

## **DENTAL HYGIENE REPORT: APRIL 2016**

Rachel Swift, RDH

### **INTRODUCTION**

This was my third trip to Haiti (specifically, my third trip to Haiti), and my first experience as the Lead Hygienist for one of HHI's dental teams. Prior to the trip, I met with Marc-aurel Martial to discuss my role and responsibilities. I also spoke several times with the previous trip's lead hygienist (Margaret Bennion) to discuss the successes and shortcomings of the previous hygiene team.

### **OBJECTIVES**

- Consult with Education Coordinator and Home Visit Coordinators about school & home visits
- Set up clinic
- Assist Supplies and Inventory Coordinator to update the supplies spreadsheet before the first day of clinic and after the last day of clinic
- Perform triage, hygiene, numbing, education, and other preventive treatment with hygienists rotating between triage, hygiene station, home/school visits
- Train Haitian dental students and Community Health Workers (CHWs)

### **REVIEW OF ACTIVITIES**

#### School and Home Visits

- Kathleen Young oversaw school visits – she took Maren, Samantha, interpreters and CHWs to the school on Tuesday, May 3. They provided education, toothbrush kits, and fluoride varnish to over 150 children. Samantha told me that for her, the school visit was one of the highlights of the entire trip.
- Eric and Malika coordinated home visits. Kathleen, Rachel, and Amber each took a turn going on home visits – the patients were mostly edentulous or partially edentulous. Some were blind, others had limited mobility. Some homes also had small children who were unable to make it to the clinic. At each home, the residents were provided with toothbrush kits, personalized dental education (mainly brushing, flossing, dietary counseling, and education on denture care), and fluoride varnish. Regardless of the limited care we were able to provide, the people we visited were very grateful recipients.

#### Set up clinic & Inventory Supplies

- The dental team arrived in Timo on Thursday, April 28. First we conducted a thorough inventory of the supplies being stored in the community center; then we set up the clinic. The entire team was very helpful with both inventory and set-up; we split into groups and emptied the supply bins to make a more accurate list of each bin's contents. Dr. Stoker created a new, more concise spreadsheet to account for all of the supplies. Our Haitian hosts, led by Vernet, were very helpful with moving tables and reorganizing the space inside the community center so we could set up our clinic.
- On Wednesday, May 4, after we ended clinic, we conducted a follow-up inventory of the remaining supplies. Dr. Stoker and his team headed up the inventory. Again, we divided into

groups, with each groups conducting a thorough inventory and placing like supplies into the same bins (i.e. all the hygiene supplies went into a single bin, disposables were grouped together, etc.). Dr. Stoker met with a representative from each group to verify the items in each bin and update his spreadsheet. This took several hours.

### In Clinic

- *Triage*: Initially, we followed the model of having one hygienist and one dentist in triage; eventually, we found that the clinic functioned more smoothly with a dentist and dental assistant working in clinic alongside with an interpreter and two of our CHWs. This maximized on the availability of the hygienists at the hygiene station (both for providing treatment and for training/overseeing the training of CHWs) and allowed us to send a hygienist for school visits and each set of home visits
  - 702 x-rays taken in triage
- *Cleanings*: All 4 of our hygienists, Guichard, Sammy, and Minouche, all provided dental cleanings to patients.
  - *Total # of patients who received cleanings*: 277
  - *Prophy scales (# of patients)*: 72
  - *Debridement (# of patients)*: 29
  - *Scaling and root planing – periodontal disease (# of patients)*: 272
  - *Some patients received more than one type of cleaning – i.e. 2 quadrants of SRP and 2 quadrants of prophy scale*
- *Fluoride Varnish*: 251 (88% of our patients) – applied in pharmacy
- *Numbing*: Initially, the hygienists provided much of the numbing prior to restorative or surgical treatment. After a patient's dental cleaning was complete, the hygienist would numb the patient and then guide them to the bench to wait for the dentists. We followed this model for the first full day of clinic (Friday, April 29).
- *Education*: One of the goals of our team was to provide education to the patients each step of the way – in the education station, in hygiene, in the dental station, pharmacy, and so forth. The hygienists were each proactive about providing personalized education to each of their patients – everything from brushing and flossing technique, to periodontal disease, to dietary counseling.
- *Train CHW and Dental Students*: Sammy was very helpful throughout the week, providing supervised dental hygiene care to many of our patients. Guichard spent some time on 1-2 days of clinic providing cleanings to patients. Minouche also provided supervised care. Minouche and Elia helped in triage with x-rays.

### PROBLEMS/SOLUTIONS

- *Access to Care*:
  - One problem that was discussed frequently amongst members of our team (and with Vernet) is the limited access to dental care in Timo. The April 2016 dental team treated a total of 277 patients, but we had to turn away many more than that. In the time between visiting teams, local residents have limited access to dental care.
  - Providing training to CHWs and dental students will provide some additional resources to residents of Timo and the surrounding area, but this training needs to continue on a more consistent and extensive level for maximum efficacy

- o Adding another dental trip per year or lengthening the April and October trips could help us to see more patients
- *Fluoride Varnish*
  - o Fluoride could not be applied to patients' teeth prior to restorative dental work (directly after their cleanings) for two reasons: first, the varnish is sticky and difficult for the dentists to work around. Second, fluoride inhibits a complete bond between tooth and filling.
  - o The best solution we found was to have the personnel in the pharmacy station apply fluoride varnish as each patient was checked out. This meant that every patient was escorted to the pharmacy station, regardless of whether they needed fluoride varnish or not. Shannon, Malika, some of the CHWs in pharmacy received training on the proper application of fluoride varnish. They would apply the varnish on each patient's teeth, then keep the PDR and remove the patient's colored wristband before dismissing them from the clinic.
- *Home Visits: Limited Personnel*
  - o The initial plan for home visits was to take a dentist, a hygienist, two CHWs, an interpreter, and one of our home visit coordinators on each set of home visits. This would have meant that during home visits (sometimes for an entire afternoon), one dental station and one hygiene chair may not be active. As a leadership team, we were very concerned that the flow in clinic not be interrupted or diminished while our team members were out doing home visits. We were also concerned that, with limited equipment available to us on home visits there would be limited procedures we could perform (for example, we could not take the dental units so our dentists would not have handpieces or suction – if they got into the middle of an extraction and needed a handpiece they could be in trouble). Also, we wanted to ensure that everyone's time was being used wisely, and felt that the more people we sent on home visits, the more people there would be standing around while one or two people were providing care.
  - o The solution we devised was to send a smaller team to do home visits: one CHW, one interpreter, one hygienist, one home visit coordinator. The hygienists were able to provide education about home care (mainly denture care) and apply fluoride varnish. The hygienists and home visit coordinators provided toothbrush kits to the families in the homes we visited.
  - o We did not send anyone to do home visits while Kathy was doing her school visits.
  - o Sammy helped at the hygiene station while we had team members gone on home visits, so that we could keep the hygiene station running at full capacity.
  - o For future home visits, it may suffice to take only a hygienist, a CHW, and an interpreter (no other accessory personnel), depending on the size of the visiting team.

## **Personal Reflection**

This was my third trip to Timo; need I say more? Each time I have been, the experience has been vastly different but extremely rewarding. This was my first time traveling with HHI as the lead

hygienist. Prior to the trip (and when we first arrived at the clinic) I was very stressed, mainly because I was so worried about things running smoothly and each team member having a fantastic experience. I felt responsible for each member of my team, and was also concerned about making a good impression for ISAP. Our Haitian hosts, CHWs, and interpreters were all extremely helpful and gracious – Vernet was fantastic to work with and I could see that he cares as much as I do (and probably more) about the quality of care provided in his community. I felt like Scott, Vernet, Ben, and I worked very well together and it was such a comfort to have all of them there alongside me as a leadership team. Having my husband join me as the team leader sometimes added to my stress – I was worried about his success and satisfaction in his role, and I wanted him to see and love Haiti the way I do.

Serving in Timo in a leadership capacity was an eye-opener for me – there were other people (many possessing much more life and work experience than I) relying on me for direction. This definitely put me outside of my comfort zone. Thankfully, we had a fantastic team and everyone stepped up to the plate. While I was trying to make sure things ran smoothly and all my hygienists were getting food and water, Kathy Young was looking out for me, making me take breaks so I didn't burn out. Amber and Chelsea worked tirelessly and cheerfully the entire time. I felt like we all got along fantastically. I couldn't have asked for a better team.

For me, one of the highlights of the trip was visiting the Baptist church on Sunday – I always enjoy this, but this time it was particularly special for me. I got to sing a solo for the congregation at the church. I sang one of my favorite hymns, "How Great Thou Art", and was touched when people in the congregation started to hum along. Before my teammates and I left the Baptist church that morning, the members of the congregation sang that same hymn back to us in their own language. I was so touched and felt such a kinship with the residents of Timo that morning. I really understood then that despite differences in language, culture, socioeconomic status, etc., we really are all the same.

It was so great to return to Timo and see familiar faces – this was my second consecutive trip, so I now know well some of the interpreters, CHWs, and community members. Hiking into Timo I felt like I was going home. I still feel like part of me is there and I can't wait to get back. I love Haiti and especially Timo now more than ever. I feel personally invested in the community and hope to return as soon as possible.

## **Bio**

Rachel Swift, RDH received an Associate Degree of Science in Dental Hygiene from Utah Valley University in 2009. During dental hygiene school Rachel volunteered weekly at the Share-a-Smile clinic in Provo and also provided dental hygiene education to children in local elementary schools. Before she attended dental hygiene school, Rachel studied Music and then Public Health at BYU-Idaho. She currently works full-time as a dental hygienist in Orem and Pleasant Grove, UT.