It’s a small world after all

Mhari Coxon examines the evidence and best practice

So, I am back and nearly recovered from am amazing adventure to Europaero 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 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 in preventing dental disease shows 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.

The other thing that overwhelmed me was the sheer number of academics responsible for these, but 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-
teractions. People were able to meet with other like-minded individuals and look at ways of working which may lead on to greater things. This is where some of the most famous partnerships in research started from. Also, presenting a poster for 20 minutes allows the person an introduction to public speaking without having to commit to being a lecturer or presenter. And it made me think how we in the UK could keep up with our European Jones’ neighbours by introducing poster presentations into our working life. It could be a simple case study, a series of studies or just an overview of research we looked at because we wanted to understand something better.

And so, here are my simple top tips to putting a poster presentation 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
3. Make sure your abstract is concise and matches the one you submitted originally
4. Put your conclusion under
5. Make sure you imprint your personality in your poster – papers have to be dry and correct, posters less so
6. Put a picture of yourself and a contact email or address on your poster. You never know who is looking and what opportunities it could bring
7. Put a picture of yourself and according to the judging criteria as this varies from group to group
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 speaker 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 BSORDR (British Society of Oral and Dental Research) is holding a meeting in Bath in 2013 and would love posters from DCPs. Look forward to seeing yours there and hope mine will be selected too.

Author info

Mhari Coxon has 20 years experience in dentistry, working as a nurse, receptionist, oral health adviser and ultimately hygienist in a variety of practice environments. She is passionate about her profession. At present, she works as a Senior Professional Relations Manager for Philips Oral Healthcare and clinically as a hygienist in central London. From Charing the London BScDent 5 years, and working as an MSc, Mhari excels at motivating and re-organising a team and utilising skills, decentralising leadership and developing self efficacy in members. Throughout her career Mhari has developed hygiene protocols and plans in practices which have continued to be used with great success. Mhari is Clinical Director for CPDforDCP Ltd, a training company offering motivational and interactive development courses to the dental team.

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