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

Necessity is the Mother of Invention

The Covid-19 pandemic caused huge challenges to practically every aspect of life, one of which was the delivery of education, and dental education was no different and faced its own unique difficulties

Traditionally, dental education and training in oral surgery involves the acquisition of theoretical knowledge and practical skills and is often likened to an apprenticeship as many skills are developed in the working environment under supervision. Patients usually provide the media for students and trainees to gain a whole range of practical skills from clinical assessment, diagnosis, treatment planning, clinical procedures to communication and professionalism. Expertise is gained by repetition of procedures and experiences, along with feedback and reflection.

In early 2020, the normal delivery of dental services was suspended and hence the source of training material that most dental education relied on was no longer available. Coupled with this, the national lockdown meant that simulation teaching could not be offered in its place and face to face teaching had to be abandoned. However, students and trainees were still enlisted on courses and still needed to learn, and hence the use of online media to deliver tutorials and lectures became the norm throughout most courses and including dentistry. This alone could not address many of the needs of a practical healthcare course so thinking caps were donned and new and innovative methods of delivering interactive dental education were devised at breakneck speed. Dental and oral surgery educators who were usually more comfortable at the chairside found themselves navigating online programmes, creating self-directed learning packages, adapting problem-based learning sessions, recording audio and producing videos, creating case-based discussions and engaging simulated patients to allow patient interactive skills to be practiced. All of these allowed some degree of education to continue without attendance in a clinical environment.

In tandem with these new methods of delivery of education there needed to the ability to assess progress, and ultimately ensure that only those students who are safe beginners actually qualify. Lockdown and social distancing regulations meant that the ability to invigilate assessments to ensure that the work submitted reflected the knowledge and skills of a particular student, along with traditional means of separating students whilst they undergo assessments was not possible. This again resulted in a steep learning curve for educators into the realms of online and open book assessments along with creation of new material suitable for use in these formats. Some institutions went down the pathway of proctored assessments where proctoring software monitors the user's desktop, webcam and audio to ensure material submitted is wholly the work of that student. Others took the view that many traditional written assessments allow students access to books and literature and still manage to discriminate and demonstrate certain degrees of knowledge. Taking this view allowed for written summative assessments to be carried out online, but many were changed to assess application of knowledge and skills in certain clinical cases rather than knowledge recall to prevent students being able to "Google" the answers.

Many other assessments such as clinical reasoning assessments, vivas and OSCEs that involve live interactions with assessors and/or simulated patients were carried out virtually. Some institutions even managed to assess practical skills online by sending students equipment such as disposable suture kits to use at home and in front of the examiner in a virtual assessment.

It is now over 18 months since these challenges started and the landscape has changed greatly over that time. Dental services resumed but in a reduced capacity to pre-pandemic rates and students returned to campuses up and down the country. The reduction in delivery of routine dental care to patients by students and hence the acquisition of practical skills was offset by an increase in use of simulated practice be it on phantom heads or haptic simulators. This was one area where oral surgery differed greatly from the other craft skill disciplines in dentistry as we are not as well catered for in the realms of simulation. However, we had the advantage that many institutions increased the delivery of emergency dental care that was provided as this was where the needs of the population lay.

This enabled students of all levels to gain more practical oral surgery experience in emergency clinics and hence meet the standard of oral surgery required. Moving forward, oral surgery will probably remain at the forefront of treatment needed due to the unique role it plays in dentistry, hopefully ensuring access to clinical material for students and trainees alike.

Photo – Official QMUL Library

The old adage "**Necessity is the mother of invention**" was proven by the ability of staff and institutions to react so rapidly and creatively to the problems that pandemic created with respect to ensuring dental and oral surgery education continued. The range of solutions introduced is testimony to the creative thinking of dentists and all these new educational skills, processes and material can be used in tandem with the more traditional methods and will lessen our dependence on stretched traditional resources. Unless we want to go back to the drawing board I think this multifaceted approach will be absolutely necessary if we hope to manage the increase in dental students as outlined in the recent government announcement intended to increase and support the NHS workforce of the future[1] .

Reference:

1. https://www.gov.uk/government/news/extra-places-on-medical-and-dentistry-courses-for-2021

Judith Jones

BAOS Council Member

Spotlight

PPE and the Menopause - too hot to handle!

The Covid Summer of 2020 brought numerous challenges in dentistry and for me, the extra PPE was definitely one of them. The beautiful Mulberry gowns I got in April looked so appealing when I unwrapped them – purple and perfectly impervious to the dreaded coronavirus. But as June turned into an extremely hot July, I grew to dread them.

As I continued to layer on my heavy-duty Mulberry gown with plastic apron garnish topped off by a rubber FFP3 mask, a visor and a hat, the unease grew. Would I get away with it? Or, as was happening more and more, would I be drenched in a torrent of menopausal sweat that made it look like I had showered with my scrubs on when I took off my gown? The FFP3 mask aqua-planing across my face and continuously steamed-up loupes only added to my misery. I felt sure that only Davina could truly understand.

At last – Sara H decided we could use the air con again, though the icy blasts that made it possible for me to work comfortably inevitably reduced my poor patients to shivering wrecks. I took to offering them my Mulberry gowns to wear too - quickly doubling my daily washing load, but at least my patients didn't require active re-warming before they left the surgery

Then the regulations changed and hallelujah! a surgical handpiece was deemed non-aerosol. The Dental Hospital OS department changed their protocol, reverting to fluid resistant surgical masks (FRSM) and ditching their gowns. So, I too shed the purple horrors and Darth Vader mask and this Summer has been spent in blissful air-conditioned comfort with scrubs, a plastic apron and an FRSM on. And guess what? Being bare below the elbows and washing your arms post procedure still works! Sometimes the old ways really are the best.

And lastly, I would just like to say to all the gowned up, FFP3 wearing menopausal high speed handpiece wielding dentists out there - I salute you.

Rebecca Hierons

BAOS Past President and (Menopausal) Specialist Oral Surgeon

Hashtag

"Like tiny seeds with potent power to push through tough ground and become mighty trees, we hold innate reserves of unimaginable strength. We are resilient." [1]

Divya Keshani

BAOS Council Member

Reading this quote made me think of oral surgery trainees - a resilient group in many ways to have selected this as a career pathway. In Yorkshire I am fortunate to have a thriving group of trainees but as we enjoy a semblance of normality, let's pause and consider the trainees that commenced their training in September 2021 as we come to the end of this training year.

The COVID 19 pandemic has hit the world hard and for healthcare workers it has been an exhaustive year. For trainees that were already in a post this brought anxiety and concern regarding their progress. But what of the ones that took their first steps into training during the darkest months of last year? They were faced with an uncertainty in training and redeployment whilst often being alone in a new place with the usual circle of family and friends not close by or accessible due to a national lockdown. When faced with redeployment to a COVID ward they "joined the dots between their existing and freshly expanding medical knowledge and realised that it's all linked; that redeployment days are a unique learning opportunity where lessons can be transferred to one's own specialty, rather than a day taken away from training. "This *is* training" [2] and it made it clearer that "... there are no more surgeons, urologists, orthopaedists, we are only doctors who suddenly become part of a single team to face this tsunami that has overwhelmed us..." [3]

Having been through this experience and ending the year on a high as training resumed to a somewhat normal level they have become stronger, more resilient and wiser with a richer awareness of life beyond training, having established deep bonds and friendships. I salute all trainees and admire their resilience and strength in these adverse times. Cheers!

Reference:

1. *Catherine DeVrye, The Gift of Nature*
2. *Jenny Girdler OS ST1 Bradford Teaching Hospitals YHHEE December 2020*
3. *Dr Daniele Macchine, Bergamo, Italy. 9 March 2020.*