SPECIAL FEATURE

Foundation dentists on the frontline

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During the first nationwide lockdown due to COVID-19, in March 2020, NHS England and HSE quickly enacted redeployment strategies to build capacity in ICU and on hospital wards. Alongside students, retired doctors and nurses, many dentists also stepped up and played crucial, coal-face roles. Dentists found themselves working outside of their comfort zones and in circumstances which 'BC' (before COVID) would be unfathomable.

It is telling that of all the unyielding praise for the NHS and keyworkers, dentists were seldom mentioned. Perhaps laypeople do not recognise dentists as a core part of the NHS who care for sick patients in the same way as a nurse or doctor.

This article aims to provide a varied insight into the vital work done by three different dentally-qualified professionals in one of the busiest hospitals in the UK during the peak of the COVID-19 pandemic.

Hussein – Oral and Maxillofacial StR

At the start of March I spoke with colleagues in ICU; I could see firsthand how overwhelmed they were becoming with the vast number of COVID admissions. They were desperately trying to increase their capacity to cope. Alongside many other healthcare professionals, I volunteered to be re-deployed to ICU.

I thought being dual-qualified, and having worked in ICU before, would stand me in good stead. However, it became clear that this would not be like the ICU that any of us were used to. The ICU trained nurses and doctors were spread thinly and the normal 'rules of engagement' were shredded. Even now, it is hard to believe that this could happen in one of the wealthiest cities in the world.

> 'I came away from this experience with a new lack of cynicism'

I think perhaps as a surgeon you become accustomed to a degree of detachment between yourself and the patient. However, this was often violently disturbed on arriving to a shift to find a colleague occupying a bed and a ventilator. I do remember joking with other juniors that we were developing bouts of chest pain and shortness of breath at unusual times. Even now, we wonder whether this was a manifestation of the virus or anxiety.

Left to right: Meera Galaiya, Alexander Rae, Julia Hurry, Joelle Booth (Foundation Dentists)

Although there were a few close calls, I can say that by and large we had sufficient PPE in ICU. But this created its own problems. Communication is very hard and even simple procedures are cumbersome. Prolonged periods in PPE can cause dehydration, fatigue and loss of concentration and these effects on staff and patient safety have yet to be elucidated. It is likely that enhanced PPE is here to stay and these human factors need to be addressed.

However, the overall experience was mostly a positive one. Despite being a perennial pessimist, I actually came away from this experience with a new lack of cynicism. There were many staff who impressed me every day with their dedication and resilience and I was forever impressed by the ICU nursing team. Their roles are made unbearable by the heavy PPE and they often did the hard, tiring work for these patients.

On any given shift I worked with an ICU doctor, general surgeon, ophthalmologist, a geneticist, orthopod, urologist, physician, and GP amongst others. Often we can end up in a bubble and it takes an extreme scenario such as this to pop it. It has engendered a real (and I hope lasting) sense of teamwork and friendship amongst colleagues.

Of course my surgical training has been curtailed whilst operating is on a hiatus, however, I also recognise that training is not prescriptive or linear. It behoves us as surgeons to take direct roles in tackling COVID, not to mention to support our medical colleagues. We also need to recognise that the virus is here to stay; the sooner we develop the clinical and academic skills to manage these patients, the better for all of us.

Rohan – DCT2

During my first month of DCT1 in Oral and Maxillofacial Surgery, bright-eyed and bushy-tailed from a fruitful year in foundation training, a heavily-accented nurse on the hospital ward requested that I write a drug chart for a pre-operative head and neck cancer patient. What should have been an incredibly ordinary task was not so foolproof in my case. I rushed to a colleague:

'Mate, have you ever heard of this antibiotic, *Normacillin*?'

'No idea.'

Some fumbling around with the BNF, some critical thinking and some consultation with the medically-qualified junior doctors later, I ultimately wrote the patient up for a bag of 'normal saline' as initially expected. This was the first of many bubble-bursting and humbling moments that I would experience as an SHO, yet a mere 18 months later, now a DCT2, I found myself replying to an email, volunteering for redeployment to ICU as part of the fight against COVID-19.

As dental core trainees, we often develop an arrogance that we have suddenly come to be junior doctors without the hassle of undertaking an MBBS. Our responsibilities: holding a bleep, assisting in theatre, seeing patients in clinic and managing those admitted on the ward can make us easily forget our dental roots and how far removed we have become from our natural habitat. The coronavirus pandemic could not have grounded us further. However, as part of a larger team of healthcare professionals, we proved our worth and played a small, but significant role.

Dentists were often overlooked in the mainstream media as those contributing to the frontline but our skills as communicators, team-workers and problem-solvers allowed us to be far more than bystanders during the height of the virus' spread. In and amongst a team of fellow dental core trainees, foundation dentists, physiotherapists and speech and language therapists, we worked closely with the intensivists in a constantly changing, unfamiliar and pressurised environment. It was only after entering the newly fortified ICU in the full and sweltering enhanced PPE that I truly appreciated the damage this disease was inflicting, the mountain that the medics were facing and the genuine need for all-hands-on-deck.

The natural and eventual progression of this realisation was to think of the long-lasting impact this was to have on our NHS and on our profession as dentists. At the time of writing, this remains to be seen, however, I am confident that should, in the undesirable event, another similar world-changing incident occur, dentists will be ever-ready and capable to join the fight, as well as better adept to look after their niche in the wider medical world. I urge dentists, not only in times of medical emergency, to not underestimate their potential to support their medical colleagues, to add to the holistic care of their patients and to develop themselves as healthcare providers.

Joelle – DF1

Halfway into dental foundation training to heading into an intensive care department to face the COVID-19 pandemic head on was intimidating. I was apprehensive about how I would cope with seeing patients who are so unwell and whether I would be more of a hindrance than a help. My key role in ICU was proning patients alongside the anaesthetics team.

During a pandemic as staggering as COVID-19, being part of a wider team who are so willing to manage the unexpected, learn from experiences and deliver the highest level of care during a crisis becomes vital. One of the key things that struck me during my time redeployed was the willingness of staff members to give everything they could for their patients; although as dentists we were stepping into unknown roles, we were not alone. Consultants were covering the roles of junior doctors, staff members worked outside their contracted hours and others like myself were staying away from home in allocated accommodation.

Working in a hospital environment has changed my career aspirations and it has given me the confidence to gain further experience in a DCT post. It has highlighted the importance of sometimes overlooked soft skills such as empathy, communication and problem solving which are vital in allowing us to be adaptable to change. The experience has made me thankful for the small things I have previously taken for granted when treating my patients, such as being able to have a conversation with them, communicating without high levels of PPE acting as a barrier and patients being able to bring loved ones for support to their appointments. Returning to practice with the knowledge I gained being in ICU has allowed me to act as a mentor to staff due to my firsthand experience in infection control and PPE and it has been comforting being able to console staff who are finding the transition back to practice overwhelming.

> 'We proved our worth and played a small, but significant role'

Unlike our medical counterparts, as general dental practitioners we are not primed to manage the challenges faced by treating patients in intensive care or experiencing patients passing away. It is a stark reality of the COVID-19 pandemic that of those placed on ventilators less than a third survive. This takes its toll emotionally, physically and on those in the team. It was especially difficult managing this alongside being distanced from friends and family. My time working in ICU on the frontline might be over but the memories of loss, thoughts of the long road to recovery ahead for survivors, and the mental health impact on staff will stay with me.

Conclusion

Going forward, there are important learning points for consideration of redeployment. Once the dust settles, it would benefit us all to consider a detailed and thorough reflection on benefits and issues of redeploying staff. It may even allow us to consider re-evaluating how best to train doctors and dentists. However, no matter the outcome, we remain confident that we can rely on the dentally qualified to play their role in tackling COVID-19. ■

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