

The modern day dental nurse

In this article, Laura Horton discusses how she became an upskilled dental nurse and how this can be a reality for so many dental nurses today as Scope of Practice allows dental nurses to become providers in their own right

I have been running my own clinic since 2004 when a mentor, who at the time was my principal dentist, gave me the opportunity to do so. He was a fantastic leader who believed in people development, while I had the skills and qualifications to take my role further.

I have been lucky to work for dentists who have always believed in the power of the team and, most importantly, the bigger picture for the practice as a business.

Many years ago I was nervously waiting for my dental nursing diploma certificate to land on my doorstep. I was nervous, as I wanted to pass first time but I was more nervous because I had booked a radiography course pending my pass.

On the day that the radiography course started I received my certificate. That night I went to the University of Hertfordshire to begin my 13-week intensive course in dental radiography.

After the course, I started taking radiographs at the practice. We were a busy NHS practice so I managed to save the dentist a great deal of time by taking the prescribed radiographs at the end of an examination or for emergency appointments.

Gaining skills and qualifications was key to me. I saw dental nursing as a career and was very proud. My next step was my oral health education qualification.

During the course I photographed patients for the first time to provide evidence for my portfolio.

I also gained masses of confidence and my passion to educate was ignited. I gained a merit and it was without a doubt the best course I have ever completed. Unlike the dental nursing course, which assesses your skills, this provided and assessed them.

I was working in a high end practice that offered cosmetic and implant treatments. Patients would spend more than my annual wage on their teeth in one treatment plan and I was the treatment coordinator responsible for their experience.

I had not been there long and knew that my principal dentist, Dr Ash Parmar, was providing a comprehensive examination that was so thorough, the appointment length was 1 hour 45 minutes and did not include any time for a treatment plan. Due to the complexity of the cases, this was completed once we had the all records we required, such as articulated models and/or CT scans.

Dr Parmar was struggling to fit all of the new patient assessments into his book, so I approached him with a solution that would save him 30 minutes per new patient appointment—I would see all the new patients after he had completed the exam and I would take all the prescribed radiographs and photographs. He had a worried look on his face. He asked me 'Are you allowed to take radiographs?' Part of me was upset he had forgotten I was qualified to do this and part of me saw this as a new challenge.

The next day I arrived at the practice with my certificate and while he was completely happy for me to take the photographs (he had trained me to a high standard) he was unsure. Dr Parmar agreed for me to take radiographs under his supervision.

He saw that I was more than capable of taking radiographs, and I was given my own clinic, using a spare treatment room. Not only was I a treatment coordinator, I was also a clinical treatment coordinator.

Laura Horton is the CEO of Horton Consulting
Email: laura@horton-consulting.com

So here we are in 2014, so close dare I say it to 2015, and the future has never been so bright for dental nurses. *Scope of Practice* (General Dental Council, 2013) is a fabulous piece of legislation that allows dental nurses to upskill in more ways than ever before, and I am sure the list will continue to grow.

The three main roles dental nurses are generally progressing into are:

- Treatment coordination
- Oral health education
- Clinical treatment coordination

Treatment coordination

Taking this role into practices has been my main aim since setting up my consultancy and training business in 2008.

The role does not have to be a full time role and, like the two other roles previously mentioned, it can be carried out one to two days a week depending upon the practice needs.

There are a few different aspects to this role and each practice will use them differently and may not use them all.

Free consultations

Instead of dentists giving their time away for free, the treatment coordinator (TCO) can see new and existing patients who are interested in certain treatments such as cosmetics, orthodontic, and implants. I also recommend offering this appointment to nervous patients. The patient rarely sees a dentist on the same day and it is a non-clinical appointment.

Initial consultations

Patients who book their new patient examination are seen first by the TCO but for a much shorter time than the free consultation. The aim of this appointment is to ensure the patient is relaxed and comfortable prior to seeing the dentist and that the TCO understands the patient's goals, motivating factors and needs. The TCO also needs to build a rapport with the patient and pass any social history to the dentist to allow them to cut out small talk and focus on building a stronger relationship by listening in more detail to the patient's needs.

Treatment planning

Dentists do need time to treatment plan some cases in more detail. However, they can cut down their non-clinical workload by using a TCO who can



Figure 1. Nurses can now take prescribed photographs of patients

enter the information onto their software, collate consents and estimates and help prepare photographs, study models and visual aids that are needed when the dentist presents treatment. The responsibility of checking that the treatment plans are correct lies with the dentist, but the TCO can save them a great deal of time.

Treatment options

This can happen straight after the examination once the dentist has explained the clinical needs and solutions. The TCO can take the patient and run through treatment options once more giving the patient another opportunity to ask questions. They can use visual aids and allow the patient to make an informed decision. The second way of doing this may be for larger cases where time is needed by the dentist to plan out all of the options for the patient. The patient may return a week later and the dentist will present the problems, solutions, risks and fees. Thereafter, the TCO can remain with the patient and answer any further questions the patient may have. If the patient has decided to go ahead, they can go through the paperwork and book their appointments.

Oral health education

This is a fantastic role for all practices. Although this has mainly been used in the NHS, setting the need for the role will be prevalent with the new NHS contract. Many orthodontic practices undertake the role as it is vital that patients in treatment have high standards of oral health.

The role should be active in private practice too, not only to support the hygiene centre but to support

the patients before and after treatment. If a patient has a bridge fitted, it is ideal for them to have a detailed appointment to ensure that they can clean the bridge correctly so it will last for a longer period of time.

Private practices that accept children as patients should undertake the role as it can easily be built into a child's appointment. When you take good care of children and educate them you are not only ensuring they create good habits for life, the parents will be delighted at the level of care and education you provide.

Fluoride application should also be included in oral health education, as it is not just about applying the topical fluoride, but it also concerns the education as to why the patient needs this treatment.

Education, health and prevention should be at the heart of your business and this role communicates that message time and time again. Do not forget that we live in a health conscious world; patients want to keep their teeth for life and keep the cost of treatment to a minimum. The oral health educator role is a unique selling point for the practice.

Scope of Practice has stated that you no longer have to have a qualification to take on this role. You need training and must complete a record of experience and ensure your verifiable CPD is updated each year with the role in mind. Personally, I would recommend the qualification, however, you have the opportunity now to take a different route, which is fantastic.

Clinical treatment coordination

A clinical treatment coordinator is the name my team and I use for nurses using extended duties. If you have these skills and are seeing a patient on your own, the title and description sounds much better to a patient than 'I am a dental nurse who takes impressions'.

It is important the patients see the value that dental nurses with extended skills have to offer and the way you communicate this is imperative to your success.

You can offer appointments such as taking alginate and silicone impressions, which can be taken after a

prescription from a dentist. You may see patients in your practice that need record-taking appointments for orthodontics, including GDP orthodontic systems. You may need basic or detailed impressions for denture appointments or diagnostics for implant appointments.

If you offer tooth whitening at the practice you can assist in the pre-operative whitening journey by taking a shade and photographs and impressions for the trays. You can also make the trays. The dentist still has to ensure the trays fit and show the patient how to place the solution into the tray. You can see the patient for post-operative photographs and taking a shade before they see the dentist for the final time.

If you have an extensive new patient examination after the dentist's examination you can take prescribed radiographs and photographs of the patient (*Figure 1*) and impressions. You can then pass all of these records to your dentist so that they can provide a treatment plan.

There are many more examples of the types of appointments you can hold with patients in either of the three roles above. Over the coming months you will see articles from Rachel Hughes that will go into great detail about every aspect of the modern day dental nurses role.

Conclusion

The future is very bright for dental nurses and within the profession you have a chance to progress as a dental nurse using *Scope of Practice*. The route to profession no longer lies in management and hygiene and therapy alone. If you wish to upskill then create a clear plan to ensure that you upskill in the areas that will benefit your practice and yourself. For nurse-led clinics to become part of the future vision for dental nurses it has to be a win-win situation for you and your practice.

General Dental Council (2013) *Scope of Practice*. GDC, London