Bushra Meraj
Spring 2019
Den 2700

Week 1.

Week ending on 2/1/19. Submitted 2/2/19

Today was my first day interning at Flushing hospital. As someone who has never worked in the dental office before, I was astounded to see the wide variety of procedures that take place in the dental setting, which far exceed just the realm of routine cleanings and checkups. I saw an extraction, a crown placement and a consultation for a possible root canal. For the crown placement on tooth # 5, the dentist gave local anesthesia and palpated/shook the patient’s cheek to dissipate it, a technique we never learned in clinic. She was very patient with the chiseling down of the tooth and went ever so slowly to make the ideal shape for the crown. The whole procedure must have taken around 2 hours because they kept reshaping the inside of the crown so it would fit perfect for the patient. This made me realize that all dental procedures, not only cleanings require time attention and physical effort.

I was able to perform a cleaning and polishing on an 81 yr. old senior. I also briefly probed her entire dentition to see if she had deep pockets and would require a more thorough cleaning next visit. The senior was very sweet and thanked me as she left. I also was fortunate enough to experience a severe case of pregnancy induced gingivitis. The 30 yr. old pregnant lady was in tears because of the inflammation on her 3 teeth (#1-3). She required some serious scaling and root planing on those teeth and because she was in severe pain, the dentist decided to scale herself while I watched. As soon as she went into the gingiva with her cavitron, there was a gush of blood that flooded her mouth. The dentist was gentle and anesthetized her beforehand so she felt no pain. She was thoroughly scaled in the swollen area then given a rinse with antimicrobial peroxidase wash to kill bacteria and reduce swelling. The pregnant lady also received an FMS with 2 lead aprons on. I was told dental x rays are safe even during pregnancy and are used to diagnose emergency problems such as abscesses, which is quite the opposite of what we have learned in clinic.

I feel like in my first visit alone, my perspective about dentistry and dental hygiene has changed completely. Whereas we are used to doing cleanings in 3 hrs. in clinic, here we have to manage cleaning the entire dentition in under 30 mins. I felt this was a more manageable time period for the patient also, esp. seniors and children who cant keep their mouth open for very long. The dental chair, suction and cavitron were also very different. I learned that the dental professional must learn to adapt himself to work in a wide variety of settings/people and stay calm through everything. But most importantly, I learned that it is very important to communicate with the patient not only before and after the procedure but also during it. The patient feels much more relaxed if he’s being talked to and explained things as we go along. This is something I should try to incorporate in my own cleanings. I feel like week 1 was a great start and has already taught me so much. I am extremely excited for the weeks to come.

786

Week 2 Ending Feb 8, 2019

Submitted Feb 11, 2019

Week 2 at Flushing hospital was more challenging than the easygoing week 1. It was pediatric day on my Friday morning and I had to very abruptly learn to clean and operate on a population that I had never contacted within the dental setting previously. I was allowed to watch one quick prophy on a 3 yr. old before I actually became hands on. The dentist that performed the prophy informed me that you cannot force kids to do anything and if they are not comfortable, you will have to cut the dental appointment short. The resident incharge also advised me to adapt the show tell do technique, where you first show the child what you are about to do by touching the prophy to their little finger so they get a feel of it. Then you put the mirror in front of them and demonstrate on their teeth and finally you continue telling them what you are doing and walk them throughout the procedure. At the end of the procedure you reward them with stickers, free samples and positive words of encouragement.

My first pedo patient was a 12 yr. old Hispanic male child. He was well grown into his permanent dentition with only a few primary teeth ( ) remaining. The doctor helped me quickly chart the dentition in which time I learned a lot of his baby teeth had become decayed due to poor oral hygiene; We learned that he did not floss and brushed only once a day. Regardless, his accretions were soft and consisted mostly of biofilm and materia alba which I was able to blast off easily with my cavitron. I followed with engine polishing and fluoride varnish, after which I encouraged him to brush him twice a day and gave him a free sample of strawberry flavored floss so he would be more encouraged to do this dreaded activity. I learned talking to the child and walking him throughout the procedure made him feel less awkward about being a new setting and he behaved very well throughout the appointment.

My second pedo case that morning was however more challenging. The 6 yr old Hispanic female did not know enough English so she kept biting down on my hands as I struggled to keep her mouth open. I chose not to use an adult sized biteblock on her as it would have caused her immense pain. I was trying to give her directions to move left or right so I could access her tiny molars but due to the language barrier she was unable to follow through. Although I only performed a prophy on her, without proper communication it was very difficult. When I used the suction in her mouth to suck the remaining prophy paste and saliva out, she actually started crying because it was a new sensation to her and she did not like it. Understanding this fact, I immediately took the suction out and motioned that she can spit out and rinse in the sink instead.

Week 2 comprised of many bouts of complaining, crying and breaking down and not all of it came from the kids. In the later part of the afternoon, I watched a resident get called out by both the attendee and the general department manager because she turned away a patient for arriving an hour late. The patient was due to have a crown replaced but because insurance was not covering the procedure and the staff was already backed up, the resident advised the mother to reschedule the appointment for another day. The manager however did not like the fact that she was turned down without her permission and she gave the resident a very stern yelling in front of the assistants and doctors while we all embarrassingly watched quietly.

Although I can understand that the manager was concerned about being competent as a clinic and not having her patients go somewhere else, I also don't think it was the resident's fault. She was already backed up and the only one still working while everyone else was on their lunch break. Maybe she did not feel like doing a haphazardous job with a crown and having a patient return a third time due to it falling out one more time. We were told in the Oral B presentation at school just last week that if a patient arrives just 15 min late, we have the right to schedule him for another day because it will not be fair to the patients that come after him that receive half the quality of care due to time constraints created by the latecomer. However, this experience quickly taught me that the emphasis was not so much on quality here. Rather the primary concern was making more money fir the hospital by reeling in more patients and the residents and assistants were being pushed to meet annual business revenue for the hospital. This may very likely happen to me in the future because as a dental hygienist, I will be working for someone else. It will be upto administration to decide my hours, my salary, the amount of patients I see and consequently the quality of care I can administer to them. Yet somehow I believe I will have to stand upto the authority and refuse to see patients beyond my limit so that I do not compromise on my ethics and care for the sake of making money.

 Its not necessarily a clean business anymore but some one needs to reinject humanity into the profession. With that being said, I would like to end things on a positive note. Although this was not an easy week, it has taught me a lot. This experience has taught not only taught me that when the administrative side of things gets bitter, one must learn to stand up fir himself but also allowed me my first experience with a child patient. Watching The dentists interact with kids and encourage them to touch and feel the equipment, laugh and play them has taught me how to tackle kids at my own pediatric appointment coming up in 2 weeks. I feel like I will be fumbling much less now that I know the pace at which to talk and what to say and do while a child is sitting in my chair. For someone who's not from the industry, having such dental experience s to learn from before stepping into the real world is an opportunity worth in gold and something I will be truly grateful for.