

My experience in an oral and maxillofacial post as a profoundly deaf dental core trainee

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In brief

Provides insight as to the challenges faced by those with hearing difficulties in a DCT post.

Discusses the use of technological support to assist those with hearing difficulties.

Outlines the role of a dental core trainee in an oral and maxillofacial surgery post.

This article reviews my experience as a profoundly deaf dental core trainee (DCT) in oral and maxillofacial surgery at Wythenshawe Hospital – working on call, carrying out daily clinics and assisting in theatre. A novel set of challenges presented, such as understanding conversations on the phone and minimising interference from background noise. Support was sought from Occupational Health, Access to Work and FM Hearing Systems, who provided practical advice and technological solutions. This year has improved my confidence and who I am as a person, and as a dentist. Plus, due to my newfound technical support I am able to hear a lot better on the phone now. It is hoped this article will provide a useful insight for employers on how to support employees with hearing difficulties, and inspire future candidates.

I am a bilateral cochlear implant wearer. I had my first implant when I was nine years old and my second implant in the Christmas holidays in my first year of dentistry ten years later.

My parents tell me that when I was diagnosed as profoundly deaf at 11 months old, they had no idea how my hearing loss was going to impact on my life. With no experience of deafness they feared that this would be a huge handicap, but they were determined that I should have every opportunity to reach my potential. My parents always encouraged me to chase my dreams and as I progressed through school, I became increasingly focused on being a dentist and was over the moon when I was accepted as a BDS student at Manchester University in 2010.

My time at Manchester and the foundation year were really rewarding and I was full of optimism as I approached my new position as a dental core trainee (DCT) in oral and maxillofacial surgery at Wythenshawe Hospital in September 2016, and then I discovered that a

large part of the appointment required me to use the phone to speak to other departments in the hospital. This should not have come as a big shock to me and I quickly understood the requirement to speak with A&E, the ward or through an external line to another hospital, to a general practitioner or dentist, but as I had always found it difficult and in some cases been unable to hear on the phone, my confidence suddenly dipped. For the first few weeks in the post I really did question whether I had made the right decision to take up a DCT post, or whether this was going to be a challenge too far for me?

However, having overcome the obstacles associated with profound deafness to qualify as a dentist, I was determined to find a way to make this post work for me. I contacted Occupational Health and attended for an assessment. The Occupational Health doctor suggested budding up with another person who could take calls for me, but one of the consultants pointed out that it was not practicable to have to rely on others to help me access the phone in the fast moving hospital environment. Another suggestion which was put forward to help me lip read in theatre, was the use of clear visors, but again I was advised by a consultant that this was not an option. It was at this stage I contacted Access to Work in hope of other strategies that might work.

Access to Work suggested technological solutions. Initially, I was sceptical. When I was at school, I used to wear bulky radio aids. These direct input receivers not only made me feel awkward but did not actually do the job they were supposed to do, as the feedback and static made it more difficult to hear the teachers. When Access to Work suggested a type of radio aid, I was reminded of these bad times, but it was a lifeline so I was willing to try it again.

Technology of course had moved on considerably even in the relatively short time since I had left school, and I was quickly introduced to the Roger System by an external company called FM Hearing Systems. The receiver/transmitter is a 'pen' which connects to landline phones through an adaptor or to my mobile phone, and then transmits sounds directly into both of my cochlear implant processors while at the same time cutting out all the background noise. The system also includes three small microphones which I could persuade the trainers to wear in theatre allowing me to hear them better through the mask and at the same time cutting out the background noise. It took a few weeks to master the technology, particularly learning to understand a variety of unfamiliar voices on less than clear lines, but this was a major breakthrough for me and gave me the confidence to continue with the placement.

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Figure 1 shows the Roger pen docked into the landline adaptor. I have six telephone adaptors, five of which I leave on dedicated phones across the hospital and one I carry around with me in case I am not near one of the dedicated phones.

Figure 2 shows three clip on microphones which I can give to three other surgeons during theatre sessions.

At Wythenshawe hospital there are five DCTs and we have a five week rolling rota which consists of clinics, assisting theatres and being on call.

We have a variety of clinics at the hospital. Every morning there is a trauma dedicated clinic where we can book our own patients requiring urgent follow up, such as facial fractures, and lacerations that need stitching up. Once a week there is a consultant led clinic to see patients referred to the hospital by dentists and GPs, and this allows us to learn how more complex cases are managed in secondary care. These cases involve difficult extractions, complex medical histories, oral lesions and TMDs. And finally there are the pre-op clinics, where the DCTs ensure that all the appropriate investigations and consents are completed before surgery.

I particularly enjoy assisting in theatre where I have the chance to see a wide range of cases from major head and neck cancer operations, which can take up to ten hours, to facial trauma, orthognathic surgery and dento-alveolar cases. There are a few dento-alveolar theatre sessions each week so there are plenty of opportunities to develop oral surgery skills, from simple extractions to raising flaps, bone removal, tooth division and suturing. With limited experience of surgical procedures before my DCT post, this year has provided an invaluable opportunity to learn and develop my skills.

Our on call hours are from 8am to 8pm and we either do a block of four days in a row during the week (Monday to Thursday) or three days (Friday to Saturday). Fortunately, we do not have to cover nights, which allows us to be around more during the day on clinics and assisting in theatres which means plenty of new learning opportunities. In addition, every couple of weeks one of the DCTs gives a presentation to our group which is observed by our educational supervisor. The weeks are busy and varied, but there is time for personal study and admin, audits or sometimes if the on call DCT is busy, lending a helping hand.

On call at Wythenshawe can sometimes be very demanding, and when there is a lot going

on it is easy to feel stressed. The first on call I did was a weekend, which I initially found tough. Having only just started the job and beginning to find my feet, I had to attend to a variety of patients that were referred by the A&E department with cases that I had not come across before. At the same time I had responsibilities for taking care of patients on the ward, was required to assist in the emergency theatre list, and of course I had the dreaded telephone to contend with that weekend. My next weekend on call was by contrast very quiet, so the weekends can vary a lot, or maybe I was just more used to the job and was able to manage my time more efficiently!

The A&E department can be a challenging environment at times, as it can be very busy and loud. There are a variety of patients, particular those who may be distressed and in pain. When I see patients on A&E I always try and find a room rather than a cubical which helps me reduce the background noise. I also tend to pick up on body language and other non-verbal communication methods to help me understand their concerns.

Occasionally, some patients do notice that I have hearing loss and wear cochlear implants, and they say kind things about how I am coping and how impressed they are that I am doing the job that I am. Some do ask how long I have had the cochlear implants, which I am happy to talk about. One patient actually mentioned how her hearing is currently deteriorating and how I have given her hope for the future, which I thought was very rewarding.

Wythenshawe is a large hospital with many staff and departments. However, the nurses on the maxillofacial department are invaluable to us, as they are always around to help you.

They have also been particularly interested and amazed at how I have managed to adapt and cope with this job with my hearing difficulties. My colleagues have also been really important to me. I explained to them at the start that I was deaf, and that it would help me enormously if they could speak clearly to me and sometimes repeat things so that I do not miss anything. Their understanding and support has made my experience a lot easier.

I definitely underestimated the demands of the job and probably went into my DCT year not really knowing what to expect. To summarise I would strongly advise others who may be considering doing a DCT maxillofacial post to gain some shadowing experience before the job, at least to prepare you for what



Fig. 1 Roger pen docked into the landline adaptor



Fig. 2 Three clip on microphones

to expect. This is where I identified potential issues and was able to address them early on into the job and to find the support required to ensure I got the most out of the opportunity.

For anyone in a similar position to me, Access to Work and the company FM Hearing Systems have both been useful contacts in providing technological assistance and understanding what practical support is out there for those with hearing difficulties. They are able to offer tailored solutions based on individual

needs, and to supply a variety of specialised equipment that works well with different hearing aid and cochlear implant systems.

And one final tip is make sure to try speak to your new employer and contact these organisations at the earliest opportunity as possible, and be very open minded about trying new things!

Despite all the challenges I have had to overcome, I feel that this year has certainly improved my confidence and who I am as a person and as a dentist, and, due to my newfound

technical support, I am able to hear a lot better on the phone now. Whatever comes next, I do not believe anything will compare to the additional knowledge, skills, experience and confidence I have gained as a maxillofacial dental core trainee.

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