PERSONAL ACCOUNT

Being a max-fax DCT

Melissa Loh, 26, is in her second year as a Dental Core Trainee/Senior House Officer in an Oral and Maxillofacial Unit at Arrowe Park Hospital in the Wirral, Merseyside. Melissa reflects on her career to date and future aspirations.

Working in a district general hospital maxillofacial department, every week is broadly speaking different to the last. Clerking patients on theatre days dictates being out of bed early, whilst longer on-call shifts mean you get into bed later. Working as a dental core trainee in an oral and maxillofacial setting, I have come to appreciate my weekends a lot more as I used to take these for granted, however, being rota-d onto working weekends makes the weekends off more valuable! Due to the longer working hours, I do have allocated 'respites' or rest days which allow for the more mundane errands to be carried out – eg visiting the post office!

Prior to my current rotation, I was covering the non-resident out-of-hours regional on-call at Alder Hey Children's

dexterity which initiated my interest in the dental profession.

Being a dental core trainee (DCT) working in a maxillofacial department is nothing any prior reading could have prepared me for. During the initial 'teething' months as a DCT, I often felt out of my depth, thinking 'undergraduate and foundation training has not prepared me for this'. However on reflection, my learning curve was truly exponential and dare I say... exciting. Being called to A&E to assess a patient is like pulling back the curtain on a blind date, you never quite know what you'll get. Could it be a screaming child with their teeth in their hands? Or an abusive drunk whose dog has just taken a bite off his ear-lobe?

It's probably against popular opinion, but there isn't anything quite like nicking open a

I was recently asked what 'life skill' I am deemed to be good at, and I answered 'good time management'. However, there have often been moments as a DCT when I have found managing time to be entirely unpredictable and extremely challenging. The challenge of managing time is often dictated by patients turning up late to their appointments, chasing missing blood results, or having to sift through paperwork and mountains of patients' notes.

I undertook my dental foundation training in North Wales and I remember thinking a lot on my first day 'what is happening?!'. As a fresh faced dental graduate, the idea of having your own list of patients for the day and being 'let loose' without the safety-net of a clinical tutor breathing down your neck was bound to spark some anxiety. However, I look back on my year with the fondest memories as I had an incredibly good experience. My educational supervisor was always on hand to provide reassurance and top-tips and until this day, I can still hear his voice saying 'do it this way' or 'don't do that!'.

I discovered early on that the job description of a dentist should include the ability to plan ahead, build rapport but remain professional, as well as have the ability to multitask. These qualities have to be demonstrated whilst seeing patients appointment after appointment, avoiding being weighed down by the drama of one patient to the next. From cutting my first independent metal ceramic crown prep to obtaining my first needlestick injury – my foundation practice was immensely encouraging and empathetic throughout. The nurses I was lucky to work alongside aided in shaping me from the tentative somewhat-floundering 'baby-dentist' into someone who had a better idea of patient management towards the end of my training year. ➤

'I discovered early on that the job description of a dentist should include the ability to plan ahead, build rapport but remain professional, as well as have the ability to multitask.'

hospital from 5 pm–9 am the following day. This was a new experience for me, as I had not experienced being 'bleeped' from the comfort of my own bed in the early hours of the morning before!

My dad is an orthopaedic surgeon (medic) and so growing up I was always in an environment where healthcare and patients were deemed the 'norm'. I remember doing work experience in various healthcare professions; however, after spending some time with my local general dental practitioner, I was able to appreciate the wide variety of opportunities, available specialities and the emphasis placed on good manual

big, juicy infected facial sebaceous cyst. It's an unrivalled intimacy between yourself and the patient: you behind the safety of an apron, scalpel in one hand and the patient's cystic contents sat in the kidney dish between you. The relief of the cheesy material breaking the surface and the aroma in the A&E cubicle is something a YouTube Video could not do justice.

In addition, the support of seniors, nurses, doctors of various specialities or your own consultants makes an incredible difference and being able to liaise with such a large multidisciplinary team has been the most enjoyable aspect so far.

« A good network of support is always of importance, particularly outside of work, and I tend to gravitate towards friends working in other professions to 'switch off' from the stress dentistry can bring on. My non-dentist friends are on hand to remind me life isn't just about teeth!

My other interests outside of work include taking part in voluntary opportunities including serving and preparing community meals and gate-stewarding for music festivals. I also enjoy keeping active: I am a black belt in Jujitsu which is something I

achieved alongside my brothers growing up (whilst simultaneously showing them who's boss!).

Regarding my own oral health, I remember learning about the caries cycle and process as an undergraduate student and this is something that really resonated with me. Colleagues, friends and family who know me will all describe me as 'pedantic' in this respect as I am keen on finishing the majority of my meals with cheese. Fizzy drinks are a no-go in the house and I must admit I am a very avid flosser.

Throughout my career thus far as a DCT I have been provided with many opportunities to teach a variety of colleagues in various settings including: undergraduate dental students, foundation dentists, fellow DCTs and physician associates. Following this, I was enthused to enrol on a postgraduate certificate in 'Teaching and Learning in Clinical Practice' which I am currently undertaking. I hope that the theories and concepts I learn in these modules will be reflected in my practice. I am looking forward to my future career in the dental profession. ■

Facial surgeons call for better frontline staff training as lockdown may lead to increase in incidents

New research¹ from oral and maxillofacial surgeons (OMFS) at King's College Hospital in South London has called for targeted training of frontline staff to improve recognition of domestic violence victims so appropriate safeguarding referral protocols are implemented.

The call from maxillofacial staff at King's follows the results of an 18-month study of all domestic violence cases with severe facial injuries treated by the King's OMFS team, and survey findings that looked at the attitudes of the maxillofacial team to recognising domestic violence. The move comes at a time when existing studies have found facial injuries reported in 76% to 94% of domestic violence cases, and make up 32% of all violent crimes.

The survey revealed frontline maxillofacial staff who treated domestic violence victims in the emergency department (ED) were only 'somewhat confident' in recognising victims of abuse. The accompanying case review confirmed that the majority of victims had been assaulted by current or ex-partners, and punched in the face or assaulted with household objects such as a knife or lamp.

Senior author, Consultant Maxillofacial Surgeon Kathy Fan explained that because facial injuries are common in domestic violence cases, maxillofacial teams are ideally placed to screen for victims and alert safeguarding.

Co-author Holly Boyes (pictured), maxillofacial junior trainee who works

Holly Boyes

weekends and nights at King's, highlighted how a patient she had treated made her think that they should be picking up domestic violence cases at the time, 'not afterwards when it's too late'.

In a recent incident, Holly Boyes treated a patient who had had a bottle thrown at them in a bar, leaving the patient with a bad cut over an eye: 'I decided I should ask a little more about the injury, and that's when the patient started crying and admitted it had been their ex-partner who threw the bottle.'

'The safeguarding team at King's is fantastic, so I asked for the patient's permission to ring

them and made the referral. It seemed like a bit of a relief to the patient.'

She admitted that she hadn't been comfortable about asking, and realised that her colleagues would probably be in a similar position. She took the survey findings to the monthly maxillofacial team meeting and invited the King's safeguarding team to do some training about how to go about asking those difficult questions.

'If it's happening at King's, then maxillofacial teams everywhere are missing the signs of domestic violence. We're in the right place to offer the support of safeguarding teams to protect patients in the short and long-term.'

Kathy Fan added: 'All healthcare staff play a part in supporting victims of domestic violence, and COVID-19 (coronavirus) self-isolation may lead to an increase in cases. But, don't forget, King's together with other NHS hospital safeguarding teams and Victim Support are still in place, and still working to help people.'

'BAOMS is right to advocate for increased training, so that staff can feel confident asking and acting on signs of domestic abuse, particularly in difficult situations such as when children or a partner is present.'

Reference

1. Boyes H, Fan K. Maxillofacial injuries associated with domestic violence: experience at a major trauma centre. *Br J Oral Maxillofac Surg* 2020; **58**: 185-189.