

My experience as an educator, motivational, and collaborative dental professional in India

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ABSTRACT

The oral health delivery strategies are taking back seat in the universal health coverage scheme in India. This paper highlights the personal experience of a dental professional from India as an educator, motivator, and collaborator to nullify or minimize social policy challenges faced by medical health providers in the administrative cadre to strengthen the oral care delivery model in the health services department in Kerala state. The author has nevertheless persisted with positive educational, motivational, and collaborative approaches with medical health providers in the administrative cadre, general cadre, and specialty cadre in the health services department in Kerala state to change the current climate.

Keywords: Collaboration, education, India, motivation, oral health delivery, personal commentary

Introduction

The oral health delivery strategies are taking back seat in the universal health coverage scheme in India and gross disparities are seen in the delivery and utilization of oral health services among urban, suburban, and rural regions of India.^[1] Studies from Bangalore and Haryana States revealed that there is a shortfall in infrastructure and a significant problem associated with the adequacy of working facilities in oral health care delivery systems.^[1,2]

Another aspect to be addressed is more oral cancer cases and potentially malignant oral disorders are reported from rural areas of India, where people have only assessed to primary and community or family public health care centers. In the study *"The burden of cancers and their variations across the states of India: the Global Burden of Disease Study 1990–2016"* it was found that the highest number of oral cancer cases in India is detected from Madhya Pradesh followed by Gujarat and Kerala.^[3] This is especially

worrying given that oral pathology specialty is not utilized for biopsy and histopathology reports.^[4]

The above attributes described from part of a personal commentary that utilizes positive educational, motivational and collaborative approaches with medical health providers in the administrative cadre, general cadre, and specialty cadre in the health services department in Kerala state to change the negative scenario.

Case Study

The author is a 42-year-old male working as a dental professional in a government hospital in India. This is a description of my 10 years of professional experience as a dental professional. I was brought up in the religious background of Islam under my loving and caring mother who is indulged in household activities. My father was a physician working in a hospital under the government sector and he had clinical acuity to diagnose various medical diseases. He was popular among our locality as he displayed a keen awareness of ethics and propriety. My father's insistence on ethical values and my mother's advice which hinged on religious values influenced my life. I completed

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BDS and MDS (Oral Pathology and Microbiology) from Rajiv Gandhi University of Health Sciences, Karnataka and University of Calicut respectively from India. After completing the masters in dentistry, I worked as an academic and researcher in Oral Pathology and Microbiology Department in a dental school in the private sector and was paid less than the average for those with my qualifications. I later attained a government job in a public health Hospital as a Dental Surgeon with a feasible salary doing routine dental work, but there was no provision for me to practice my specialization in oral pathology and microbiology. The patient flow in my dental department was high and while working in that hospital, I encountered an occupational hazard: *occupational nonspecific granulomatous osteomyelitis of third metacarpal bone as a sequel to percutaneous injury on left hand due to sharp dental bur*. I published on this occupational hazard as a letter in an indexed Medical journal from Pakistan to prompt the adaptation of the Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) guidelines. My aim was to help prevent occupational injuries during dental practice for budding dental professionals around the globe.^[5] I was then transferred to another hospital with a new dental post. Unfortunately, authorities had not provided armamentarium and dental materials to carry out dental procedures, and I was only doing diagnostic examinations of oral cavities. I wrote to higher officials of the Health Department regarding lack of supply of armamentarium and dental materials and learned that fund allocation for the dental department is inferior to all medical specialties in India in the public sector since oral health policy is still not implemented. In response, I began writing about articles in public health journals regarding my vision for oral health and school dental programs in India. The message conveyed about the implementation of oral health and school dental program in my publications was appreciated by higher authorities of the health department.^[6,7] I along with the head of the institution implemented a program: *School teachers as a communicator for oral health promotion among school children in Malappuram municipality in Kerala* and the results of the study were received positively by the higher officials of health and the public.^[8]

Now, India is facing an oral cancer burden.^[4] I have already expressed my concern regarding the lack of facilities to practice oral pathology in the tertiary public health sector in India. Luckily, the Dental Council of India's (DCI) request for consideration of MDS Oral Pathology and microbiology for qualification norms for authorized signatory was included in National Accreditation Board for testing and calibration laboratories (NABL)'s amendment dated 07.05.2018. This amendment is as follows "MDS in Oral Pathology and Maxillofacial Pathology can be authorized signatory for Histopathology and Cytopathology of Oral and Maxillofacial region and Hematology; specifically for hemoglobin, Total WBC count, Differential WBC count, ESR, Bleeding Time and Clotting Time prescribed by Dental Professionals only." With the above amendment, I have made a questionnaire study regarding awareness about oral pathology specialty among medical professionals in hospitals under Kerala Health Services Department in Malappuram district in Kerala, India in order to plead the government to start

histopathology reporting in dental departments. This would be so that primary health care providers, family physicians, and medical professionals under various postgraduate disciplines of medicine working in the primary health center and community health center may refer oral pathology cases pertaining to the oral cavity for biopsy and histopathology reports.^[9]

The author has applied soft skill strategies such as emotional intelligence, critical thinking skills, sound mental health, and job crafting behavior into practice among his workmates to achieve positive output in his workplace.^[10-13]

Discussion

This paper illustrates the current context of the oral health delivery strategies in India with challenges faced by medical or primary health care or family medical professionals to implement an oral health delivery model as per the universal health coverage theme implemented by the World Health Organization. In a recent review published about dental public health in India, it was determined that more attention should be given toward preventive oral health care by employing more dentists in the public sector, and strengthening education and research in dental public health and amalgamate oral health programs with general health-care programs.^[14]

It is interesting to say that the Government of Kerala is putting oral health policies into practice by recruiting adequate dental surgeons and providing separate dental infrastructure at the urban Public Health Centers for better utilization of dental care services. *Mandabasam scheme* was implemented for the geriatric population giving free tooth set for the senior citizens, a new initiative by Social Justice Department under Kerala Government.^[15]

On the other hand, the central government launched schemes *Rashtriya Bal Swasthya Karyakram* and *Ayushman Bharat Yojana*, failed to attain universal oral health coverage in India.^[16] It may be envisaged that the universal health coverage scheme may be benefited for new post creations of dental surgeons and oral pathologists at Suburban Public Health Centers for dental care services and early detection of potentially malignant oral disorders and oral cancers in India.

Conclusion

From the personal perspective, it is clear that educating the society (public, policymakers, health professionals, and ministers) through motivational and educational lectures and publications will be pivotal to strengthen oral care delivery model in public health sector in India and the dream for universal oral health coverage may be accomplished in future.

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Conflicts of interest

There are no conflicts of interest.

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