‘I would say it isn’t easier, it’s just different to what’s gone before, in order to keep up with the patient of today’

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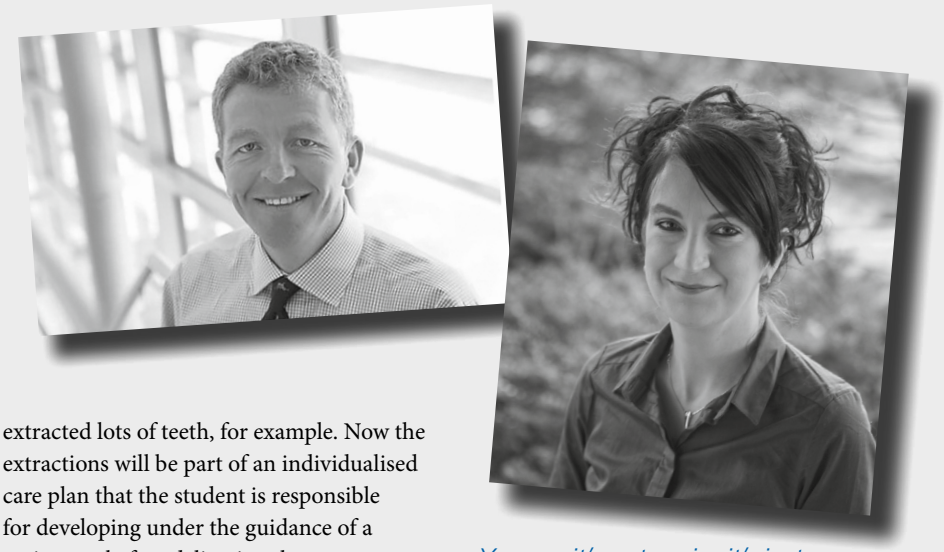

I often wonder where lazy tropes come from. My favourite is if today’s generation stopped buying avocados and their iced orangemochafrappecinos, they’d be able to afford a house. A classic of its genre.

For many of these tropes, their basic premise remains the same: ‘In my day you could…’ insert reminiscing voice about how things were better or harder – or both. This brings me onto ones I’ve heard about dentistry; that it is easier now than it was ‘back then’, that students have it easier, that students spend too much time not practising dentistry. *BDJ In Practice* spoke to Professor **Ewen McColl**, Head of Peninsula Dental School, University of Plymouth and **Zoë Brookes**, Associate Professor in Dental Education and Research at Peninsula Dental School, University of Plymouth about these myths and how dental students are being readied to treat the evolving needs of today’s – and tomorrow’s – patient.

How are dental schools evolving to meet the needs of today’s patient?

EMcC At Peninsula Dental School, patients are treated more holistically as opposed to when I qualified – when I was at dental school you went to a specific department and extracted lots of teeth, for example. Now the extractions will be part of an individualised care plan that the student is responsible for developing under the guidance of a registrant, before delivering the treatment. This makes a lot more sense as the treatment is in the context of a treatment plan so phases of treatment are carried out in a logical, progressive care plan. Oral health education as part of the plan empowers patients to take care of their own oral health in future and that is what we strive to achieve.

ZB Whilst developing clinical skills takes up the bulk of the curriculum, an increasing amount of any dental curriculum now involves teaching in professionalism skills and reflective practice, for lifelong learning. Interprofessional learning between dental with therapy students, and with other professions also occurs, to improve teamworking. This offers a wider appreciation and understanding of patient needs, and future-proofs education beyond qualification. The breadth of knowledge and teaching is now broader as we discover new things. IT skills have also increased, and record keeping and communication skills training have increased, too. I would say it isn’t easier, it’s just different to what’s gone before, in order to keep up with the patient of today.

You say it’s not easier it’s just different – what other myths have you come across that need to be corrected?

ZB I’ve heard that students don’t work as hard as students did ‘in their day’. It would be interesting to compare attendance versus 10-20 years ago. Perhaps students have always missed lectures, but we are just catching more people today with better monitoring systems. I wonder also, what evidence do we have that they are putting in fewer hours? Peninsula students seem to work very hard, doing long hours of self-directed study on top of a full curriculum; they also see patients from year one onwards and see patients four days a week in their final year.

EMcC There was an anecdote on social media that students only spend one day a week on clinic. Where these come from is anyone’s guess. In the third term of first year our students are on clinic and by 5th Year BDS four days a week and 3rd Year Dental Therapy four days a week. A bit like a job, so a good transition in final year to the workplace!

I know I am guilty of – one: 'in my day I did hundreds of extractions'. The world has changed so much in the 30 years since I qualified from the University of Edinburgh. Last year the dental school saw 6,000 patients across 33,000 appointments. That's 6,000 patients who would struggle to gain an NHS appointment and wouldn't be seen if it weren't for the dental school. There's plenty of high quality, high complexity dentistry being done across the year groups in areas where need is greatest.

Students also offer an important screening service. November is Mouth Cancer Action Month and they're very good at doing thorough checks for oral cancer. We've regularly seen examples of cases being picked up by the students and referrals made.

Adult Dental Health Surveys have shown a trajectory of improved levels of oral health. How have these improvements impacted the preparedness of students for certain procedures?

EMcC I think that trajectory has been severely affected by COVID-19 and the crisis in NHS dentistry. The unmet need in our area is quite incredible which has the dichotomy of patients not accessing treatment externally but providing students with opportunities to manage dental disease on a scale similar to when I qualified 30 years ago.

My colleagues and I wrote a letter to the *BDJ* entitled 'vodka assisted extraction' analysing patient presentations at a new patient clinic. Of the 38 patients attending over two days, 13 reported doing so. This figure of 34% of patients was an increase on the reported 25% of households across the UK attempting at least one form of DIY dentistry in late 2020. Students are prepared.

ZB The south-west of England like other areas is often referred to as a dental desert. There are so many people on NHS waiting lists – these people have broken teeth, ill-fitting dentures, are struggling to eat and in pain. Our first and second year students work in an area which has lots of socio-economic problems, and their patients have high levels of oral health deprivation. They're seeing the types of patients they need to be seeing on order to make the necessary improvements in their training, whilst being of great service to our local communities.

What pressures do students and newly-qualified graduates have to face today that their peers perhaps did not?

ZB Quite a lot. Patient expectations are high, patient empathy for dentists is low, there's a litigation culture, and the constant spotlight from being on social media means many (students and dentists) aren't able to switch off from their jobs. Our dental school has always had a 'fix-it' and 'can do' attitude, but more recently I also see a constant, yet influential, group negative thinking from external peers about the profession. This adds another pressure for students, in that things are 'hopeless' for them before they have even started.

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EMcC Social media is clearly the biggest difference. Each student has a degree of autonomy when it comes to social media and their usage, but we do remind them that they are future registrants and they have to work within the confines of what's expected of them by the regulator and our own standards. In first year induction colleagues from the GDC chat to BDS and Dental Therapy students. This gives a human touch to our regulator and shows we are all working collaboratively with a shared interest in patient safety. This also helps in developing an understanding of being a professional person and the standards expected. Students learn to take responsibility for their activity on social media cognisant of professional boundaries and expectations.

Can you see a scenario where more 'cosmetic' dentistry is included in the curriculum to match market shifts?

EMcC I think our emphasis is on prevention, treatment planning and looking after the patients' oral health by long term-empowerment of patients to maintain their own oral health. Understanding the unique biology of the oral cavity and maintaining health is key. Of course, students develop a full understanding of consent, risk benefits, managing patient expectations in relation to this and doing the right thing for the patient and their oral health in the longer term. This will all feed into their management of cosmetic dentistry demands beyond dental school.

ZB I agree – I think cosmetic dentistry should be taught after dental school at postgraduate level, as ultimately cosmetic dentistry earns the practitioner more money. It should be an individual's choice if they want to pay for this extra cosmetic training and not necessarily work as a 'healthcare' provider. However, awareness of cosmetic procedures is taught within schools for safety reasons. There are so many patients on waiting lists for pain management, basic restorative and prosthetic treatment which should be addressed first, which is what the NHS is paying for when it funds 'healthcare' services. Thus, dental schools such as ours, will continue to train dental and dental therapy students to meet these urgent healthcare needs as their priority.

How will you continue to meet the needs of the patient through the right training for students?

EMcC We want students to leave knowing what the gold standard for being a dentist or dental therapist is clinically and professionally. Life beyond dental school will in my opinion prove to be challenging, but at least you know what to aspire to, what to tolerate and what not to tolerate. Students are very good at explaining disease aetiology, oral care routines patients can do at home – it is time consuming to do these well, but students do have that time. They will not always have that, but if we empower them and impart knowledge, knowing they will go out and empower their patients, that can – and is – only a good thing. Understanding and using best evidence at dental school future-proofs the clinicians of today and tomorrow. ◆

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