

"SPECIAL NEEDS PATIENTS NEED SPECIAL ATTENTION"

Meredyth Bell

My practice, which was established 19 years ago, has a mixed patient base. The two senior dentists are mainly private with some National Health Service (NHS) patients and children, and the other dentists see mainly NHS patients. For many years I myself have worked closely with special needs patients, covering many problems, including amongst others, Cerebral Palsy, Down Syndrome and Autism. The practice approach to special needs patients has developed over the years and tries to match the patient's needs and capabilities.

ESSENTIAL IMPORTANCE OF ORAL HYGIENE

Our main concern throughout is oral hygiene. We try to explain to parents and carers the problems that children with special needs will experience should they lose their natural dentition, and the daunting challenge for all of coping with dental prostheses. The practice has a policy of encouraging active participation in tooth brushing and where we can enthuse the carer, the results are noticeably much better than when we have no contact at all with the hygiene supervision. We find that electric toothbrushes are a godsend to many carers. We encourage families to attend as a unit. This has a multiple benefit in as much as it is an occasion to come out together. There is always a lot of laughter, banter and fun, and the special needs patients seems to benefit from all of these aspects, including integrated oral hygiene instruction from the hygienist.

A SPECIAL VISIT FROM A VERY SPECIAL SCHOOL.

Every year the practice has a visit from Mayfield Special School for students with Profound and Multiple Learning Disabilities. The students range in age from 15 to 17 years. The idea behind the visit from the dental point of view is, that under more relaxed circumstances, students can come in and experience the practice environment. The dentist and the dental team can then concentrate solely on helping them. The school has its own purposes for the visit too, including an experience of the workplace, addressing health and hygiene issues, community awareness, and, like us, attempting to allay the fears that many students have relating to dental visits. The recent visit to our practice involved eight special needs children whose problems ranged from severe autism to behaviour problems and learning difficulties. All were ambulant and some were more articulate than others. We split them into two groups of four with their attendant teachers.

ROLE PLAY

The session started off with role-play. All the student were invited to become dentists for an hour, and were encouraged to put on rubber gloves, masks and protective eye cover. The initial problems of putting on rubber gloves was soon overcome, so much so, that the idea of regular changing gloves between patients became extremely popular and we were hard pushed to keep up with the supply of surgical gloves! Once the students were dressed up, they were then invited to assume various roles on a rotational basis. One could be a patient, one could work the aspirator, another worked the chair controls and the fourth held the hand of the patient for "reassurance".

In the ensuing hilarity the students became familiar with suction, the noise, the chair, the lights, lying back in a chair, and having their mouths examined. It also was an opportunity to show the effects of neglected oral hygiene and the comments from their peers were excepted by the 'patients' with much better grace than if they had been delivered by the dentists themselves.



As a further incentive the students were invited to participate in role reversal and consequently I was allowed to sit in the chair and have my teeth polished. It was particular touching that one of the students insisted on holding my hand as she felt I would be quite nervous. In fact she was quite right, as I had put enormous faith in my colleague, who was allegedly guiding the student holding the drill towards my mouth! You are never too sure who you can trust at times like these! The whole exercise was aimed at removing any fear of instruments, the noise in dental surgeries and the appearance of the dentists themselves. We then pushed the barriers a little further back by inviting students to have impressions taken of their lower teeth. This was the piece de resistance of the visit and one student who has severe emotional problems became the star of the occasion and showed such enthusiasm that we were unable to move her from the chair at the end of the session.

PLAY AND WORK

Whilst it may have been role-play, there was also serious hard work going on at the same time. There were demonstrations of tooth brushing, examples of good diet, and sheets depicting 'good food' given out, showing plenty of bright attractive pictures. "Goody bags" containing apples, sugar free sweets and other oral health care products were made up for each student to take away.

PRACTICAL OUTCOMES

One of the students had found her niche in reception and was well able to use the intercom, much to the delight of the other students in the surgery who responded to the challenge of answering telephones and conveying messages with commendable skill. Our temporary "receptionist" flowered in reception and was soon offering our booked-in patients the chance to purchase items from the practice shop. She also sang songs to them! This was a delightful episode, not only for our reception team, but also for all the routine patients that were due to have appointments and treatment. We had young people standing in queues to put on Loupes and rubber gloves and we also attracted **two** volunteers for Saturday jobs.



CONCLUSION

Was this a successful visit? Yes. I feel that it is something well worth repeating, if only because low self image children became outward going. Poor self-perception gave way to enormous self-confidence.

This success of this visit depended largely upon the willingness and support of the school and their very dedicated teachers. The enthusiasm and the warmth they engendered before their charges came to the practice enabled the students to have a very receptive attitude on entering the premises. The success also greatly depended upon the enthusiasm and commitment of my team who enjoyed the interchange and the chance to show their care and dedication to young patients.

The result was an exhilarating and informative experience. The practice had a feel good factor for days, and the students who visited us are now totally comfortable with dentists and dentistry. The visit was both humbling and rewarding.

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Meredyth has recently been re-elected to the General Dental Council. Ed