It’s a small world after all

Mhari Coxon examines the evidence and best practice

So, I am back and nearly recovered from an amazing adventure to Europerio 7 in Vienna. Believe it or not this was work for me. It was a chance to spend time with my colleagues and the other hygienists around Europe who work for Philips Oral Healthcare as professional relations manager and to meet other colleagues from the sales and marketing teams we work alongside. It was also an opportunity to watch many of the key opinion leaders and drivers from the UK present too. And believe me they did us proud. It is great to see our professors being held in such high regard by our peers in different countries. The UK as a research base is up there with the best of them.

What was also amazing was seeing so many people from other countries speak. In particular for me Monique Stokman was wonderful. She is a hygienist from the Netherlands who has a PhD and is also a trained epidemiologist. She presented such a great lecture on oral manifestations and lesions and so happy to share her knowledge with others.

Mark Ide and Nicola West presented after with a great look at evidence base and sensitivity. It was incredibly insightful.

‘Making yourself look at what you are doing day to day and justifying it is important to ensure we are practising best practice in our clinical lives’

There was a good healthy dollop of controversy, with some showing that the evidence for calculus removal is thin at best, and others causing an uprising with the systematic review that shows flossing is not effective in preventing dental disease unless carried out by a professional. One delegate could not control herself and said – so I can’t take the calculus or teach them to floss…..what exactly is my role then? And that is exactly the point.

Before you all get typing to the editor to complain:

1 These are not my views - I am merely reporting to you
2 These lectures are made to get a reaction, good or bad

Making yourself look at what you are doing day to day and justifying it is important to ensure we are practising best practice in our clinical lives. We have to piece together the puzzle using the scientific evidence, clinical experience, the tools available to us and minding the patient’s wishes. No one solution fits all and it is good to have your beliefs challenged in our profession. Doing the same thing will make practitioners and the public to think differently. As such we are practicing best practice from the beginning of our careers to the end.

The other thing that overwhelmed me was the sheer number of academics and leaders responsible for these, and equally there were many from regular general practice clinicians too. This simple piece of analysis, either a small new piece of research, a review of current research on a topic, or a case study placed as a poster gave access to all sorts of conversations and in-
4. Put your conclusion under
3. Make sure your abstract is
2. Put the title in a big heading
1. Make your title catchy –

And so, here are my simple
tips to putting a poster pres-
etation together. I intend to
present three in the next year as
my own personal target. I shall
publish them in this column too.

1. Make your title catchy –
short, sharp, and effective
2. Put the title in a big heading
so they can see it from
distance
3. Make sure your abstract is
concise and matches the one
you submitted originally
4. Put your conclusion under
your title and again at the bot-
tom in order. This will draw
the reader in (Thanks to Martin
Ashley for that top tip – looking
forward to lecturing with him at
ADI 2015)
5. Have A4 copies of the pres-
entation available for people to
take and digest. At the confer-
ence, you know how busy these
things can be
6. Make sure you imprint your
personality in your poster – pa-
papers have to be dry and correct,
posters less so
7. Put a picture of yourself and
a contact email or address on
your poster. You never know
who is looking and what oppor-
tunities it could bring
8. If it is being judged, read and
re-read the judging criteria as
this varies from group to group
9. Make it relevant to people
10. Make it look good and
don’t be stingy with the figures,
graphs and pictures

I truly believe this is the future of
our evidence base. As the speak-
er who had said flossing doesn’t
work said “so go and prove me
wrong”. Let’s take control of
our best practice guidelines.
I happen to know the BSODR
(British Society of Oral and
Dental Research) is holding a
meeting in Bath in 2015 and
would love posters from DCPs.
Look forward to seeing yours
there and hope mine will be se-
lected too.

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