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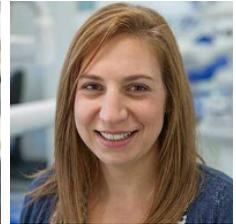
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Introduction

Community engagement, defined as the process of getting communities involved in decisions that affect them (NICE, 2008), is paramount to the development and governance of services and activities that promote health and target inequalities (Buck, Baylis, Dougall, & Robertson, 2018; NICE, 2008). The inter-professional engagement module is an integral part of the curriculum of Peninsula Dental School, University of Plymouth, United Kingdom. It enables second-year undergraduate dental and dental therapy and hygiene students to develop and deliver an oral health intervention targeted at disadvantaged groups in the community. These groups commonly experience higher levels of dental disease (Public Health England, 2018; Office of the Director of Public Health, Plymouth City Council, 2018). As part of this module, we, a second-year group of undergraduate dental students, worked alongside the Family Intensive Intervention Project (FIIP) and its beneficiaries to improve vulnerable families' awareness of oral and general health, and to break down barriers toward accessing dental care. FIIP provides holistic support to families with complex needs who may have difficulties with issues such as substance misuse, mental health and evidence of neglectful parenting (W. Kirby, personal communication, 2018).

Using a Community Engagement (Non-Clinical) Approach

Before designing the intervention, our group engaged with these families in order to explore their

needs with regard to oral health. This is a key part of the engagement module, which encourages us to engage with our target community group as people rather than as patients in order to develop a deeper understanding of the social and environmental circumstances in which they live. We did so by taking the time to listen to their stories, which also helped develop a trusting relationship.

Through this process and taking into account the context and wishes of the FIIP families, we developed an entertaining and interactive Christmas themed (due to the time of year) workshop. Each of us was assigned a work station to engage directly with the families about different oral health topics. During activities we were supervised by a qualified clinician.

Our intervention included six stations, which focused on:

- Raising awareness about the dangers of hidden sugars and their impact on oral and general health,
- Illustrating the dangers of smoking on oral and general health,
- Providing information on oral hygiene,
- Familiarizing and signposting participants to the dental environment, and
- Introducing Peninsula Dental School, where the students provide clinical care, as an option for dental treatment.

Reflective Discussion

This was the first time many of us had worked in the community with a vulnerable population group. Thus, before the intervention, we were

particularly anxious about the challenges we would encounter. Building relationships and ultimately trust with the group, throughout the module, enabled us to become more confident in communicating with the families and in successfully engaging with them. As a result of the rapport we established with the families, our understanding of the difficulties that vulnerable groups may have in adopting healthy lifestyles also improved. At the same time, we developed a strong sense of social accountability and were highly motivated to deliver a successful intervention that met the expectations of the target group. Understanding and empathy for different groups in the community is an essential element of patient-focused care. The experience we gained through the module will undoubtedly positively influence our future clinical practice. This is because we will always consider our patients' living circumstances when planning treatment options. A dental student provided this feedback:

Before the intervention I was feeling apprehensive.... I didn't know what to expect.... I felt unsure about the best way of helping the families due to our lack of experience in community work. As part of our project, we asked the families what they would like to be educated about. This increased my confidence in the carrying out the intervention as it was tailored to their needs.

Furthermore, after building rapport with the families, there was mutual trust and this contributed to my confidence in building rapport with patients in clinic.

Throughout the module and during the intervention, we were encouraged to work effectively as a team alongside workers from the FIIP and a clinician. This enabled us to build upon each other's skills and knowledge in order to achieve a successful outcome. Understanding and sharing roles and responsibilities within the team enhanced our experience of group working. The skills around team work and effective communication we acquired during this module, will evidently be beneficial to our future practice as qualified dentists, which requires us to work not only with colleagues but also individuals from diverse personal and professional backgrounds. A student said this about the experience:

I have learnt to work more efficiently and effectively in a group scenario by learning my colleague's strengths and learning from them and allowing them to pursue tasks they are better suited for to achieve our mutual aim. This is great for the future, since as a clinician I am required to work with colleagues in patient's best interest.

Student Engagement. Students worked with children on community intervention project activities.



The module also required us to produce a log to reflect on the planning, delivery, outcomes, and evaluation of the project. This allowed us to individually explore our own academic strengths and weaknesses and to identify skills gaps for further development. Reflection is a very critical and important skill that is transferable to clinical practice and that can notably improve patient outcomes.

Conclusions

The interprofessional engagement module provides learning opportunities for students to develop important skills in research, planning, organization and engagement with the community, alongside a strong focus on personal reflection. Community engagement can also help the next generation of dental clinicians foster active engagement with vulnerable populations. Such an approach encourages students to consider and reflect on the wider determinants of health and how patients' needs are influenced by their socio-environmental circumstances.

Thus linking together education of dental undergraduate students to communities using this model of community engagement helps provide service to underserved communities and at the same time it brings an important element of pragmatism that cannot be easily taught in a traditional curriculum.

Acknowledgments

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All of the authors are associated with the Peninsula Dental School, University of Plymouth, United Kingdom. Ahmed Ahmed and Naa-Lamiley Bannerman are fourth-year undergraduate dental students. Martha Paisi is the research lead at Peninsula Dental Social Enterprise. Ruth Potterton is a lecturer in community-based dentistry and Robert Witton is the director of social engagement and community-based dentistry. They also support the delivery of community-based dental activities for the dental school.

