Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.
The abstracts on this page have been chosen and edited by Paul Hellyer.

Oral disease in nursing homes

Hoben M, Yoon M N, Lu L, Estabrooks C A. If we cannot measure it, we cannot improve it: understanding measurement problems in routine oral/dental assessments in Canadian nursing homes – part I. *Gerodontology* 2020; DOI: 10.1111/ger.12449.
Yoon M N, Lu L L, Ickert C, Estabrooks C A, Hoben M. If we cannot measure it, we cannot improve it: understanding measurement problems in routine oral/dental assessments in Canadian nursing homes – part II. *Gerodontology* 2020; DOI: 10.1111/ger.12467.

Poor communication and training denies opportunities for prevention.

Poor oral health among nursing home (NH) residents causes pain and discomfort, and may lead to malnutrition and respiratory disease. Altered aesthetics and speech may lead to loss of self esteem and social isolation. The Resident Assessment Instrument–MDS 2.0 (RAI-MDS2.0) is used in many countries as a validated and reliable tool to assess and monitor NH residents. However, the nine items within the instrument which assess oral health status have been shown to have limited value, recording general items such as swallowing and chewing problems, pain, presence of debris, dentures and missing teeth, broken loose or carious teeth, gum problems and daily cleaning.

In part 1, the authors compared the oral health status of a sample of residents (n=103) from four nursing homes, as assessed by 1) experienced dental hygienists (DH) and 2) research assistants (RA) specially trained in the use of the oral component of RAI-MDS2.0, with the records held by the nursing home. The number of issues identified by both DHs and RAs exceeded those recorded by the care staff. For instance, care staff had recorded no pain or gum problems and that only 1% of the residents did not receive mouth cleaning once per day. RAs found pain in 16% of residents, gum problems in 17% and no daily cleaning in 51%. DHs found higher rates of tooth problems (24% v 4%) and gum problems (75% v 0%) than care home staff. The inter-rater reliability between the RAs was generally poor but generally good for the DHs.

A lack of training and consistency is highlighted in part 2, using focus groups to unpack the issues raised in part 1. The diagnosis of pain, for instance, depended on the resident being able to verbalise it as an issue, despite many of their patients having dementia and consequently being unable to describe their problem. Oral pain, therefore, might (or might not) be recognised by a change in eating habits. One nurse reports recognising a tooth as discoloured, therefore noted it as carious. Nursing aides thought an unpleasant smell and a black appearance was a sign of dental caries. Oral problems only appear to be reported when disease was severe, thus limiting opportunities for early intervention and prevention. The authors suggest that the descriptions of mouth problems within the RAI-MDS2.0 user manual are limited and unhelpful. The need for improved standardised definitions, appropriate to non-specialist staff, and training to teach assessors exactly what to look for, would provide early warnings of oral disease and improve the accuracy and efficacy of RAI-MDS2.0.

<https://doi.org/10.1038/s41415-020-1997-5>

Communicating risk of disease risks relationship

Lavery L, Harris R. Risk work in dental practices: an ethnographic study of how risk is managed in NHS dental appointments. *Social Health Illn* 2020; DOI: 10.1111/1467-9566.13154.

Risk is frequently presented defensively.

Assessment of the risk of disease has become central to preventive dentistry and is a core part of the new NHS contract. The communication of that risk, however, may threaten the equilibrium of the clinician/patient relationship and could lead to both parties losing face.

In this study, 368 dental appointments of all types, in five NHS practices, were observed and notes taken of clinician/patient interactions by a medical sociologist. Explicit mention of risk was found to be uncommon and where it was used it was more frequently in connection with risks of treatment, not disease. Where risk was explicitly discussed with regard to treatment, or issues such as smoking cessation, the clinician tended to distance themselves by implying that it was a professional obligation to raise the subject. Clinicians frequently used soft words such as ‘might’ or ‘may’ to avoid causing offence. Discussions of risk may be characterised as defensive and that advising patients about lifestyle behaviours ‘ignores the tricky work dentists have to do to get patients to accept and act on risk whilst maintaining professional relationship and rapport.’

<https://doi.org/10.1038/s41415-020-1998-4>

Success is more than a well contoured restoration

Leadbeater D, Madden J, Ross B, Russell E. Transition to dental practice: Newly graduated dentists' views on being successful in dental practice. *Eur J Dent Educ* 2020; DOI: 10.1111/eje.12565.

Success involves teamworking and belongingness, too.

Success is multifaceted, having different meanings to different people, and for dentists this may include combinations of a successful business, successful clinical outcomes or being comfortable with one's identity within the profession. How newly qualified dentists define success has not been previously investigated.

Using semi structured interviews, five themes for success emerged with 12 new graduates – a smoothly running day; being busy and productive; providing care to a high standard; generating personal meaning, having a good work/life balance and boundary setting; connecting and belonging, through mentoring, team work and integrating into a community.

As technical expertise and clinical confidence is gained, a much wider view of success and being a good dentist develops. Building relationships and reputation with the local community is perceived as an important part of professional success. The influence of the first workplace on future professional development is under researched.

<https://doi.org/10.1038/s41415-020-1999-3>