

SPECIAL FEATURE

PUBLIC SPEAKING: A PERFECT STORM FOR IMPOSTER SYNDROME

Jo Dawson, dental nurse and oral health campaigner, describes her first forays into public speaking this year.

This year has been quite an interesting one, as I found myself moving completely out of my comfort zone. I am a dental nurse at Devonshire House Dental Practice in Cambridge and earlier this year I was asked to speak in public about my Raising Awareness project¹ and encourage other dental care professionals (DCPs) to consider possibilities outside their workplaces.

It began with a Zoom webinar which should have set off alarm bells from the outset for the plain fact that my technical abilities are poor – but thankfully the team at the British Association of Dental Nurses (BADN) managed to take over my presentation and share their screen to complete the slideshow.

It was a strange experience – I couldn't see anyone as the screen on my tablet is so small and I couldn't hear anyone as they were all muted – so it was like talking to myself! Without audience feedback I had no idea how it was going and just had to plod on.

Then, I did a couple of short speaking slots at the British Society of Dental Hygiene and Therapy's (BSDHT's) study days, which were actually face-to-face. At the first one, I felt fine at the start but got more and more nervous as it went on and I was a jabbering wreck by the end... but it was good practice at least.

The next one was calmer but again, there were technical difficulties in the venue and the host kindly offered to swoop in and assist me to keep the slides going. I was wearing my reading glasses to see my notes on the laptop but when I looked up to the delegates, they were all a blur. Hence, I received follow-up advice from a more experienced speaker and the lesson learned was to forget the notes and just tell it from the heart.

This was, naturally, terrifying as my next engagement was the British Dental Conference and Dentistry Show at the NEC in May. In the end, thankfully, it worked quite well as I could see the audience and go with the flow. Well, I say that, but at the time of writing I haven't

seen the recording which is available to view for 30 days on the conference app because so far, I haven't been able to make it work!

A couple of weeks ago I travelled up to Glasgow to speak at the British Association for the Study of Community Dentistry (BASCD) Summer Scientific Meeting. I knew that there would be a lot of eminent public health professionals in the room and that made me very nervous weeks beforehand. I don't know much about public health but it seemed to me a world away from practice life: very learned beings, up on high pedestals with lots of letters after their names. The speakers list included Deputy CDOs from Scotland, England and Wales, as well as professors, consultants and dental professionals with MBEs... what on earth was I doing there?

The theme of the conference was Inclusion, Integration and Innovation and I had been invited to speak by the president in the final segment. He'd read a few articles about Raising Awareness in *BDJ Team* and seen my #RaiseASmile video on my website (www.awesome-oral-health.com) and from this deduced that I must be quite innovative. I was flattered but not reassured in the least. It was a two-day event but because it was such a long way to travel, I decided to make the most of the opportunity and attend both days. This also gave me a bit of time to suss out what these public health people were interested in, so perhaps I might be able to tailor my presentation to be the least embarrassing version I could pull out of the bag? My slides had already been sent off to the event's tech people but they were mostly pictures and as I hadn't written any notes it gave me a bit of a free rein for adaption (more innovation?!).

I was delighted to see Nigel Carter from the Oral Health Foundation when I entered the room – one face I recognised – and had a brief chat explaining how I was hoping to get up-to-date details about Childsmile, Scotland's shining example of best practice oral health improvement programme.

The BASCD presentations began with a friendly, humorous welcome from the president and an equally engaging talk by the past president. From then on, the bar continued to rise up and up. The disadvantage



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of being the penultimate speaker on the second day was listening to all the others with a building sense of dread! If ever there was a perfect time to suffer with imposter syndrome this was it.

During one of the introductions, new BASCD president Albert Yeung mentioned that Professor Lorna Macpherson is due to retire later this year and we should congratulate her on her magnificent work. Professor Macpherson has been Co-Director of Childsmile since 2006 and lo-and-behold she was sitting on my left! So, at the next opportunity I quizzed her on the research stats and latest findings.

When the afternoon session was finished, I had a couple of hours to look at my slides before the grand presidential dinner in the Merchants House. I went through them but could only console myself with the thought that the advantage of being the penultimate speaker is that very shortly afterwards I could make a cool, sharp exit!

Don't get me wrong: I was enjoying the wonderful variety of topics and superb speakers plus the new president was a great character and had us all in uproar on many occasions. The whole atmosphere was very welcoming and inclusive; it was just my nerves making me jangle inside.

It turns out these public health people know how to have a good time. What a welcome to Glasgow we got: through speeches and food to music and dancing. By the time *Auld Lang Syne* ended the evening we were all



TONGUE AND LIP PIERCINGS MAY DAMAGE TEETH AND GUMS

Oral piercings should be removed to save teeth and gums, according to dental professionals displaying an e-poster at EuroPerio10, the world's leading congress in periodontology and implant dentistry organised by the European Federation of Periodontology (EFP), that took place on 15–18 June.

Study author Professor Clemens Walter of University Medicine Greifswald, Germany said: 'Our study found that many people with oral piercings had deep pockets and gaps around their teeth, and receding and bleeding gums. These are all signs of periodontitis, which can lead to tooth loss. People with tongue and lip piercings should remove them to protect their teeth and gums from further damage.'

It is estimated that approximately 5% of young adults have oral piercings with the tongue being the most common site.¹ Women are around four times more likely to have an oral piercing than men.

This systematic review collected the best available evidence on piercings and oral health. The analysis included eight studies with 408 participants who had a total of 236 lip piercings and 236 tongue piercings. Every fifth patient had piercings in more than one oral site. Wearing duration varied from one month to 19 years and most jewellery was metal.

The studies compared teeth and gums next

to the piercing with teeth and gums elsewhere in the mouth. Regarding tongue piercings, three in five studies found deeper pockets around teeth next to the piercing while three in four studies observed wider gaps. All four studies that examined patients for receding gums found this problem in those with tongue piercings while two in three studies found bleeding gums. As for lip piercings, the main finding was receding gums, which was observed in three out of four studies.

Professor Walter said: 'The findings suggest that oral piercings, especially in the tongue, negatively affect the adjacent teeth and gums. In those with tongue piercings, damage was particularly notable around the mandibular incisors, which are important for biting and chewing food. The likelihood of tooth and gum damage appeared to increase with the duration of wearing a lip or tongue piercing.'

'Dentists should inform their patients about the risk of periodontal complications when wearing oral piercings, and people with these piercings should be strongly encouraged to remove them.'

Reference

1. Hennequin-Hoenderdos N L, Slot D E, Van der Weijden G A. The prevalence of oral and peri-oral piercings in young adults: a systematic review. *Int J Dent Hyg* 2012; **10**: 223–228.

ceilidh'd out and happy for it. I felt I was among friends and hoped that maybe my talk would be more than politely tolerated after all.

I'd arranged to meet advisory board member Simon Hearnshaw for breakfast as he'd missed day one. I knew he would be cool and calm about his presentation and could give me the words of encouragement I craved. Thank you, Simon. Then we headed off to the venue.

As before, a torrent of incredible speakers appeared but I kept reminding myself of my planned escape and that helped quell the terror. After lunch Simon was up and he was as brilliant as everyone before him.

It was finally my spot. I had pre-arranged with the technical experts that they would leap in when my video didn't work, which they mercifully did, and apart from that the whole half hour was a blur but I got through it and with the instant feedback from the room I knew it hadn't been a complete lead balloon. I was delighted to return to my seat and listen to the final presentation, heart racing.

On the way out I got some lovely comments and on the long train ride home I saw some surprisingly kind tweets. Thank you BASCD for inviting me and making me feel welcome. I am now a member so you may never get rid of me!

I'm not sure this presenting lark is getting any easier but I've got one more lined up this year. A bit closer to home is the Private Dentistry Conference at the East of England Arena on 1 October. I'm sure there will be technical problems and plenty of nerves but as someone in Glasgow said: 'A comfort zone is a beautiful place, but nothing ever grows there.'

Please come and say hello if you go, or if not, say hello online. Taking a leap into an oral health promotion project is scary; you cannot predict what will happen but there is excitement among the challenges and I continue to be spurred on by the ultimate goals of the Raisin Campaign and all the incredible people I have met along the way.

Reference

1. Dawson J. Raisin awareness – My campaign to eliminate cariogenic snacks from schools. *BDJ Team* 2021; **8**: 38–39. Available at: <https://www.nature.com/articles/s41407-021-0556-5> (accessed July 2022).

CONTRIBUTE TO OUR THEMED ISSUES IN AUTUMN 2022

BDJ Team began publishing two themed issues a year in 2020. This year, our themed issues will focus on:

- **Dental hygienists and therapists.** October 2022
- **Mental health and wellbeing.** November 2022.

In the issue focused on dental hygienists and therapists we will present profiles of dental hygienist and therapists, preview speakers due to appear at the British Society of Dental Hygiene and Therapy's (BSDHT's) Oral Health Conference in November, explore issues affecting dental hygienists and therapists, and we may present research conducted by dental hygienists and

therapists, either undergraduate or fully qualified.

In the mental health and wellbeing issue, topics we might explore include mental health wellness, mental health first aid, stress, being active for good mental health, self-esteem and mood, suicide awareness, and achieving goals and challenges.

We would like to invite you to contribute to these issues of *BDJ Team* and would love to hear from possible writers/authors, contributors and potential interviewees. We would also be pleased to consider topic suggestions and ideas. All interested parties are encouraged to contact the *BDJ Team* Editor, Kate Quinlan, k.quinlan@nature.com or bdjteam@nature.com.