

# ‘If you’re confident your competence shows through’

## Rachel Hughes

loves tea and hates bananas, but here she tells us how she created the role of clinical treatment coordinator within her dental practice.



‘I have just finished reading the latest issue of *Vital* and felt that the time was right to send this email. I am really interested in joining your reader panel. It is the first time I have considered doing something like this in my 17-year career in dentistry but I feel that I would complement your existing panel very well.’

Rachel Hughes, 35, is a Clinical Treatment Coordinator and Training Manager at JM Dental Care in Sutton Coldfield. When Rachel contacted *Vital*, fresh from making a presentation at the Dentistry Show dental nurse forum, she was bursting with enthusiasm about her unique role within the dental team and eager to inspire other dental care professionals (DCPs). Luckily for *Vital*, Rachel agreed not just to being on the reader panel, but to telling us more about her role and gracing the cover of this issue.

Rachel explains: ‘I’ve taken the treatment coordinator role in my practice, expanded it to encompass the extended scope of practice for a dental nurse and created what I call “clinical treatment coordination”. Through post qualification training, competency training and experience I have effectively become a treatment provider working completely under the prescription of a dentist.’







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Rather than traditional treatment coordination where the dentist will present a treatment plan at an options meeting with the treatment coordinator and patient, Rachel presents that treatment plan and goes through the necessary consent for each procedure.

‘It’s a role that’s not only very rewarding for me but that has motivated other members of the dental team, shown other less experienced dental nurses what they can achieve and how they can develop themselves further, increased practice turnover and treatment uptake, and importantly that has changed the way our patients view us, the dental nurses. I am very passionate about this role!’

#### From lab to practice

Mum of two Rachel came to dentistry when her original career choice of medical illustrator did not go to plan. Having completed a BTEC National Diploma in Photography, she went to work in a photographic lab but found that medical illustrator jobs were non-existent. So, as she had always had an interest in medicine, she sat a general nursing entry exam but didn’t gain enough points.

Applying to re-sit the exam Rachel discovered that they were all

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fully booked for the rest of the year – and that is when she



saw an advert for a trainee dental nurse with an agency who arranged a placement and paid for college.

Rachel thought that the experience of being a dental nurse might be a stepping stone to general nursing, but ended up staying in her first dental practice for nearly five years.

Amblecote Dental Practice was a five-minute walk from Rachel's home in Quarry Bank, near Dudley. 'On my first day I remember thinking "wow, this is busy" and that the head nurse looked so calm and in control. I thought I was never going to be able to work that fast or remember all the computer codes to chart.'

'Once I was settled at the practice and discovered the different development paths dentistry could take you I was keen to pursue a career.'

Rachel started dental nursing in July 1996 and at that time the only qualification available was the National Diploma, but, as Rachel explains, 'you didn't have to qualify. Nurses had to work a minimum of two years chairside before sitting the national exam. I did apply to sit early, in November 1997, but wasn't allowed my certificate or to call myself qualified until that two year period had lapsed. How times have changed!'

### Extended skills

Rachel has since worked in several practices, at Birmingham dental hospital and for Boots dental care and started to extend her skills well before statutory registration with the General Dental Council (GDC) was introduced. In 2002 she gained the Certificate in Dental Radiography; later she completed the Level 4 Certificate in Oral Health Promotion.

Rachel had progressed to carrying out a treatment coordinator role in her practice combined with chairside duties. Gaining confidence from being an oral health educator, registering with the GDC and with the encouragement and support of her colleagues, she then enrolled in the first ever impression taking course for dental nurses which was being run by the local deanery.

'It was a four-hour competency training course,' says Rachel. 'We went back to basics learning all about the properties of impression materials, patient management and

practical techniques – and the rest was all in-house supported by the dentists and dental hygienists.'

Rachel found that she had a natural talent for impression taking: 'I found it very easy and my practice principal advanced my training to include competency in two-stage silicone impressions and intra-oral photography for the purpose of carrying out record-taking appointments for Invisalign and Six Month Smiles.'

### A flair for teaching

Despite the clutch of certificates and extended skills already under her tunic, Rachel was also very interested in teaching and training so in 2011 she completed the City & Guilds 7303 vocational teaching qualification, also known as Preparing to Teach in the Lifelong Learning Sector (PTLLS).

'This has allowed me to develop and deliver in-house verifiable and non-verifiable CPD. We have a weekly training session for all members of the dental team. It has been very beneficial with the introduction of the CQC as it allows us to focus on all the essential standards.'

The sessions are mainly aimed at the nursing team, but the dentists pick and choose when to attend as do the hygienists and therapists, depending on the topic. Rachel covers core subjects such as radiography, medical conditions

and professionalism and ethics as well as updates on practice policies.

'Doing the teaching qualification has given me the confidence to develop courses with clear educational aims and outcomes but all practices could be doing the same. From a CQC point of view it shows that time has been invested in staff training. Our local deanery offers quite an extensive range of free CPD courses at either Birmingham dental hospital or the surrounding hospitals so we make use of those or incorporate them into training sessions to cascade the information down through the team. I also use publications like *Vital*, CTS and the BADN journal.'

Rachel moved to Sutton Coldfield in 2003 to be with her now-husband Paul, who is from the area. JM Dental Care is one of six dental practices in the town all within a two mile radius of each other.

'We are a fully private practice and have been so since 2006. We treat a huge number of families who are on our membership plan – favouring the relaxed, friendly atmosphere that is focused on prevention and education,' says Rachel.





The practice has three dentists, all equal partners, a business manager who is also a treatment coordinator, four dental hygienists, a dental therapist, three patient care advisors, seven dental nurses including a senior nurse, an implant coordinator and infection control lead, and of course a clinical treatment coordinator/training manager – Rachel herself. The practice is also taking on an apprentice this July.

### Treatment coordination

Rachel is a great advocate of the treatment coordinator role, which many UK practices have adopted in recent years.

‘The treatment coordinator role certainly gets more patients through the door. Just two weeks ago I had an initial appointment with a couple who had had bad experiences at other practices. One in particular needed a lot of reassurance and care due to complex emotional needs. As a treatment coordinator I could take the time to listen as they opened up on quite a personal level, as many patients do in the TCO room. This allowed me to understand how we could make future dental appointments a much better experience. And they came to us via word of mouth. A treatment coordinator really gains the trust of patients before they even see a dentist.’

At Rachel’s practice new patients have a complimentary consultation with a treatment coordinator which lasts an hour before they even see a dentist. The patient’s medical history, past dental history and any dental problems or issues they are currently experiencing are discussed and oral hygiene advice and options for long term treatment are given, such as whitening, tooth replacement or tooth alignment.

The team prefer not to book a dentist’s appointment for the new patient on the same day as it gives the patient a chance to think about all the information they have been given and make an informed decision about their dental care.

Rachel also gives treatment plan presentations to patients, explaining their options in scenarios such as ‘if I have the tooth out do I have to live with the gap?’ or ‘why should I have the root filling?’ JM Dental Care also has a website outlining their services.

### What a way to make a living

Rachel works 10am-7pm on Mondays, her planning day, working on projects for the practice which could be training sessions or practice literature. From five o’clock onwards she sees patients.

On Tuesdays and Wednesdays she works

8am-5pm; these are her clinical treatment coordination days. On these days she might see new patients; do treatment plan presentations; take records for Invisalign or Six Month Smiles; carry out home whitening management with patients; take radiographs; or hold oral hygiene appointments. ‘The hygienists will often refer into my diary if they have a disheartened patient or a patient that is struggling with their home care regime,’ says Rachel.

On Thursdays Rachel only works in the





afternoon, when she delivers in-house training and works front of house on the patient care desk. 'I do of course still work chairside on occasions if the other dental nurses need time out to do their additional duties or to cover holidays and sickness (which is very rare).'

### Confidence and balance

When asked what personal skills Rachel thinks are essential to her role in the dental team, she replies: 'I always say you need to be confident in whatever you're doing. If you're confident your competence shows through which will put patients at ease. You need to be able to talk to patients but also know when actually a patient doesn't want lots of chat.'

'Listening is very important; sometimes you can get a patient in the chair and they do treat it almost as the psychiatrist's couch but that could be vital in a patient's experience and could lead to more positive experiences in the future – but also patient referrals. We also think I have the advantage of being a mother and being able to relate to busy family lives gives me a little extra edge that patients respect.'

Rachel says that being married and having two children – Olivia, five and Seren, 20 months – means that she is actually 'mum to three!' Although originally saying that her hobbies include Latin American and ballroom dancing and motor racing, she admits that dancing these days is usually confined to the kitchen 'and we're of course glued to *Strictly Come Dancing* when that comes on'. Rachel's husband Paul is still involved with a racing team so Rachel takes their daughters to local race meetings.

'Being mum to three and working means that something has to give. I'm realistic; I live in a home where children play. So, the ironing may not be up to date or the dishwasher not emptied and there's usually a pile of toys that need putting away, but I try not to stress about it. I work 3.5 days in practice and so I still get to do

the school run some days – it's important to me to still have that involvement.'

### Happier nursing teams

As *Vital* is celebrating its tenth anniversary this year, we asked Rachel for her feedback on our magazine as she joins the cover star hall of fame.


'I have been reading on/off since the early days whenever I've seen a copy. I think *Vital* is in touch with its target audience, unlike a lot of other publications. It inspired me to come forward and tell my story as there are so many DCPs out there that feel demotivated or undervalued and if I can help show them that there are practices out there that allow dental nurses to develop and thrive then the overall profile of dental nurses can be raised, leading to happier nursing teams

and productive dental practices.'

Laura Horton, another former *Vital* cover star who helps practices implement the treatment coordinator role, heard about the new, dynamic and bespoke role that Rachel had honed at JM Dental Care. Laura asked Rachel to present at the Dentistry Show as she thought that other dental nurses had to hear about the role and be inspired by Rachel's story.

The event was a great success and Rachel reflects: 'following my presentation I had so many dental nurses keen to know how they can develop themselves further and progress into this role. I enjoy my job so much and hope to continue inspiring dental nurses and indeed other members of the dental team.'

Interview by Kate Maynard



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