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Seven-year review of dental foundation year 2/senior house officer training at the Oral and Maxillofacial Surgery Unit in Oxford

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Abstract

The dental senior house officer (SHO)/dental foundation year 2 (DF2) posts in Oxford have provided hospital-based training for dentists, but in 2013 the Oral and Maxillofacial Surgery (OMFS) Unit withdrew from DF2 training because persistent negative feedback from the dental deanery varied from that obtained internally. We sent questionnaires to a consecutive group of 62 dentists who had worked at the John Radcliffe Hospital, Oxford, between 2006 and 2013 to find out about their experience of the posts. Forty responded (65% response rate). We analysed their expectations, the support provided, their experience of teaching and training, the opportunities available, and free-text feedback about the post and their current posts. They had all found the job helpful, and had gained generic, dental, medical, and surgical skills. The overall mean (SD) score for the post was 8 (2) on a Likert scale of 1–10 (with 10 being excellent). When they completed the questionnaire between December 2013 and July 2014, 18 respondents were working as general dental practitioners and four were training for a career in OMFS. The study showed that work as a dental SHO or DF2 has multiple benefits. We hope that our findings will help to improve OMFS training posts for dental core trainees in Oxford.

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Keywords: Dental senior house officer; dental SHO; Dental foundation year 2; DF2; Dental core trainees; DCT; Dental core training

Introduction

In April 2013, the UK Committee of Postgraduate Dental Deans and Directors (COPDEND) phased out “dental foundation year 2” (DF2), “dental SHO” (senior house officer), and “dental career development” posts, and introduced “dental core training” posts. “Dental foundation training” has replaced “dental vocational training” and is now of one year’s duration.¹

Although the name has changed, dental core training posts provide dental practitioners with valuable experience in oral

and maxillofacial surgery (OMFS). Historically, there was a greater demand for teaching, but service commitments took priority for SHO in OMFS units² (we will now refer to all SHO or DF2 as DCT in keeping with the current nomenclature), and in the recent past these posts have offered dentists more hospital teaching and training. We have reviewed the experience of a group of DCT who worked in OMFS at the John Radcliffe Hospital, Oxford, between 2006 and 2013.

The OMFS unit in Oxford works as a “hub”, and “spokes” at the time were at Reading, Stoke Mandeville, Amersham, and Banbury. The DCT posts incorporated four months at the Royal Berkshire Hospital in Reading and the remaining eight months at the “hub”. DF1 trainees were encouraged to visit the unit in Oxford on an ad hoc basis before they started the job to gain an insight into the DCT year, and all were given

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an OMFS handbook on their first day. After induction to the hospital and department on the first day, they did a two-day “Dentist on the ward” course.

Twice-weekly training opportunities included general anaesthetic dentoalveolar teaching lists and weekly minor oral surgery lists that were supervised by consultants, registrars, or staff grades in Reading and Oxford. Dentists worked alongside medical FY2 trainees to gain experience looking after patients on the ward, and during the year, attended the ALERT™ (acute life-threatening events—recognition and treatment) course and three all-day simulation training courses on hospital medical emergencies.³

Teaching included regular consultant-delivered case-based learning in OMFS, monthly journal club meetings (where every DCT had an opportunity to present a peer-reviewed paper), a study day every month that incorporated the DCT curriculum, and a monthly clinical governance meeting. Trainees also had weekly “bleep-free” protected teaching in OMFS, and regular junior business meetings with designated educational and clinical supervisors. They also had 24-hour access to the library at the John Radcliffe Hospital and free access to all on-line journals.

The primary aim of our study was to analyse retrospectively the experience and perceptions of DCT who worked in the OMFS unit at Oxford between 2006 and 2013. We questioned them about their expectations, the support given, their experience of teaching and training, and the opportunities available, and asked them to list three benefits of the job and to suggest improvements.

Methods

We identified 62 dentists who had worked as DCT in the OMFS unit at Oxford between 2006 and 2013. Those who had worked only at the Royal Berkshire Hospital in Reading and whose rotation had not included the John Radcliffe Hospital in Oxford, were excluded.

We sent them a 13-item questionnaire (Appendix, online only) that included both open and closed questions and some that required Likert-scale responses. We finally asked them to rate their overall experience on a Likert scale that ranged from very poor (0) to excellent (10). Forms were sent by email and reminders sent to those who did not respond. Some were contacted on their mobile phones.

Results

Of the 62 dentists we contacted, 40 (65%) responded (21 DF2 and 19 SHO).

Current posts

Eighteen of the respondents were general dental practitioners (six with a special interest), three were orthodontic registrars,

six were DCT, and three were at medical school. Six worked in oral surgery (five were staff grades and one was a clinical teacher), one was SpR in endodontics, one was pursuing a masters’ degree in periodontology, one was a registrar in OMFS, and one was on a gap year travelling.

Was the post helpful?

All respondents had found the post helpful. They had learnt a lot, and they commented on the range of experience gained in orthognathic surgery, oncology, facial trauma, and oral medicine. They had learnt how to deal with medical emergencies, about the management of complex cases, and various diseases. They had also acquired skills in general and oral surgery and in organisation, experienced work in a stressful environment, and learned how to deal with difficult staff. Respondents thought that the quality of teaching was good, and the job had given them the much-needed confidence to work independently in general dental practice.

Did the job help them to decide on a career?

Twenty-six respondents thought that the experience had helped them decide on a career. It had helped eight decide not to continue in OMFS, had not helped two to decide, and four had already made their decisions before taking up the post.

Courses attended during training in Oxford

Eleven respondents had not attended any courses during their training and two could not remember. The rest had attended various courses, which included the AO plating course, advanced life support (ALS), the ALERT™ course, and courses on oral surgery, orthodontics, restorative dentistry, sedation, safeguarding, and the annual conference of the British Association of Oral and Maxillofacial Surgeons (BAOMS).

Job, training, teamwork, others

Respondents rated their experience of the job, training, teamwork, and other opportunities, on a Likert scale (0–5) (Tables 1–4). Based on the median score (Table 1), their experience in clinic, theatre, on-call, and of minor oral surgery or repairing of lacerations, was a mixture of service and training suitable for their level. Table 2 shows the ratings for training opportunities in study days, theatre, clinics, and on-call. Support from other juniors was rated as excellent, and the administrative staff, nurses, SpR, and consultants, were helpful (Table 3). Finally, exam leave was available when requested and audits were encouraged. Opportunities for research and teaching were satisfactory (Table 4).

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