

# STUDENTS

## KISHAN SHETH



Dear fellow colleagues, friends, ladies and gentlemen, I was deeply and truly honoured when I was appointed

as the student honorary associate editor for the DentaltownUK publication. The entire concept of Dentaltown in the USA has empowered dentists all around the world and has been an extremely beneficial learning tool for students, including myself, and I was very excited to hear that the movement was being brought to the UK. It is indeed a chance and an opportunity to discuss important matters and trends in dentistry and share ideas, which lead to the spreading of knowledge and generation of discussion and debate.

I very much hope that I will be able to fulfill the expectations of my fellow students and ensure the publication includes a wealth of material for them to read and learn from.

The primary goal of the student section is to empower undergraduate dental students to write about topics they are passionate about, and share their experiences with all their fellow dental students in the UK.

We would, over the upcoming year, love to receive articles about your electives, relevant articles on topics such as seeing your first patient, or articles about how you balance your extra-curricular endeavours with university work and what these extra-curricular endeavours are.

This is a magnificent platform to showcase yourself, your thoughts and your ideas to the entire profession and I would encourage each and every one of you to write in with your articles and reports. Is there an area within dentistry that you have been reading about? Would you like to put together a brief article summarizing your findings? Have you read a book recently that you think has changed the way you view something? Would like to write up a book review? Whatever empowers the profession and begins discussion should be shared for all to benefit from, and we all encourage the discussion of ideas which will help us to raise our standards and become more effective providers of patient-centred, evidence-based, minimally invasive and holistic dentistry.

In starting my role, I very much hope that

the publication, which I hope to continue to serve, will be able to look forward to nation-wide support from every sector of dentistry, including the future of the profession, the student body.

I am confident that DentaltownUK will deliver an unrivalled service to the profession, and will play a pivotal role in the way in which students and professionals come together.

I would like to take this opportunity to express my sincere thanks to the very many people who have individually and collectively supported me so far with all my ventures, from the lectures that I've put on and the publications I have managed to publish, to the dance shows I have been humbled to take part in. I am truly indebted to my colleagues, friends and family for the generous hospitality and kind wishes extended towards me whatever I do, or wherever I go. I truly am extremely excited to take up my role on the honorary editorial board for DentaltownUK, and I would like to thank Mike Gow for believing that I was the right person to deliver on this role.

Finally, I must congratulate the other members of the honorary editorial board for being appointed. It is incredibly impressive to see so many of my mentors and role models on the board, and I am very much looking forward to collaborating and working with each one of them to take the publication from strength to strength.

This edition, the first to be published, is full of exceptional hand-picked, evidence-based and interesting information which will help to challenge ideas in dentistry. The student section has some incredible insights into the lives of talented dental students studying in the UK, and we are also excited to promote the informative reports written by Ajay Mehta and Vedaant Patel about dental electives and DFT/DCT respectively. I am also very humbled to have been given the opportunity to talk about breaking bad news about periodontal disease to your patients, and I'd be very interested to hear back with all your thoughts and comments.

I hope you enjoy this DentaltownUK edition, and am confident that it will spark the start of an amazing and exciting line up of magazine publications which will inspire and engage dental professionals and students all throughout the country, and indeed the world!



Kishan with his fellow co-speakers: (from right to left) Dr. Subir Banerji, Mr. Kishan Sheth, Dr. Helena Lewis-Greene, Dr. Raj Ahlowalia, Dr. Anoop Maini and Mr. Alun Rees, at the last KCL Dental Society lecture, which Kishan hosted, and spoke at, to raise funds for Evelina Children's Hospital.

I would like to begin this article by explaining carefully that I am a student in my fourth year, and not a professional dentist or an expert in the field, and therefore this is a synopsis of my experiences when being on the consultation clinic or when assessing patients for the very first time in my periodontology treatment sessions.

Many of the patients I have seen have gone for long periods without seeing a dentist, and they have noticed 'wobbly' teeth, or receding gum margins, and have come for an assessment to find out exactly what is going on. The biofilm will always be resident on the tooth surface, but if left to grow in size, it will allow for anaerobic species to colonise the environment, and these anaerobes can produce the toxins and enzymes needed to destroy the host tissues themselves.

Patients must understand that essentially the disease dynamic is a face off between the host's immune system cells and processes, and the bacterial challengers, with factors such as smoking, systemic disease, genetics and certain drugs affecting the speed of onset and severity of the disease process.

Even as fourth year dental students at King's College London, it has become apparent by the clinical work we undertake and the patient interaction we experience, that communication skills are paramount to good dental practice. It must be learnt through experience, and in particular, so must the art of delivering bad news (Sheth, 2015).

The Collins Dictionary would define bad news as being the following: 'someone or something regarded as undesirable', however I would personally define bad news as any information which, when delivered, will adversely alter a person's expectations and trigger an emotional response, as their vision of their future will be, in some way, negatively impacted. I fundamentally believe what makes bad news negative in nature is the disruption to someone's beliefs and views of the future, and this will in turn generate an emotional response.



# A STUDENT'S PERSPECTIVE ON PERIODONTITIS INFORMATION DELIVERY: DELIVERING DIFFICULT INFORMATION IN DEMANDING SITUATIONS

by KISHAN SHETH

As dentists and dentists to be, we are not formally taught how to communicate with patients during our undergraduate training. The exact nature of the bad news will of course depend on what clinical work the clinician carries out.

I have had the task of explaining to several patients why they should have their teeth extracted due to low levels of bone and problems with cleaning the adjacent teeth, and ultimately why their condition cannot be reversed, as periodontitis is an irreversible and destructive disease process. A very important fact to note is that, if this process of delivering the bad news is not carefully planned or conducted, the patient may not fully acknowledge and understand the impact or severity of the information being delivered, and thus a misunderstanding arises between patient and operator.

The demonstration of empathy is an essential element of generating patient trust and confidence. Some key aspects of delivering bad news that I have learnt to adopt are as follows: prepare myself for the task ahead – you must ensure you have all the relevant information on hand, what is likely to have caused the disease and how can it be stopped? Full assessment of radiographs and special test results must be on hand.

Furthermore, explore the patient's view of the situation and how much of their condition or situation do they actually know about – this makes it more efficient when trying to talk to them regarding their oral health problems as you are more aware of how much information you actually need to deliver for them to accurately acknowledge what is going on inside their mouths and understand the way forward.

Finally, always reflect and review your performance – what aspects could you do differently next time, what worked and what didn't work as much as you expected it to? At the same time, don't forget to evaluate what you did well so you know to integrate it into your delivery next time too – although it's important to remember that no two patients are the same, and the method, manner and content of deliver should be thought through and tailored where possible for that particular patient! A valuable tool for me has been my

clinical tutors who have been able to pin point what aspects of information delivery I was doing well, and the aspects, which needed improving.

The work of Bail et al. (2000) was critical in allowing clinicians to understand, analyse, evaluate and conduct a six step protocol in which they could accurately and effectively break bad news, in a way in which the patient still felt cared for and safe, a critical breakthrough in the way in which patient centred care is conducted as previously there was no evidence based regime or system for information delivery to patients, and each operator had a different style. The concept then progressed and is today, referred to as the SPIKES strategy (Buckman, 2005).

## SETTING

The location in which the information is delivered can have a major impact on the way in which the patient reacts to the news. Remove distractions such as the TV or radio, try to have a discussion in a private area, such as an interview room, as the patient will want to feel safe and in a private environment when sensitive information is discussed.

## PERCEPTION

Instead of blasting all the information at the patient, take a step back and try to understand and acknowledge their actual level of understanding with regards to their situation. Ask the patient questions like 'What is your understanding of what's going on inside your mouth?' 'Are you aware of why you have high levels of bone loss/ 'wobbly' teeth?' or 'What have you been told so far about your situation?' This will allow you to accurately assess the difference between what the patient understands of the situation, and what the medical reality of the situation actually is.

## INVITE

Although most patients may want to know about all the relevant information in its entirety regarding their dental situation, you should never automatically assume that this is the case. Some patients may prefer to know a little bit at one appointment and then the rest at a follow up to give themselves time and space to process the discussed information in stages.

## KNOWLEDGE

Never drop a bombshell when you can gently ease the patient into the news. Warn

the patient that some bad news is about to come. I often start by saying 'I'm so sorry to inform you that you have gum disease....' 'Unfortunately, I'm very sorry to inform you that you have very little bone left around some of these teeth' 'I'm sorry to inform you that I have found large pockets around several of your teeth' or 'I'm sorry to tell you that this tooth is no longer alive, the nerves and blood vessels on the inside have died and the tooth is dead and must be extracted'.

## EMPATHY

Listen to what the patient has to say and don't interrupt them when they're in the middle of offloading their thoughts and expressing their feelings. I find that it is better to empathise with patients than attempting to sympathise with them. It is wise to validate the patients' feelings to ensure that you tell them exactly how you think they feel.

## SUMMARISE

It is likely that during your delivery of bad news, you have given lots of relevant information that the patient may not have had time to process. Briefly summarise your discussion into bite-size chunks the patient can understand and retain and provide them with a clear action plan going forward, ensuring that they know what is expected of them, and what they should expect from you. Make it clear that they can contact your office or student officer should they have any additional questions, and that you're on hand to help. Dentistry is always a team effort between patient and professional! The patient must be kept in the loop at all times with how the treatment is going and how their tissues are responding to the treatment, regardless of the treatment outcome.

The SPIKES protocol has really helped me to analyse, evaluate and deliver bad news in a simple and structured manner. Delivering bad news is a challenging and demanding task, but I hope that this article will benefit you and your team members in the challenges that lie ahead for both yourselves and your patients.

## REFERENCES:

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**Zain Hameed, 24 years old**  
**A dental student at King's**  
**College London who is ambitious,**  
**passionate and affable**

I live about an hour away from University with my family; I would not survive without the home cooking!

Fourth year of dental school is very intense and challenging, consisting mainly of clinics at Guy's Hospital and King's College Hospital. Teaching blocks with lectures are interspersed once every term. Each clinical day deals with a different dental specialty, covering conservative dentistry, prosthodontics, periodontology, oral surgery and paediatric dentistry.

For me, dentistry always appealed as a career prospect. It was the potential to make immediate significant differences in patient lives, for example, through pain relief, or providing a boost in confidence through a well placed restoration, directly using my hands and some very interesting science. My dream has always been to be a provider of healthcare. My mother, unfortunately being very ill during my childhood, meant frequent visits to hospitals allowed me to experience a world vastly different from the classrooms that I was used to.

My favourite aspect of my career so far is the incredible amount of patient contact. Being responsible for the treatment of patients on an almost daily basis is a privilege that few other degrees offer.

I personally would like to learn more about the business aspects of the profession. Though general practice is not for everyone, for those interested I think much more information is needed to provide confidence and insight to the students of how to efficiently run a practice. I have recently been giving thought to my future after dental school and would like to

specialise, though with such a wide variety of options available and many routes yet to explore, I would like to experience a few more fields before making a definitive decision. I could see myself working as a paediatric dentist. I would also like to continue the charity and outreach work which I have thoroughly enjoyed here at King's, such as participating in mentoring schemes, providing free healthcare/medical checks and creating the KCL Inflammatory Bowel Disease (IBD) Society to help sufferers of Crohn's and Colitis.

Being diagnosed with Ulcerative Colitis in 2014 after losing 6kg in the space of a week and toilet visits totaling 6-8 times a day, I had no idea of what was going on and how my life was changing. With no friends or family with the disease, more than any pain, bleeding or weight loss associated with the condition, what I experienced above all were the feelings of being alone and misunderstood. It was only when I encountered others who were familiar with the disease that I felt a sense of relief. And these feelings of isolation and embarrassment that I had, I wished to eliminate and prevent in others also diagnosed with the incurable condition. The welfare department of the dental institute provided absolutely invaluable support when I really needed it.

During Crohn's and Colitis awareness week in December, we engaged with hundreds of staff and students on campus, from the Dean to lecturers, fellow colleagues and the general public across all the campuses at King's. We were thrilled to have the receptive response of those we interacted with and felt in just a week's time we had managed to inform many about IBD. We also managed to provide £360 worth of toys for young patients including those with IBD at the Evelina London Children's Hospital, via fundraising during the Christmas period.

We hope to continue this trajectory, holding lectures and inspirational talks from sufferers to further educate the student body, whilst once again making buildings across multiple campuses purple as we did last year, for 'World IBD Day' on May 19th in order to raise awareness.



**Awais Ali, 26 years old**  
**A dental student, filmmaker**  
**and shirt maker who is**  
**ambitious and energetic**

I usually wake up at 7am every weekday, leaving about 46 minutes to travel to University each day, usually getting there just bang on time. In all honesty, I literally dedicate 2 minutes for breakfast. Banana, oats, scoop of peanut butter and 2 pints of milk all blended together!

Straight after indulging in my quickest meal of the day, I leave to catch my train. I'm almost always stuck under someone's armpit on the Jubilee line.

The situation could be much worse but luckily I don't need to use the central line. It's pretty much the sweat gland of all the lines!

Our timetable in year 4 is currently all clinical work with dedicated weeks of lectures as blocks. I prefer it this way as clinics can be physically draining, so it's nice to have a break to focus on theory from time to time.

I've always said to others that the way to succeed is to do what you love and love what you do. I never knew what profession I wanted to pursue but what I did know was that I enjoyed the sciences and I liked new challenges.

I've never looked back on the

path and career I've committed to. The most difficult part of the course would be time management. Balancing all my other commitments on top of the degree can be difficult at times.

I started a company a few years back with my brother called Shirt Makers of London. We offer a vast selection of tailor made shirts to clients.

It has taught me everything I know in business. I think there certainly is room for teaching the business of dentistry at dental school. The challenge of running a practice, dealing with NHS regulations and diversifying our skill set in the world of work is something I feel is missing from the current curriculum.

I've produced many films over the years with a friend I met almost 4 years ago at a leadership programme. We've won 7 awards (and counting) for our first film and have won 2 film awards for our current film, 'The Letter'.

My proudest project so far would have to be a short story I produced called 'Inspire' which was screened and won an award at the Tribeca Film Festival.

I've always wanted to create a short film on sensitive issues around Dentistry. We've been working on a script called 'Dentists have Fillings too'. Watch this space. ■

<https://m.youtube.com/watch?v=ANI38orIUHU&t=59s>  
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