

FIGHTING A CULTURE OF VIOLENCE

SoundBite associate editor **Joanne Curran** investigates a groundbreaking new project in which doctors and dentists are educating schoolchildren on the horrors of knife crime

DAY AFTER DAY they see the shocking damage that can be inflicted on the human body by a knife attack.

Thousands of victims of violent assaults pass through UK emergency departments every year and, in many cases, it is the job of oral surgeons to stitch them up and send them home. It is a cycle that must sometimes seem as hopeless as it is endless. But one group of surgeons has made a bold move to stop this culture of violence in its tracks with a groundbreaking project using volunteer doctors and dentists to reach out to schoolchildren.

Medics Against Violence is a registered charity that aims to end the cycle of violence before it begins by educating young people about the dangers of knife carrying. It was founded in 2008 by leading oral surgeon Christine Goodall of Glasgow University's dental school and maxillofacial consultants Mark Devlin and David Koppel from Glasgow's Southern General hospital.

Disheartened

Their motivation for creating the programme is clear. They are pushed to the limit working in oral and maxillofacial surgery in Glasgow - a city which boasts the unenviable title of the most violent in Europe.

Last year, 1170 victims of knife crime were admitted to Scottish hospitals at a cost to the NHS of more than £500million. Goodall and her Glasgow colleagues treat someone with a facial injury every six hours. Of those, 70 per cent have been attacked by a bladed weapon and 80 per cent have been drinking to excess.

Goodall says: "We started it because we were so fed up seeing so many young people coming into hospital injured. I have worked for many years in maxillo-facial surgery and we have stitched them up and sent them home but have done nothing to address the problem."

"We were getting so disheartened by the number of young people coming in that we thought it would be a good thing to try to stop it in the first place. Some of the injuries you see are horrific and they have a big effect on

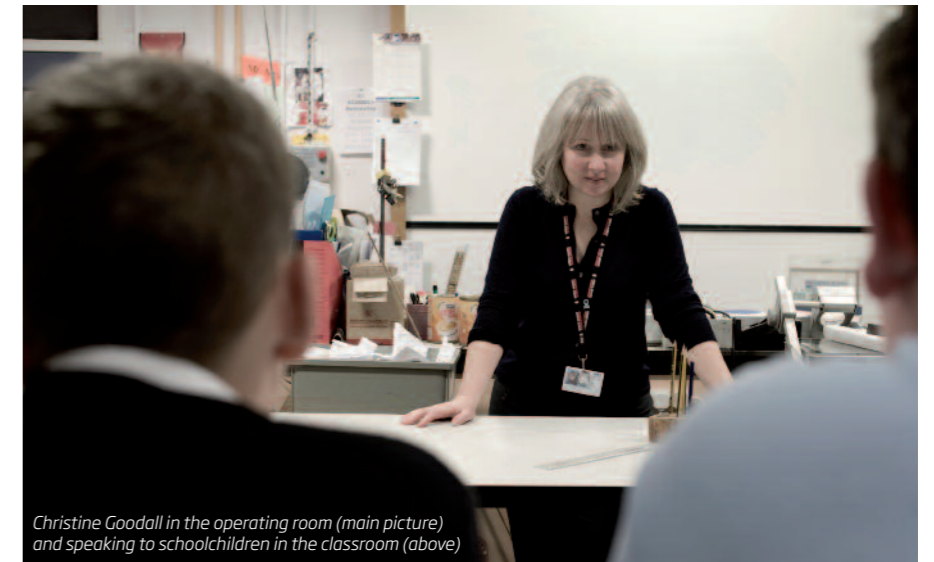
people's lives and on their confidence. Over the years, I've often thought this must be preventable."

Faced with this daily onslaught, the surgeons teamed up with Strathclyde Police's Violence Reduction Unit and constructed an educational programme especially aimed at 14 and 15-year-olds. The programme has been praised by schools and there are already plans to expand it.

Reaching out

During the sessions, pupils are shown a hard-hitting 15-minute film which features stories from three people - a young murderer, a mum whose son was murdered and Scott Breslin who was paralysed from the neck down after being stabbed at the age of 16. It also includes some graphic images of stab wounds and CCTV footage of violent attacks.

Afterwards, the volunteer doctors and dentists discuss the main issues with the pupils and pose questions such as: "Is there a safe place to be stabbed?"



Christine Goodall in the operating room (main picture) and speaking to schoolchildren in the classroom (above)

does most of the storytelling, rather than us standing up and making up stories."

She says the story of wheelchair-bound Scott Breslin has particular resonance with pupils. "They can really identify with him. Young people often don't understand the consequences of what they are doing. They think they are invincible. We wanted them to see something of what we see every day."

Medics Against Violence, or MAV, was set up in November 2008 with an £80,000 grant from the Scottish Government. So far, volunteers have spoken to more than 4000 schoolchildren across the west of Scotland.

Expansion

Many of the schools visited by MAV and its army of 120 volunteers are in areas with a known gang problem where the young pupils may already be carrying knives. While most visits have been carried out across the west of Scotland, Goodall hopes to expand the project across the country. There are already volunteers in Ayrshire and the service is about to open in Dundee.

Co-founder Mark Devlin, a consultant cleft and maxillofacial surgeon, also features in the MAV video. He recalls treating four school friends who were the victims of knife attacks. He says: "I came from a similar background but I had a mum and dad who wanted something more for me. All the doctors come from different backgrounds and the children at the schools will be from different backgrounds but there is only one message - that they can make a choice."

Goodall says: "It's interesting what attitudes emerge from the children. Quite a few of them will say they think it's safe to stab someone in the buttocks, for example, but we explain to them how you can still bleed to death from an injury like that because there's a big artery in that area. It's a lot about myth-

"We were getting so disheartened... I thought it would be a good thing to try to stop the violence before it started"

busting. The children watch these films in the cinema where people get stabbed or beaten to a pulp and keep on getting up so a lot of them might think it's not that dangerous to stab someone in a particular place, which is simply not true.

"We worked with an educationalist on the lesson plan because we wanted it to be easy for people to take out and present. The film

have turned their lives around will also be drafted in to speak to young offenders.

But Medics Against Violence leads the way amongst the medical and dental community for its unique approach to tackling violence. It has already attracted the help of specialists from fields as diverse as emergency medicine, psychiatry, anaesthesia, oncology and even palliative care.

Volunteers

But Goodall is hoping to recruit even more medics, including GPs, junior doctors and trainee dentists. She says: "We are relying on people volunteering, which is very hard because everyone is so busy. We have a lot of people who go out time and again, but we are hoping to attract more doctors and dentists."

One volunteer is Dr Yvonne Moulds, a specialist registrar in emergency medicine. She says: "The school I visited was in a very deprived area and I was shocked by how much exposure some of the second year pupils had to knife carrying and gang culture in the local area. I told them how I had seen children not much older than them die from knife wounds and I think that got their attention. It was a really worthwhile visit and the kids shared a lot with us that surprised even their class teacher. By the end of it, a good number of them seemed to take our message on board and started really thinking about the choices they could make in life."

MAV has high hopes for the future. Goodall and her co-founders have already been honoured with a gong at the Scottish Policing Awards for their efforts in tackling crime through the innovative scheme. She now hopes to expand MAV's remit by tackling domestic violence by enlisting the help of dentists to raise the subject with people they think might have been affected.

Despite the challenges ahead, Goodall is optimistic, saying: "We wanted to try to make a difference and I think we are doing something good that has the potential to change lives for the better."

For more information, visit www.medicagainstviolence.co.uk

Joanne Curran is associate editor of SoundBite magazine

IN GENERAL TERMS

Most dental trainees will end up as high-street dentists – and the appeal is easy to understand

TO SAY general practice is a popular career choice within dentistry would be an understatement. Some 95% of dental care is provided within the primary care sector and largely in a general dental practice setting.

The appeal of general dental practice is understandable. It combines the challenge of providing quality clinical care with the excitement of managing a small business. Dentists who run their own practices enjoy a fair degree of autonomy and the reassurance that good performance will often be well rewarded. Being a GDP provides the dentist with the opportunity to offer a wide range of treatments making each day varied rather than focussed in on one aspect of care. Operating a local practice also allows dentists to develop long-term relationships with patients and families and offers the satisfaction of providing much-needed continuity of care.

Most general dental practices today offer a “mixed” provision of dental care with treatment paid for by “private” patients, insurance companies (such as Denplan) or by the NHS, on either a capitation or fee-per-item basis.

Entry into general practice

Most GDPs start their career in vocational training for one or two years in order to hone their skills and “learn the ropes” of general practice while salaried and

without the pressure of being self employed. Assistants (or ‘employed-performers’ in England and Wales) are employed directly by a practice owner on a salary basis and have little stake in the running of a practice. In contrast, associate GDPs are not employees but in effect pay for the use of the surgery and other facilities, with the practice owner collecting NHS and private fees directly and paying the balance to the associate monthly after deducting costs and taking an agreed percentage. Such arrangements can get complicated and some practices prefer to employ assistants as this allows them to work as a full member of the practice team without the contractual uncertainties.

The aspiration of most GDPs is to run their own practice either solely or in partnership. In a partnership, decisions about the business are made together, with assets and liabilities held jointly and profits shared. Some partnerships have an expense-sharing arrangement where business costs are shared but the dentists retain fees for their own work. Such details and other conditions must be set out in comprehensive legal agreements.

To be successful as a dental practice partner you must not only be clinically competent but also blessed with sound management, business and communication skills. Principals or practice owners are responsible for administration, data protection and patient confidentiality, finances, compliance with

health and safety law, marketing, managing the property with its lease and repairs, staff and personnel issues. Such responsibilities bring obvious risks and a certain degree of frustration, not least in chasing payment from both patients and the NHS. Like any business a dental practice must turn a profit to survive. But for many dentists it is this mix of business and clinical dentistry that makes general practice so exciting and appealing.

Career paths

Career paths in primary dental care have tended to be difficult to define unlike in secondary care. However, in recent years the Faculty of General Dental Practice (UK) (FGDP(UK)) has expanded its provision of educational programmes for GDPs and now offers postgraduate diplomas in implant and restorative dentistry, as well as in leadership and management. In 2007, the FGDP(UK) also launched a postgraduate programme in primary dental care, offered jointly with the University of Kent, and introduced a joint programme in primary care orthodontics with the British Orthodontics Society and Faculty of Dental Surgery of the Royal College of Surgeons of England.

Development of such ‘special interests’ allows primary care dentists to expand the range of treatments and services they offer or gives them the opportunity to limit their practice to a particular sphere of interest. In 2006, the

Department of Health and the FGDP(UK) launched the first national guidelines for the appointment of Dentists with Special Interests (DwSIs). These guidelines provide Primary Care Trusts (PCTs) in England with a competency framework and guidance to support them in appointing appropriately experienced dentists to provide special interest services in a primary care setting where there is local need. Guidelines are now published in orthodontics, periodontics, endodontics, minor oral surgery, conscious sedation, prison dentistry and special care dentistry.

The FGDP(UK) also offers a Career Pathway that allows primary care dental practitioners to structure their postgraduate education and training. The pathway incorporates three stages leading to Fellowship of the FGDP(UK) and brings learning together in a framework that is accessible to the vast majority of GDPs. It provides a focus for professional development with a structure that allows flexibility for the participant, enabling them to remain in practice whilst undertaking education and training.

This growing culture of ongoing education and professional development is an exciting prospect within primary care dentistry and can only add to its appeal as a potential career.

Jim Killgore is editor of MDDUS Summons

Q&A Karl Strawbridge, associate general dental practitioner



• What attracted you to general practice dentistry?

Throughout my dental education at university I had a keen interest in all aspects of dentistry and early on decided that I would like to pursue a career in general practice. I knew I would find the varied nature of the job exciting, and was looking forward to the interaction with patients. I was keen to provide dental care to the general public and was certain this would be a satisfying and rewarding occupation.

• What do you enjoy most about the job?

I enjoy the responsibility of delivering NHS dental care to a large section of the public whilst being in total control of all clinical decisions. Working closely with other staff, dental surgery assistants, reception staff and other dental colleagues within a practice can lead to strong working relationships, and indeed good friendships. General practice dentistry also provides the individual with a great platform to develop further skills in areas of special interest like sedation and implant dentistry.

• Are there any downsides?

As in any job where you deal with a large cross section of the community, difficult situations may present themselves. Some patients can be very demanding, others may even exhibit an aggressive attitude to members of staff. These situations can be upsetting to all members of the team; both empathy and understanding are required to deal with and defuse them. All dental practices have complaints procedure protocols in place for dealing with any grievances patients may have, but handling complaints can be a stressful aspect of general dentistry. Good communication from the entire dental team can prevent any issues arising or resolve matters before they escalate.

• What did you find most challenging in your training?

My dental education was a good mix of academia and clinical experience. The difficult thing is to apply this training when treating ‘real life patients’. Vocational training in the first year after graduation provides an ideal opportunity to hone these skills whilst still under supervision of an experienced clinician.

• What about the job has most surprised you?

As an associate GDP working in a large practice I have been surprised by the level of managerial and business skills required to run a practice. Principal GDPs must balance these business and managerial duties with their everyday clinical responsibilities. However I feel that this increased pressure may be tempered with a sense of fulfilment in providing employment for others in a happy, motivated working environment.

• What is your most memorable experience so far?

Every day is different and every day is challenging in its own way. The most memorable experience for me however has to be my first patient after I had qualified. Nerves and excitement gave way to logic and clinical application.

• What career advice would you give to graduates entering training?

Before graduating it may be worthwhile to get some experience in the general dental setting. Some practices are willing to offer weekend positions to dental students which can give graduates a valuable insight into the intricacies of the job. I also feel graduates should take full advantage of the vocational training year to assess their own strengths and qualities as well as any potential weaknesses and take steps to address and improve these deficiencies. General dentistry is a speciality in its own right and as such provides a rewarding career pathway for the new dental graduate.



STEPPING UP

How do you make sure you get the job that's right for you? MDDUS dental adviser **Claire Renton** offers some advice

YOU'VE studied hard and graduated or perhaps you have just finished your VT year - so professionally where do you go from here? How do you take the next step?

Of course, no one wants to get just any old job and you deserve to get the best one possible. You've got lots to offer as a highly trained professional and as a newly qualified dentist you have up-to-date skills and ideas. Your next step is applying for and landing that dream job.

The first thing you have to consider is what area of dentistry you want to work in: general practice or one of the specialties such as oral surgery, orthodontics or restorative dentistry?

With general practice, dentists can choose where and when they work with the added opportunity of becoming their own boss by owning their own practice. (see Careers article on p.8). And while general practice may be regarded by some as the "easy" or "safe" option compared to the specialties, GDPs have wide ranging opportunities that many specialists do not.

GDPs can undergo extra training to provide special interest services in addition to having a generalist role. Dentists with Special Interests (DwSIs) can provide treatment in areas such as minor oral surgery, orthodontics, prison dentistry or conscious sedation.

Dentists who choose one of the specialties can expect to work in a hospital setting, dealing with acute or complicated cases. Candidates who want to enter specialist training must complete two years of GPT. Entry is competitive,

training can take three to five years and you will generally have less autonomy than you would have as a GDP, but posts are challenging and rewarding.

When it comes to looking for jobs, the *British Dental Journal* and your deanery's website are good places to start. Remember to look beyond the geographical area you studied in to broaden your options.

The BDA has also published a very useful information book for members called *Final Year Guide 2009-2010: The essential guide to securing your first job*. Visit www.bda.org for more information.

Applying

In some deanery areas, you will apply for posts direct to your chosen practice and your application will consist of a CV and covering letter. But many deaneries now use a matching process where your CV and documentation are sent to the deanery and you will be expected to attend job shops or make practice visits. Check your deanery website for more information.

But before putting together a CV or application form it is advisable to call the practice and find out about the role and the type of applicant they are looking for.

Useful questions to ask include:

- How many dentists and other dental professionals work in the practice?
- How many patients are registered there?
- How much NHS and private work is carried out?
- What kind of patient does the practice service?



- How flexible are working hours and responsibilities?

You could also visit the practice in person to find out more about it and speak to staff.

Selling yourself

For most dentists, submitting a CV will be the first, important opportunity you have of selling yourself - but resist the urge to exaggerate. It's best to limit it to two sides of A4 paper, in a reasonably-sized font, with a covering letter that includes why you are applying for the job and why you think you are the best candidate. Set out your CV in clear sections, starting with your personal details, education and qualifications, work/gap year experience, skills, interests and references. It's a nice touch if you can add a photograph of yourself on the front page but this is not essential.

Your CV should be clear, professional and relevant to the practice you are applying to. Your main qualification is obviously your dental degree, so put details of where and when you got yours at the top of this section and include details such as distinctions if applicable. If your elective was relevant to your application then give details here.

Hobbies and non-work achievements are important too, but again make sure they are

"First impressions are crucial - always prepare before an interview"

relevant. Include achievements that show you can work well in a team and have developed leadership skills as well as evidence of good social skills. Choose your referees carefully and give them plenty of time to prepare the reference.

Once you have submitted your application, it's fine to phone to make sure it has been received. This also gives you an opportunity to introduce yourself to the practice manager or receptionist - if you have not already done so - as they can be a remarkably powerful person in a dental practice.

The interview

Hopefully you will make the shortlist and the next test will be the interview. The main advice here is: be prepared.

It is vital to do some homework beforehand. Even the most accomplished speakers have rehearsed their presentations until they can do it in their sleep. Don't assume you will think up great answers on the spot as you run the risk of being reduced to a mumbling fool. Think up questions that will be certain to come

up: Why do you want this job? Can you give me an example of when you used your initiative to resolve a difficult situation? What are your strengths and weaknesses?

Imagine yourself answering these types of questions as it will give you the opportunity to formulate succinct answers that can be adapted to the actual questions on the day. Carefully read the person specification for the post and assess how your skills match the requirements. Also, prepare some specific examples to illustrate the skills you have developed.

First impressions

It's crucial to get off to a good start at interviews, so make sure you arrive in the right place, on time. Dress smartly and use a firm handshake, look people in the eye when you say hello and smile. These three little things show you are confident, open and friendly.

Make sure that you ask about things that matter to you. For example, if you are quite inexperienced it might be important for you to have an experienced nurse to work with. Ask

how long she has been at the practice, will she work with you all the time or do the nurses rotate amongst the other dentists and the reception? Find out if she is familiar with the NHS regulations and forms and ask what the staff turnover is like as this is usually a good indicator of how happy the team is.

You might want to find out what support you will have from colleagues over patient treatment and administration. Will you have the freedom to use your own choice of laboratories? Will you be able to use materials and equipment that you like? What happens to chair-side support over holiday time? Choose a few questions that are most important to you and consider the answers carefully as you want to be sure the job is right for you.

Finally, if you have crossed all of these hurdles, and are offered a post, make sure you know when you are expected to start, what the hours are, how and when you will get paid and what documentation is required. This might include your GDC certificate, hepatitis status and evidence of your membership of your defence organisation, MDDUS.

Good luck!

Claire Renton is a dental adviser at MDDUS

ON THE RECORD

As dentists face rising numbers of patient complaints, clear and accurate dental records have never been so important. MDDUS solicitor **Lindsey McGregor** offers expert advice

NO DOUBT you will have been told many times of the importance of clear clinical notes, detailing the treatment given to patients. There is nothing new in this advice. But what has changed over the last decade is the requirement for increasingly more comprehensive notes.

Many older practitioners have not embraced this development and continue to write more minimal notes. This practice can leave dentists particularly vulnerable when facing a complaint to the GDC, a counter fraud investigation or a civil claim.

Don't think that "it will never happen to me". Very few dental practitioners will be immune from some form of complaint or claim in their career. Our case load at MDDUS has grown steadily over the last few years, particularly in relation to GDC investigations. And this can happen to more experienced dentists just as easily as those embarking on their career. Any complaint is costly in terms of time, reputation and the anxiety it causes. Best avoided if at all possible!

A good defence

Whilst you may not be able to prevent a claim or complaint being intimidated by a patient, you can minimise the repercussions by taking good notes. A claim or complaint can be intimidated many years after the treatment in question was provided. Civil claims are time-barred three years from the date of the negligent act or from the date that the patient becomes aware that there has been negligence. You would be surprised how many patients do delay in raising a claim many years after the event. It is highly improbable that in a busy practice you would remember a root canal treatment that you undertook that

long ago. Remember the adage: "If it wasn't written down, it wasn't done".

In court a dispute in relation to treatment provided becomes an issue of credibility. Whose version will the court prefer? If the clinical notes do not record the justification for the treatment provided or the options discussed, litigation then becomes an even riskier proposition. Many claims have to be settled because the fundamental basics are just not present in the notes.

Patient notes are your responsibility and yours alone. It is simply not good enough to say that you are working in a busy NHS practice and did not have sufficient time to write full notes or that the other dentists in the practice write short notes and therefore your practice has to adapt. Worse still is to blame your nurse. The court or the GDC will be unimpressed by such excuses. Your role is to provide a consistently high standard of record keeping.

The GDC publication *Standards for Dental Professionals* sets out the principals and clinical standards to be followed. In paragraph 1.4, the guidance states:

"Make and keep accurate and complete patient records, including a medical history, at the time you treat them. Make sure the patients have easy access to their records."

The Faculty of General Dental Practice (UK) has published a guidance document for the standards of record keeping entitled *Clinical Examination and Record Keeping* (2009). This comprehensive guide provides specific and detailed information on record keeping and examination, and recommendations for audit.

If you are in any doubt at all about the requirements in relation to contemporaneous notes, then you should contact MDDUS for assistance and guidance. Below are some important do's and don'ts.

"Notes are always more valuable than memory in a legal context"

Do's

- Establish a good relationship with your nurse if she records your notes whilst you dictate them. Always check the notes and add your own additional observations if required.
- Identify the note as yours either by initials or by your signature if it is handwritten.
- Record all treatment provided, the taking of consent, warnings given about oral hygiene, advice about treatment options and positive and negative findings.
- Use only universally agreed dental abbreviations.
- Remember that negative results may be as important as positive ones.
- Be sure to identify other contacts cited in notes (consultant, nurse, relative, etc).
- When drawing up a treatment plan, ensure that it is revised, document changes and review regularly. When taking an X-ray, note the reason why, the result reported upon and any differential diagnosis.
- The dental history should be reviewed regularly and updated. This forms part of the dental record and should be accessible.
- Audit your records regularly to prove that your note taking remains up to a certain standard. Take advice on how to take audit effectively. Such guidance can be obtained on the NES website and in the FGDP(UK) guidance referred to above.
- Ensure your notes can justify the claims made. For example, when claiming for an extended scaling, record a BPE having been carried out.
- When using local anaesthetic, ensure that the type, dose and batch number are recorded and, in particular, ensure that the use of

local anaesthetic is recorded when fillings are provided.

- Ensure notes use neutral language and are in no way derogatory – patients or families have access.

Don'ts

- Do not write in pencil as this raises suspicion of improper practice or claims. Always use ink or a ball point pen in a colour which can be scanned or photocopied.
- Do not obliterate any record. If altering a record, put a single line through it and initial it.
- Do not re-write notes at a later date: this includes additions to the contemporaneous notes. If there is a requirement for an additional note, this should be made as a separate entry and dated, timed and cross-referenced to the original entry.

From the perspective of MDDUS, the availability of good accurate records will substantially assist our ability to put forward a good defence either to a civil claim or to a complaint to the GDC. But more importantly, good notes are fundamental to good patient care. Notes allow essential communication with other dentists who may be required to continue your treatment. Poor records are normally indicative of poor and sloppy management. Taking the time now to read the available guidance and to ensure you start your career with a high standard of note taking could save heartache in the future.

Lindsey McGregor is a solicitor at MDDUS

Case study

A dental patient lodges a claim after having suffered nerve damage during an implant procedure. She states that she would have chosen an alternative treatment had she known of the risk (damage results in lip numbness). The dentist claims that he informed the patient of the risk and other treatment options, but no record was made of these discussions in the patient notes.

Analysis: The dentist in this case would have difficulty in proving what was discussed without this having been recorded in the notes. The fact that the dentists did not record this discussion means the case would be difficult to defend in court.