

Autumn leaves and the final countdown

Amanda Gallie's diary of a
hygienist converting to therapy

I hope this entry finds you all well. Would someone like to tell me where this year has gone? It doesn't seem long ago we were looking forward to the summer break. Then, in a blink of an eye, the leaves are falling and the scarves and gloves are starting to emerge.

In the world of therapy conversion, we have had our heads down working hard. We have had our mocks and worked the first two weeks of August in the King's paediatric department, taking out teeth under GA and carrying out the necessary work of prevention, diet analysis, fluoride application and filling teeth. The rubber dam and drilling and filling are becoming easier – they say if you do something 21 times it becomes a habit!

We have also been learning how to stage treatment plans, choose the right materials and have been taking competency tests in all the different types of restorations, extractions, stainless steel crowns and pulp treatments.

Working with children is a true vocation and the way children see the world is fascinating.

Child's play

Using kidspeak is interesting, calling an anaesthetic 'magic sleepy juice' and waiting till we can hear the tooth 'snoring' before we start is fun. But the underlying disappointment of why these young children are being given so much sugar and why they need to be there in hospital in the first place is a tough pill to swallow. I know we can't change the world overnight, but high sugar intake is a big health issue linking medicine and dentistry in terms of decay, obesity, diabetes, heart and kidney disease, and I don't see the Department of Health campaigning for warning labels on sugary foodstuffs. I know we have a five-a-day strategy for fruit and vegetables, but maybe a 'have no more than one sugar hit a day' campaign could also raise awareness.

Last year, a BDA survey brought to light the fact that 150,000 more children have decayed, filled or missing teeth in spearhead areas. This is a gap that has

widened greatly in the last 10 years. We also have a situation where only 50% of the population actually attend the dentist and access services. We need to get dental prevention packaged up and out there – and for it to be accessible to all. We need to be involved with pre-natal classes, nursery schools, and have a dental hygienist and therapist in the nation's schools providing prevention initiatives before the decay gets to the point of being untreatable.

Also, valuable time is being wasted with excessive paperwork and chasing up treatment plans and prescriptions. The public needs direct access to all clinical personnel – this would be more time and cost effective across the board.

Come on DH, give us a provider number and let us help!

Right, off the soapbox now; our written finals are scheduled for November and our case presentations for December 2011. This is under the condition that we fulfil requirements of 20 fillings in adult restorative and 20 in child therapy. So head down for the near future – and I must keep eating the greens and stay off the chocolate or it will be me in the chair next!

Enjoy the rest of the year and what it brings. **DH&T**



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