

PIVOTAL TO THE PRACTICE

Wherever you work as a dental nurse it is a key role, but from practice to practice the responsibilities differ in the finer detail. **Christopher Sell** talks to dental nurses **Lucy Bassindale** and **Jackie Greig** about the difference between nursing in an NHS and a private practice

When you walk from the waiting room into a dental surgery, there will always be two people waiting to greet you. On the one side, poised with implements in hand will surely be your dentist, while sitting to the other side of the chair will be the person who has overseen all aspects of your appointment prior to your arrival – the dental nurse.

According to the British Association of Dental Nurses, there are 24,000 nurses working in the UK. Working alongside the dentist, the nurse plays a key role in the surgery; assisting by passing instruments, mixing materials, taking notes from the dentist's dictation and making the patient comfortable. Cross infection control, including the sterilisation of all instruments is also the nurse's responsibility.

Lucy Bassindale, an NHS dental nurse at the Montpelier Dental Practice in Brighton



explains further, 'The first thing we do is set-up the surgery, check all the notes, make sure we have everything ready in terms of lab work.' From bridge work to crowns and dentures, all must be checked through the list the night before to ensure that it will all be ready for the morning.

Once a patient is ready, the dental nurse will welcome them into the room, check they are

comfortable and if needed, address any concerns they may have. This will vary depending on the procedure and on the client. 'If it is a simple appointment like a filling, we would usually crack on and if they are experiencing any problems, ask them to raise their hand. If it is more serious like an extraction, we would be more engaged. And if it were a child, we would obviously be more involved,' said Lucy.



:day in the life

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Lucy points out that she does see quite a lot of nervous patients who are anxious and apprehensive, but using common sense, sees that they are calm enough to undergo treatment. 'It is mainly about trying to address their fears. If they are wary of needles, then make sure they are kept out of sight until the very last minute and suggest a friend accompanies them to the surgery.'

New regulation coming into force in 2005 will require all nurses to be registered. To do this you have to be qualified, undergoing the relevant training or meet the grandparenting requirements of experience. The main qualification for dental nurses is the National Vocational Qualification in Oral Health Care, but other qualifications are available. Lucy is currently nearing the end of her training course at City College in Brighton but has no immediate plans to move into other areas of dentistry, stating she enjoys the mixture of work she partakes in day-to-day.

Lucy does wish though, that the public would recognise the contribution the dental nurse makes; 'Some patients come in, say good morning to the dentist as if you are not there and when they leave, all the thanks are to the dentist.'

'I think unfortunately it is an accepted part of the role as people presume the dentist has

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had all the training and therefore and is the expert and the nurse is there just to clean up,' said Lucy.

Recognition apart, the public can often provide a source of amusement to nurses. Lucy recalls one incident recently where a patient swallowed a crown and then asked to have the same one re-cemented. 'We did wonder where it had been and how he had managed to return it,' she said. Cleaning up after a patient is one thing, but to fit a crown from a dubious source is another.

While Lucy sees no 'marked distinction' between the treatment of private and NHS

patients (Montpelier Dental Practice serves both), Jackie Grieg, Senior Dental Nurse at the mainly private Grand Avenue Dental Clinic believes there are some fundamental differences between the two – namely more varied aesthetic work and the chance to attend courses.

'I have worked in this practice for 16 years and the first six years were NHS before we went through the conversion to a mainly private practice so the contrast to me is quite clear.

'The workload under the NHS was so fast that it was bang, bang, bang. Patients turned around quickly and it felt more like a conveyor belt,' said Jackie, who believes she is now able to spend more time with patients and make them feel more comfortable – but of course that is what you are paying for.

Jackie's day-to-day routine does not vary greatly to that described by Lucy. She takes part in fillings and composite fillings and they share similar 9-5 hours, with an hour for lunch. She is responsible for welcoming the patient, explaining what the dentist is about to do, whereabouts in the mouth they will be focusing and ensuring all the required tools are available to the dentist. 'Sometimes when we were working on the NHS we didn't have time to talk and explain all this,' said Jackie.



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Attending courses in London is chiefly made possible through the extra time available as a consequence of working at a private practice. And while it is predominantly aimed at the dentist improving their skills and gaining experience in other fields, Jackie (who attends the courses alongside the dentist) believes it is beneficial to attend to gain a greater understanding and get a better idea of what needs to be done from her side of the chair. 'For the nurses to be involved in that level of dentistry is a huge plus,' she said.

Jackie and Lucy both consider their job an essential part of the dental process, providing a point of communication and reassurance that the dentist – perhaps as a consequence of their training does not always provide. 'In a hospital it is very clinical, they do their work, a teacher leans over to assess them, comment on their work and that is it. They have no conversation with their patient, they are concentrating on their work,' explains Jackie.

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As a consequence Jackie believes dentists can be 'a bit raw to patient conversation,' and the dental nurse fills a void between patient and dentist. The nurse is often someone whom the patient can relate to on a similar level, as opposed to the dentist who may be conceived as talking too technically and less able to relate to patients.

While Jackie is happy in her role, she would like the opportunity to partake in more work around the surgery, namely operating the X-ray machine. Nurses previously were allowed to carry out x-rays, however, a change in legislation requires the dentist to be present at all

times. Something Jackie feels is unnecessary as most of the dentist's 'haven't got a clue' about the machines. Nurses can go on training courses to get a certificate in dental radiography but there are just a small number throughout the country. 'I know we have radiation laws, but as long as it is regulated and the machine is checked every year, I don't see why we cannot do it,' she said.

The key responsibilities of a dental nurse do not vary between the NHS and private practices; they play a pivotal role in the day-to-day running of the surgery and appointments.

The working environment in both surgeries is a contented one, with good communication throughout the dental team. Where the two positions differ is in the finer detail. The extra money in private practice buys more time and a less stressful environment. Dentists and nurses are more able to go on courses and the workload can be more varied with aesthetic work being the main beneficiary. However, this should not belittle the work the dental nurse does in the NHS. They play a key role in the practice – one that the dentist would find hard if not impossible to replicate.

