

PERSONAL ACCOUNT

Redeployment: creating value through diversity

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The COVID-19 pandemic has led to previously unthinkable changes to UK dental services. As routine dentistry across the country shut down, thousands of dentists waited with uncertainty to hear where their skills could be utilised during these unprecedented times. Questions remain as to the most effective deployment of dental professionals, however there can be no doubt that the NHS has made available an eager and talented group of trained dental professionals to support healthcare colleagues in a wide range of clinical and non-clinical environments as part of the NHS response to COVID-19.

As dental core trainees in a large dental hospital, we watched as our departments transformed from delivering specialised services to a busy regional urgent dental care centre within days. Keen to be involved in the huge and rapidly unfolding national effort, we volunteered to help in any way we could. Almost immediately we relocated to the nearby offices of NHS England and Improvement (NHSEI) and into a working world unknown to us. This truly unique opportunity involved supporting the NHSEI testing supplier interface function around enabling and sustaining for COVID-19 testing capacity. A key aim was to support the effort to increase NHS testing capacity from 5,000 to 25,000 per day and developing further capacity to support wider access to real-time polymerase chain reaction (rt-PCR) tests which would be available for the general public. Specifically, our role was to work with laboratories and suppliers to collate a detailed list of every item required to perform a SARS-CoV-2 antigen test across key suppliers.

We quickly found ourselves out of our comfort zone of the normally close-knit bubble of dental colleagues, receptionists and nurses. Formal introductions were brief with a rapid induction in the task ahead of us. Operating remotely, we communicated solely

via unfamiliar teleconferencing platforms, emails and phone calls; worlds apart from our normal working environment. Our task was set with a time critical deadline, which we felt more keenly given the high profile of all the ongoing COVID-19 response work. In addition to this, we had to carry out background research in order to broaden our understanding of real time polymerase chain reaction. A self-directed learning approach allowed us to build a solid grasp

of the theories required to produce accurate outcomes to proceed forward in a short timeframe.

We quickly realised we needed to embrace new ways of working with colleagues, who were often juggling multiple projects and teams and minimise roadblocks we encountered which would have introduced delays into the workflow. We quickly became experts in task lists, database management, process maps and scheduling calls to maximise productivity. In this fast-paced environment, it wasn't long until we felt a growing involvement in the national effort to combat COVID-19. We were happy to share in the collective relief when the project came to an end with the objective met. When we completed our assignment, we reflected on the amazing experience and our new skillset. We returned to our day jobs extolling the merits of teleconferencing, not only in the current crisis where access to gold standard quality care is limited, but also in the new future NHS, providing the means for dentists to deliver

care for those patients living either remotely or for whom accessing care is challenging.

There was no time to rest as the call came once again for the next redeployment wave. This time our dental skills were mapped into a clinical climate working with in- and out-patient dialysis. We embraced this as a learning opportunity to upskill and develop further medical proficiency. On this occasion we arrived for our first day with our fellow dental core trainees and dental nurses ready to help. We donned an oversized scrub and listened to our handover briefing, unsure of what was to be expected of us. It quickly came to light that we had moved far from our previous posting to the frontline, working in the renal COVID-19 ward.

Whilst the thought of fleeing back to the dental department was appealing – a place where we felt safe and confident – the stark

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harshness of reality came to light. Six hundred and fifty patients across our Trust required life-sustaining treatment. The renal team, like a number of medical departments, were struggling with the increased demands and the effects of staff sickness, self-isolation and shielding of vulnerable colleagues. They were visibly pleased to receive the extra pairs of hands and quickly put us to work. Knowing how important it is to recognise personal and professional limitations, we used our initiative to commence daily duties whilst asking for guidance at every opportunity possible to ensure no harm to patients. The staff were more than willing to take the time out to teach us, all the while showering us with undeserved gratitude and respect.

Unfamiliar with the equipment and technical expertise to start the dialysis process, day one entailed shadowing, taking vital observations and wiping down contaminated beds and surfaces. We witnessed nurses collecting breakfast for patients and helping those too unwell to ▶▶

« feed themselves and quickly volunteered to take over, allowing them to continue their highly skilled work. What a humbling experience this was, coming to the realisation exactly how much the nursing staff are often taken for granted: their kindness and compassion the embodiment of patient care.

As we were introduced to new tasks and skills on the ward, each explained to us with patience and understanding, the maxim 'See one, do one, teach one' really held true. Slowly but surely, we became part of the team and the nurses recognised our ability to tackle more and more of the practical elements to the role. Before long we were putting our surgical skills to good use. In our day jobs in oral medicine and oral surgery we had been honing our suturing skills performing intra-oral biopsies and surgical extractions. Soon into our new role we noticed a nurse struggle to remove a suture and bleep an on-call doctor to carry out the procedure. Having seen how busy both the nurses and doctors were, we recognised an opportunity to do more and offered to help. We quickly set up our clinical area and removed the sutures without taking staff away from their busy list of jobs. Afterwards we seized the chance to give back to all the nurses who had so patiently taught us in the preceding days. We set up a training session and refresher course for suture removal, helping the nursing staff regain their confidence.

The gravity of the evolving crisis truly hit as we started to note the emotional impact on the patients in our care. Many had experienced years of frequent visits to hospital. However, as the guidance changed, a challenging situation became even more difficult as they were no longer permitted

visits. We took it in turns to help the nursing staff telephone family members with progress updates and to pass on any messages. The concern and grief in the voices of the family members and loved ones we spoke with will stay with us far after the pandemic is over. Both patients and family members were so grateful for the chance to feel connected.

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Despite the emotions and challenges there was joy in seeing how patients' faces would light up when we passed them post-it notes with messages such as 'We're thinking of you Mama. Come home soon'. As dentists, we have never had to discuss life or death with a patient or their families. Yet, in this setting, every next of kin was desperate to know if their loved one would 'make it' and when they could come home. Attempting to provide this certainty for families was the greatest difficulty of all. At these times we were glad of the bonds we had formed with our team, allowing us to share our own emotions and struggles.

We have now settled into our new working life, splitting our weeks between the medical wards and dental department: our working and personal lives transformed in only six weeks. Where the next deployment, if any, will take us is still unknown. High dependency and intensive care units across the Trust have all expressed interest in our

help, leaving clinicians to await the call for further recruitment to aid those on the frontline. Dentists have received simulated training and virtual tutorials for proning/deproning patients, medical emergencies and electronic health record documentation, all rolled out in anticipation to prepare for the worst.

With a chance to reflect, we can start to consider the impact of our redeployment both now and for the future. Our experiences have given us confidence in our skillset and ability to step-up to new challenges, often out of our comfort zone. The experience has undoubtedly been transformative and our training all the richer for the opportunity to develop our teamworking skills as well as resilience and leadership. As healthcare professionals, we each have unique experiences and skills to offer in seemingly unrelated and unfamiliar settings. We feel a sense of excitement to use our new skills to be part of the reshaping of healthcare and the future NHS. ■

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Honours, awards, appointments

FGDP(UK) Board

Tashfeen Kholasi has been elected to represent the Faculty of General Dental Practice (UK)'s North East and North West Thames membership division for a three-year term, succeeding the late Nik Pandya.

Vice-Deans Abhi Pal and Roshni Karia were re-elected to represent the West Midlands and South East and South West Thames regions respectively; Susan Nelson was re-elected to the Northern Ireland

seat; and Quentin Jones was re-elected for the North and South Wales membership divisions.

FGDP(UK) Academy

The Faculty of General Dental Practice has announced the appointment of 50 dentists to its new FGDP(UK) Academy. The Academy has been established to recognise significant and ongoing contributions to the academic work of the Faculty at a national level in support of its core purposes.

Appointments are made as Member or Senior Member of the FGDP(UK) Academy in relation to the responsibility and commitment of specified roles, such as in the development of the Faculty's guidance and standards, and the delivery and assessment of its exams and educational programmes.

A list of the members appointed to date is available online: <https://www.fgdp.org.uk/fgdpuk-academy>.