The mouth care *lead* nurse

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Sarah Haslam,
the Mouth
Care
Matters

lead for Dartford and Gravesham NHS Trust, describes her work and explains why more work needs to be done to bring recognition to the role.

Q. Tell me about the work you do

I am based at at Darent Valley Hospital in Kent where I am the Mouth Care Matters lead for my NHS Trust. Mouth Care Matters is a Health Education England programme designed to improve the oral health of hospitalised patients.

A large part of my role is providing mouthcare training to all nursing staff, foundation doctors and healthcare professionals. I provide one-to-one oral health advice and instruction to more vulnerable patients, such as those who may have learning disabilities, and to their carers.

Q. Tell me about your work educating general nurses about oral health issues

The aim of my role is to provide classroom and practical training in the delivery of good mouthcare to dependent patients. My clinical lead is Mili Doshi and I also work closely with the team in the local Community Dental Service. I am supported by a dietetic team, nutrition nurse and speech and language team. My daily role can be quite varied from

giving presentations and bedside training with staff to oral health promotion.

A typical day for me starts with checking if staff have requested mouthcare advice for existing inpatients who can develop different mouth care issues. The most common issue is Xerostomia. Dry mouth can develop in patients who have good oral hygiene. It can be caused by multiple medications, radiotherapy, oxygen therapy, by being made nil by mouth (NBM) before a surgical procedure or because of mouth breathing. Having a dry mouth increases the patient's risk of developing oral candida commonly known as oral thrush and it can lead to soreness.

Adhering to the scope of practice is very important. I can give advice on how to deliver mouth care but do not diagnose or advise on prescribing. I am often asked by doctors for advice as they have no oral health training so I explain this to them and suggest they speak to their senior colleagues.

Next stop is the ward round when I will review the patients with the nursing staff and see if the advice I have given has helped or if there are new staff on the ward that require

training. Working at the bedside, I ensure I am wearing full protective cover, which includes a disposable apron and gloves.

When I am discussing mouthcare, I ideally like to have the responsible nursing staff present. This gives me the opportunity to demonstrate what mouth care I would like the nurse to support the patient with and make sure the nurse is happy and competent to follow up. Then I will document our discussion and the plan in the patient's medical notes.

I see patients on surgical and medical wards as well as our children's ward. During the day I may deliver ad hoc ward training which can include giving nursing staff a quick update about mouth care products, mouth care documentation or a mouth care demonstration with a consenting patient. Throughout the year I deliver training on study days. For example, I deliver a mouth care session to the health care assistants four times a year.

At the end of the day I will record how many patients I see and what the different reasons for referral are. I audit the mouthcare recordings on a regular basis.

As the mouth care dental nurse for my Trust I may be invited to a meeting to give an update about mouth care within the Trust.

Q. Can you give me any examples where people (patients) have been suffering with a dental problem - but this has been overlooked by medical teams?

When I first started and before I began training the foundation doctors, I noticed that they did

not look in the mouth as part of their assessment. There is a big focus on eating but nobody would ask, has the patient stopped eating because of a dental issue? I teach the doctors that patients may present with a variety of mouth

care issues and that it's important to look in the mouth with a light source and ask if they have pain in their mouth. Mouth care is the responsibility of us all and the doctors really do value oral health training.

Q. Currently, the GDC recognises the general title of dental nurse – should there be other titles for dental nurses? And why?

I am an Extended Duties Dental Nurse as I have my Oral Health Education qualification and I have undertaken my fluoride varnish competency course. As the person with the dental knowledge, the general nurses, health care assistants and foundation doctors see me as team member who can support and advise them.

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Since working in hospital I have had the opportunity to work with Clinical Specialist Nurses (CNS) and they are general nurses who have gained experience or further qualifications in their specialised area such as dementia or tissue viability.

Another role that I see developing in the hospital is the nursing associate and physician's associate. These are roles that require further training and qualifications but after training, for example, the nurse associate can carry out tasks that were beyond their scope of practice role as a health care assistant.

I would love to have my role acknowledged within the GDC scope of practice for a dental nurse, just as the nursing associate role is being developed and recognised by the Nursing and Midwifery Council (NMC). Yes, I am a dental nurse but through my own training and education I have developed an in-depth knowledge of mouth care and oral health that I feel goes beyond my role as a general dental nurse in practice.

I am a dental nurse by background and training. I am proud of my role and how far I have come. I have undertaken:

- The Open University HE Cert in Health and Social Care
- An NVQ Level 3 in Oral Health
- The Oral Health Education certificate
- Dental Nurse Assessor
- Fluoride Varnish Competency Certificate.

With a robust training pathway and competencies there is a role for a mouth care specialist dental nurse. I worked at Guys and St Thomas NHS Trust a few years ago and they had a career pathway for dental nurses. One of the roles that dental nurses can apply for with appropriate training and education is a Clinical Dental Nurse Specialist.

Q. Would it be just a hospital role? Or could you see this working in practice too?

The mouth care lead dental nurse could support nurse led clinics and triage in practice and community settings. I know there are some settings that already run a nurse led clinic. In hospital it would be reviewing and advising patients, their families or carers. For

either a hospital or practice a large part of the role would be teaching. Education is so important to raise awareness especially in how poor oral health can affect our general health and vice versa. There is a need for this type of training in care homes.

Q. What sort of difference would this make to career development for DNs?

I think it would make a great difference as it would enable dental nurses to use their specialised knowledge in mouth care to support their patients. Dental nurses are passionate and make great ambassadors for integrating oral health into general health.

Sarah Haslam is lead mouthcare dental nurse for Dartford and Gravesham NHS Trust. She has been a qualified dental nurse for 13 years and worked in general practice, community and hospital. She is a qualified Oral Health Educator and Dental Nurse Assessor. Her special interest in dental nursing is supporting adults and children with learning disabilities and mental health issues.