Assisting NEBDSA 1985
MSc Public Health & Health Promotion
IQT Bronze and Silver

Hobbies: Dog show exhibitor

How did you first get into dental nursing?

I almost fell into dental nursing! I had left school and was planning on a career to become a nurse. I was studying a 'pre-nursing course' in college (as it was called in the Dark Ages) when I undertook a placement

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in a Geriatric Hospital (as it was called in those days). Being rather naive and fresh out of school aged only 17 I felt I couldn't cope with the huge responsibility of caring for older patients. I was offered a job as a trainee dental nurse in a local general dental practice and the rest is history. My career in dentistry began. I am so grateful to the clinicians I trained with who inspired my training and gave me the experiences and foundation of general dental services: four handed dentistry, apicoectomy and gingivectomy spring to mind every time I think about my early training days – I loved it. The pre-preparation, during treatment, and patient after care... it was exciting!

How has your career developed since completing your dental nurse training in 1985?

Very soon after completing my training I applied for a position with the Community Dental Service in Abertawe Bro Morgannwg Health Board (ABMU HB). This role was very different from general practice and I suppose at the time I was already looking to develop my career and gain other experiences in dentistry. I worked on a mobile dental unit in areas of deprivation in the Swansea and Neath Valleys and participated in school screening, epidemiology and oral health improvement programmes.

I have worked for AMBU HB, Community Dental Service for 31 years and to some this may be viewed as a non-developing career, however, during that time my role was and is still continually changing. I have been on a rollercoaster of learning and developing not only in a professional sense but personally as well. I have been part of a considerable change of service for community dentistry and I am particularly proud to be a part of that change.

1989

In 1989 I completed the Diploma in Health Promotion at Swansea University. Following this course I was fortunate to lead on a specific oral health improvement project in the valley communities of both ABM and Hywel Dda Health Boards. It was funded for three years. This role involved joint working with health and education. I developed a school education teaching programme. This was a six week teaching programme implemented into the education curriculum

a full-time career (which I was passionate about), managing home life and bringing up two children was a challenge. I took a full 12 months' maternity leave for each of my children but otherwise have not had a career break. I have always been one to embrace a challenge and went on to be chair of the Parent-Teacher Association and a Governor at my children's school for a considerable number of years. Ironically both of these roles helped in my work with multi professional development.

2012 onwards

In 2012 I was seconded to 1000 Lives Improvement unit, Public Health Wales to lead on the national work for Improving Mouth Care for Patients in Hospital. This work stream focused on adopting the national improvement methodology for service improvement in NHS services in Wales – IQT (improving quality together). I developed an all-Wales mouth care risk assessment and care plan for use in secondary care, bringing nursing and dental colleagues together to work in a multi collaborative way. The mantra for this programme was – 'Nurse led and supported by dental teams'.

In 2013 I became the secretary for the All Wales Special Care Interest Group/Oral Health Care and was also nominated to be part of the British Society of Gerodontology (BSG).

In 2014 I was invited to present the 1000 lives work in Geneva at the FDI World Dental Federation and in Phoenix, Arizona at the Sonntag Dental Care Conference.

Then of course this year [2016] I became President-elect for BSG.

I have been on a roller coaster of a learning experience and I feel privileged to have worked with such talented clinicians and passionate colleagues over the years. But of course for me the main driver in my work is 'our patients'. At the heart of everything I do I never lose sight of the patient. I want to improve the patient journey, from referral (to whatever setting, be it in community - care homes to secondary care – hospitals). I know it sounds a bit like an old cliché but by the time I retire I want to have 'made a difference' and contributed to the world of oral health care.

What are the most common oral health problems for older patients generally?

I think this question is a difficult one, however what I would say is the most common oral health problem that are not recognised by other health and care professionals are:

- Xerostomia which can lead to significant oral health problems
- A coated tongue
- Poor oral hygiene – plaque control and gum disease
- Levels of support for carrying out oral hygiene (tooth brushing).

Do you think that access to dental care is a big problem for older people in this country?

Yes I do; as the population is living longer it is not only the type of complex dentistry maintenance that has to be provided but access to dental services. By that I mean not

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of year 3 and 6 primary school children. In addition I started the school tooth brushing programme in schools. This programme was delivered to areas of high deprivation. This piece of work significantly changed the way we worked in educating children and parents. Previously health promotion consisted of a one off visit to schools and providing children with a colouring sheet and a badge. This new way of inter-professional working meant developing a whole system approach in the curriculum to enhance children's learning around oral health and hygiene. Children were provided with work books, homework to complete as well as participating in practical based learning. It was very successful.

1992

I applied for an oral health promotion role within the community dental service and was successful. This role was purely educational: no clinical component. Whilst I was saddened at leaving my clinical role, I was at this point really questioning the 'why' of dental disease. What is it that leads so many children to have a general anaesthetic for tooth extractions when dental decay is largely preventable? I spent a considerable amount of time during this phase of developing oral health programmes for a wide range of people, from birth to older people services. It was during these years that I married (1992) and had my children (1995 and 1997). Juggling

2005

I embarked on an MSc course at Swansea University – Public Health & Health Promotion. What a journey and an amazing learning experience. This course totally changed the way I worked, thought, practised. It opened my eyes to the wonderful world of learning. I constantly preach to my children – life is about lifelong learning and it is not a one off event. We need to embrace it as much as possible.

2008

I graduated from my MSc course with a Distinction. Inevitably, embarking on a research study intrudes on family life and involved many sacrifices. However, this will have all been worthwhile if my study helps keep alive the underpinnings of what individuals consider health to be and for others to think more creatively about oral health promotion and improvement.

Later in 2008 my role in the CDS changed considerably to developing care pathways for people with learning disabilities, complex medical problems, older people and patients in hospital. This role most certainly took me out of my comfort zone and was yet again another challenge. However, as the role developed the service saw a significant increase in the number of special care patients being referred to the CDS.

It was this change in my role from children's service to older people that most likely kept me in my job today.

only in terms of finding a dentist but physical access. How many service providers have a hoist or a wheelchair platform so a patient can be treated in their wheelchair? As the population's weight is increasing how many service providers have bariatric facilities? The demand for Special Care Dentistry is growing and the NHS needs to support that growth in terms of specialist training for the dental team (clinicians, hygienist, therapist and dental nurses).

Can you outline a typical day in your working week?

In a nutshell a typical day for me is busy busy busy!

I like to keep my feet firmly on the ground. My day can go from attending a high level meeting with Welsh Government colleagues or ABMU Health Board, planning national/ local learning events for 1000 Lives, working with nursing colleagues on the hospital programme, developing an e-learning resource for non-registered staff in care homes to listening to a patient about their experience of attending a dental service. I call it juggling many balls - it is so varied and interesting, there is never a dull moment, which is why I can honestly say I love my job.

What is the All Wales Mouth Care Tools?

This work is underpinned by what was once called the Fundamentals of Care 2003 (now called Health and Care Standards for Wales 2015). The principles are that when a patient is admitted to hospital they are fully supported to carry out mouth care. So in essence on admission a mouth care risk assessment is carried out by a registered nurse and will lead onto a bespoke mouth care plan if required. This care plan is then carried out by a health care support worker. Utilising a single risk assessment across Wales ensures consistency and evidence based oral care if staff and patients move from one area to another. Building on the hospital programme, in 2012 Welsh Government launched a programme to improve the Oral Health of Older People Living in Care Homes. So at present I am involved with trying to develop a single risk assessment and care plan that can be used across both primary and secondary care. This means a smooth transition in oral care for patients if they move, for example, from a care home into hospital and then back to a care home. Part of this work involves working with the all Wales procurement team to ensure staff have the right resources and of course considerable staff training for both students and existing staff teams.

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Do you think dental nurses could play a greater role in providing oral care to older patients?

Absolutely, it's all about utilising prudent health care approaches in dentistry. For example, an important area for development is the use of dental nurses with enhanced qualifications. Oral health educators have an important role to play in providing dietary advice, oral hygiene instruction, administering high-concentration fluoride varnish and smoking cessation. It no longer makes economic sense to pay highly-trained and expensive dentists to deliver these non-clinical aspects of dental care. By developing the role of dental nurses there is the potential for dental providers to be able to work more efficiently, provide better preventive care and give better access for patients. In a well-developed skill-mix team responsibility can be devolved from dentists and therapists to dental nurses with enhanced training. This downward cascade of responsibility frees time, is more cost effective and is very good for team morale helping to retain good quality staff.

How did it feel to be named President-elect of BSG and what will the role involve?

To be honest I am honoured as I understand this is the first time a DCP has been nominated for this position. However, it is important to point out that I am only in this position because of the 'fantastic teams' that I have been given the opportunity to work alongside. I am just one of many, many wonderful enthusiastic and devoted dental colleagues who would be more worthy of this position than I am.

The role will mostly involve organising two study days and encouraging more DCPs to become part of BSG. I also wish to share my journey to encourage more dental nurses that there is a whole career pathway waiting for them if they reach beyond the chairside.

What are your plans for your time as President?

The focus for 2017 will be on Improving Oral Health Care for Older People in Care Homes. Twenty or 30 years ago staff working in a care home by and large cleaned dentures, as the majority of residents wore dentures. Due to the changing pattern in older people's oral health this is no longer the case. Staff in care homes need to be adequately trained and have the competencies to be able to clean not only residents' teeth, mouth and dentures but also to be aware of 'over dentures' and 'implants'. Raising the awareness and highlighting the need of older people's access to dentistry will be key.

What do you like to do outside work?

I have always been a besotted dog lover and in 2002 we brought home our lovely, lovely Tilly – a soft coated wheaten terrier. We waited almost 18 months for her and I agreed that I would enter some dog shows. Well the rest is history: I went on to be an exhibitor at Crufts and other dog shows travelling the length and breadth of the country, I bred a litter of puppies and have bred a champion. I have met some wonderful lifelong friends through the dog world. Sadly Tilly died in February of this year and so we now only have Daisy, her daughter. Who knows, maybe it's time for another patter of tiny paws!

Do you have any other goals or ambitions you'd like to share with readers?

I am not a big achiever and very happy with the simple things in life. I don't need an exotic holiday or glittering lifestyle. I suppose it would be nice if I could win best of breed at Crufts - now that would be an achievement.

Would you recommend your career path to other dental nurses?

Absolutely – it has been a whirlwind romance with a dental twist.

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