

Letters to the editor

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CORONAVIRUS

For the record

Sir, we will all no doubt learn many things from our enforced lockdown, one of which is finding out what is really important. Having been practising for over 44 years I find myself getting very frustrated at the amount of unnecessary patient notes we are expected to record.

I suspect record keeping was mentioned in my undergraduate training but fairly briefly. I came across a brown record card from my early days in practice and I cast my eyes on one particular entry: 'UL6 ela'. That was my shorthand way of doing it and it told me at a glance, yes a glance, when that tooth came out and how, if I wanted to refer back at a later date. For younger readers, I was saying that 'the upper left 6 was extracted using local anaesthetic and there were no complications'. The templates I use now contain over 150 words referring to that exact procedure and outcome and takes far more than a glance to see what I actually did if I needed to find out at a later date.

P. Williams, Lowestoft, UK

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Nursing oral care

Sir, the COVID-19 pandemic has resulted in a substantial increase in the number of intubated and ventilated patients in our trust. Many of these patients are 'proned' for 16 hours per day, in order to improve their gas exchange. The on-call OMFS team noticed a significant increase in the number of referrals regarding basic oral health and mouthcare queries. Staff caring for COVID-19 patients were often concerned by issues such as oral swelling and bleeding, and had limited knowledge of common oral conditions such as gingivitis, calculus, and thrush.

We conducted an audit of nursing staff caring for COVID-19 patients to assess the impact of the new PHE guidelines. We found that 74% (37/50) of nurses were unaware of the guidelines, and only 24% (12/50) met the standard of brushing their patients' teeth with fluoride toothpaste twice daily. Reported barriers to providing oral care were lack of stock, time constraints, and combative patients. Ninety-eight percent (49/50) of staff felt that they would benefit from oral health teaching.

Following the audit, we distributed oral health packs containing the PHE guidance, alcohol-free mouthwash, toothbrush, and toothpaste to COVID-19 wards throughout the hospital. PHE's *Mouth Care Matters* documentation was used as a teaching resource to educate staff about common oral problems, and to highlight when to escalate to dental or OMFS departments.

Our experience has demonstrated that with a small amount of engagement, nursing staff gain tremendously in confidence and motivation, and are much more likely to provide the regular oral care that COVID-19 patients need. We urge dental departments to ring fence time for disseminating the PHE guidance in person, with the aim of improving staff knowledge and hence patient care and comfort.

R. Smith, A. Panchal, R. Suffern, I. Politi, M. Barker, T. Pepper, F. Ryba, London, UK

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Finding the positives

Sir, I write to draw attention to the benefits of reflective practice at this difficult time. As we are all aware reflective practice has long been encouraged as a method by which dental professionals and teams can improve their standard of care.¹ In such a

time of uncertainty it is easy to focus on the shortcomings, our concerns and fears for the future. It is not to say that these things don't require thought, of course they do. But perhaps our perspective would be different if we took time to appreciate what we have already been through and achieved.

Indeed, having taken time myself to reflect, a positive I see and feel is an improved cohesive team-based approach to care. The team working and ethic I now see is of a changed, improved character upon that which I saw prior to COVID-19. Even within the same dental hospital there has been much greater communication between departments and non-clinical staff. The camaraderie has kept morale high, even making work 'enjoyable' in these times of great stress. The cohesive approach has allowed the team to serve an ever-increasing number of patients in need of urgent care.

There is much we can learn from our recent experiences, if only we take the time to reflect upon it. I implore us all to give the time to take stock and pride in the progress already made. There are positives there however deep you may think buried. Acknowledgement of these may be just what's needed to motivate continued engagement in the recovery of services and meeting of our patients' oral health needs.

S. Gee, Birmingham, UK

Reference

1. General Dental Council. Benefits of becoming a reflective practitioner. A joint statement of support from Chief Executives of statutory regulators of health and care professionals. Available at: https://www.gdc-uk.org/docs/default-source/reflective-practice/benefits-of-becoming-a-reflective-practitioner-joint-statement-2019.pdf?sfvrsn=3c546751_2 (accessed June 2020).

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