PERSONAL ACCOUNT

A DCT on a trauma and orthopaedic ward

By Melissa Loh, Year 2 DCT; K. Iyengar, Trauma and Orthopaedic Surgeon; and W. Y. C. Loh, Consultant Orthopaedic and Upper Limb Surgeon

It is April 2020: I am a dentist on a trauma and orthopaedic ward round trying to source out the juiciest venous entry for cannulation – on an ankle of a patient who has had a hip hemiarthroplasty.

Whilst I'm trying to piece together in my mind the blood supply of the foot (I'm sure we vaguely covered it sometime in first year dental school), I look over to the 'Pre-Foundation One (Pre-F1)', post-final year medical student I've been paired up with and think this is so 'bloody' far from the other end of the body I ever thought I'd be working with. Pun intended.

My colleagues and I have been scattered and sprinkled around the hospital in the name of redeployment. As a dental core trainee in an oral and maxillofacial department in a district general hospital, our 'normal' job duties are pretty much exactly what they say on the tin. To break that down further: anatomy below the level of the neck is somewhat hazy. So inevitably, there is a general angst amongst those of us who have recently been redeployed onto medical departments where there is largely no talk of the head and neck region. Mixed amongst that angst is an undertone of fear: whether it is showing symptoms having assisted on COVID-19 hospital zoned 'red' wards or taking a little piece of coronavirus home to share with the rest of our household.

Prior to leaving behind the oral and maxillofacial department, my dental colleagues and I were 'upskilled'. The general principles of trainees having to remain vigilant under pressure, manage an acutely unwell patient and when to escalate concerns to a senior colleague were transferable skills we were advised were useful elsewhere. The GDC released a checklist of skills within the dental profession that were deemed 'transferable'. Up-skilling included fit testing for Filtering Face Piece (FFP3) masks, education on 'donning' and 'doffing' personal protective equipment (PPE) in line with (rapidly evolving) guidelines, alongside other administrative tasks. Checking haematology results, chasing referrals and ordering imaging through Pictorial Archiving Computer System (PACS) were all tasks we were set to encounter. During this time, many of us took to continuing our CPD through online courses in 'telemedicine' that could complement our roles in redeployment.

Redeployment on a trauma and orthopaedic ward has been an exponential learning experience for me. During the initial teething period of my redeployment, many a time I felt my role was similar to 'spot the (probably panic-faced) dentist' on a busy medical ward. The lack of dental chairs and drills are a foreign field – but there were plenty of opportunities for me to learn new skills and adapt to a new environment. From learning the colour bottles to bleed patients, completing medical discharges, prescribing medicines I had only previously come across in a textbook, to appreciating the basic radiolucent and radiopaque features of an AP pelvic radiograph, I have gained a multitude of new competencies I had never anticipated to visit. These unprecedented times have allowed me to appreciate the vast amount of knowledge covered amongst the various specialities within the hospital setting.

The most challenging scenario I have encountered to date is visiting a pleasant 82-year-old lady on a ward round having been admitted and appropriately treated for a closed intertrochanteric fracture of the hip. Prior to approaching the patient I had been briefed on what aspects of the history taking were deemed of relevance and how to carry out a brief clinical examination. Where I appeared to stumble however, was trying to explain why I, as a dentist, had appeared to examine the neurovascular appearance of her legs. After explaining and justifying how COVID-19 had led me to redeployment and now to examine her lower half of her body, she politely nodded, smiled warmly and thanked me for my 'dedication'. Needless to say, this encounter kept my spirits high for the remainder of the afternoon.

Within the dental community in the UK, there are approximately 33,000 dentists registered with the GDC, with a small portion of that number working as DCTs in a secondary care setting. Thus DCTs are a very small breed within the hospital setting itself, and it is important for us to keep in contact with each other. My colleagues and I find ourselves swapping anecdotes of the various unfamiliar non-dental tasks we've performed at the end of each day. Long gone are the words 'root canal' and 'extraction' in our group chat. Lately, they have been replaced with 'did you manage that arterial blood gas today?'

The same GDC principles such as 'put patients' interest first' are still honoured regardless of the setting!

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Over the last few weeks, I have been able to observe the multi-coloured plastered orthopaedics casts, gain insight into how a medical ward is run as well as appreciate the nature of the camaraderie in the department. From the domestic staff to ward clerks, physiotherapists, healthcare assistants, pharmacists, phlebotomists, final year medical students/pre-F1s, doctors and nurses, everyone has pulled together to deliver the best possible care regardless of the current crisis.

For the weeks to come, a lot continues to remain uncertain. Understandably, many lives will be changed by the pandemic which has affected the whole world. I feel incredibly lucky to be able to contribute a tiny part to an NHS who really work together as an invaluable team endeavouring to combat COVID-19. However, I really do wish I had paid more attention to the body beyond the mouth back at dental school. ■

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