BAOS
BRITISH ASSOCIATION OF ORAL SURGEONS
Promoting excellence in Oral Surgery through education, training and research for better patient care

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BAOS Feature

Moving Forward

It has been an eventful past few months in the British social and political landscape. We've experienced a gradual return to normality following over a year of lockdown restrictions. While we are by no means out of the woods yet, there is hope that the country opens further and we might be able to enjoy a relatively normal Summer.

Though this gives much cause for optimism, it is also an opportunity to reflect and learn from our experiences of the past year. Many of us have suffered personally and the effect on mental health from lockdown and lack of social interaction will continue to be investigated.[1] The conversation regarding cause and effect of the virus will continue to develop, and scrutiny is already being applied to the government and its handling of their response. On an Oral Surgery front, one of the more pressing issues is the vast waiting lists that have amassed in this period of reduced clinical activity, and conversations are ongoing regarding methods for reducing the waiting times for patients to be seen.

While healthcare workers have gone above and beyond over this period, many of us will now be considering the effect on our professional development, and what this means for the future. Especially for those of us who are students or in training posts, there will be anxiety over the long- and short-term effects of reduced training time and how this will be tackled in the future.[2] We have already seen Scottish dental schools take the bold step to hold dental students back a year in order to make up for lost time and it remains to be seen how this method and others employed by various educational bodies will pan out.

Most will agree that the effect on dental training is vast owing to the clinical hands-on nature of the profession. So how do we prevent similar occurrences in the future? This is very unlikely to be the last global pandemic that we face – how do we "pandemic-proof" our education systems so that they may continue to provide robust and effective training for clinicians and students even in the event of a new crisis. Technology will be at the forefront of this conversation, and a number of computer/internet-based techniques have already been implemented such as online webinars and conferences[3]. While this has worked well and enabled educational material to reach all corners of the world, the decrease in practical, patient-facing experience has been more challenging to tackle within dentistry, at both an undergraduate and postgraduate level. The response to this may involve development of innovative technologies such as virtual reality haptics labs and other simulation systems that negate the need for face-to-face contact with patients while still providing effective educational value. Some of these systems are already in use in British dental schools, such as the Virteasy dental simulator at the University of Sheffield[4]. There are several obstacles to widespread application of this, however, the main one being cost. A combination of creating safe clinical environments for patient contact along with implementation of new digital methods of practical teaching may be the way forward.

As it stands, things are looking up. The vaccine rollout is in full swing, clinics are filling back up again and normality is looking closer and closer. We should, however, continue to be vigilant and not allow ourselves to become complacent, especially with the reported new variants of COVID-19 that current vaccines may or may not be effective against. Our "new normal" will be shaped by the way we adapt our practice, and we may find that this pandemic triggers a revolution in the way dental education is delivered, which oral surgeons need to be part of.

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2. Aulakh G, Wanis C, Wilson G, Moore R. The impact of COVID-19 on oral surgery training. Oral Surgery. 2021 Feb 27.
3. Remtulla R. The Present and Future Applications of Technology in Adapting Medical Education Amidst the COVID-19 Pandemic. JMIR medical education. 2020;6(2):e20190.

4. Dixon J, Towers A, Martin N, Field J. Re-defining the virtual reality dental simulator: Demonstrating concurrent validity of clinically relevant assessment and feedback. European Journal of Dental Education. 2021 Feb;25(1):108-16.

Gurnam Aulakh

BAOS Council Trainee Rep

Spotlight

The Problem with Dr Google is that unlike waiting for a dental or medical appointment, it is on tap, immediate and seemingly most wise, 24 hours of the day, 7 days a week. This is a stark contrast to the 3D reality we are all currently seeing in our clinics across the land. The 2000+ patients waiting for an appointment in my clinic are for the most part being stoical and understanding that there is a queue for any healthcare practitioner, specialist or not, and they are happy to wait their turn. But for others, this queue is interminable and by the time they reach the front of it, it is all too much.

Catherine Sternberg

BAOS Council Member

Yesterday, in my new patient clinic, more than half of them dissolved into floods of tears when describing their symptoms and worries and I had barely got past the introduction stage at this point. They have had months of building up to this moment, with the brief and sometimes misinterpreted memory of the words of their referring practitioner compounded by the recent diagnostic words of Dr Google. In almost all cases, there was no malignant disease to be found – some muscle spasm, occlusal trauma, a mucocele. The relief intensified by the months of waiting.

The mental health damage inflicted on every single person in the UK during this pandemic is in plain sight. The heavy psycho-social impact of months of lockdown, job losses, death and illness is not to be pushed to one side or disregarded. Not just for patients but for us too. Be kind to all around you, look out for each other and let the healing process begin.

Hashtag

The Virtual World

Since March 2020, there have been many changes to the way that we communicate. Some of these have been innovative and exciting and have opened up new opportunities for research and education. Microsoft Teams® report 145 million daily active users[1], which has increased massively during the last year and we have all become more familiar with the software/platforms available.

BAOS webinars have been hugely successful and have created interactive discussion with eminent speakers who would otherwise only be heard at conferences or via published articles. Experts have become more accessible and have disseminated current information much more quickly. Conferences and examinations have become virtual in order to make them possible. These conferences have been attended by increased numbers of delegates, many of whom presenting research that was conducted in challenging times. This is much cheaper and utilises less of the valuable study budget.

Virtual conferences, however, will never have the 'added value' that in-person conferences have; the generation of ideas from small group discussion, along with socialising and networking that are often lost in the virtual world.

I suspect that a hybrid approach is the way forward and I hope that in-person conferences resume in the near future: Bring on an in-person BAOS conference in 2022!

Kathryn Taylor

BAOS Council Member

1. • Microsoft Teams daily active users worldwide 2021 | Statista