The Dental Mirror

A new way of living

Issue #8
December 2020
£FREE

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Instagram @thedentalmirror

Editorial

Welcome back to this academic year's first Dental Mirror issue! It may come as no surprise to you what the theme of this issue is: 'A new way of living'. As we come to the end of 2020, we reflect on the overwhelming year gone by and the sequential effects this pandemic has had on us as individuals, university students, and Dentistry as a whole.

Over the past couple of months, uncertainty has clouded our view of the future and unsurprisingly this has affected many of our mental health. I really enjoyed reading 'The Vaccination for our Mental Health' which delves into this topic further. Being a dental student or tutor at this time has been an eye-watering experience for many of us; trying to battle with a bad internet connection and having had patient interaction taken away from us till an unforeseeable date. Emma Elliot has written a great article about her personal experience with self-isolation.

Even though the majority view is that life will never be as it once was, we are filled with optimism, and some scepticism, with the news of vaccinations. Hopefully soon we will be given the opportunity to gratefully slide back into our regular busy lives and will reflect on the tough days we lived doing nothing but eat banana cake, laugh on TikTok, and watch Netflix. I have really enjoyed reading every single article in this issue, and I hope you do too!

Yours, Shiva Naser
Editor-in-Chief

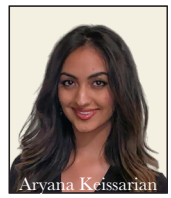
We have tried our hardest to make this issue informative yet fresh and hopeful. We take a look back at the various effects this year has had on Barts as a whole, individual student encounters, and what things look like for the future of Dentistry.

I'm sure most of us are looking forward to the clock striking midnight on the last day of 2020 – and waving hello to new opportunities in 2021. It's important to remember, however, all that we've learnt from this year and try to take it with us into the next one – whether it's new recipes, Warzone gaming tactics, meditation techniques (after the Gulag losses) or to be just that little bit more thankful to the stranger holding the door for you (especially in light of the pandemic and people going through a tougher time).

I'm extremely proud of our front cover this year as well as the overall clean design of the magazine - a massive thank you to our design team! Of course, thank you also to our editors and writers for making this issue possible, and I hope you take some time out of your day to give some of this wonderful work a read!

Yours, Ema Rutkeviciute
Deputy Editor-in-Chief


Carrie Chew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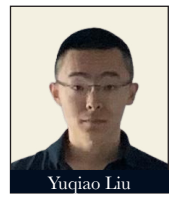
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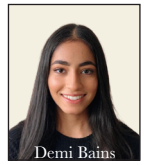
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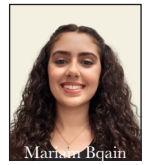
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Top row: Head News Editor, Head Features Editor, Head Social Editor

Middle row: Deputy News Editor, Deputy Features Editor, Deputy Social Editor

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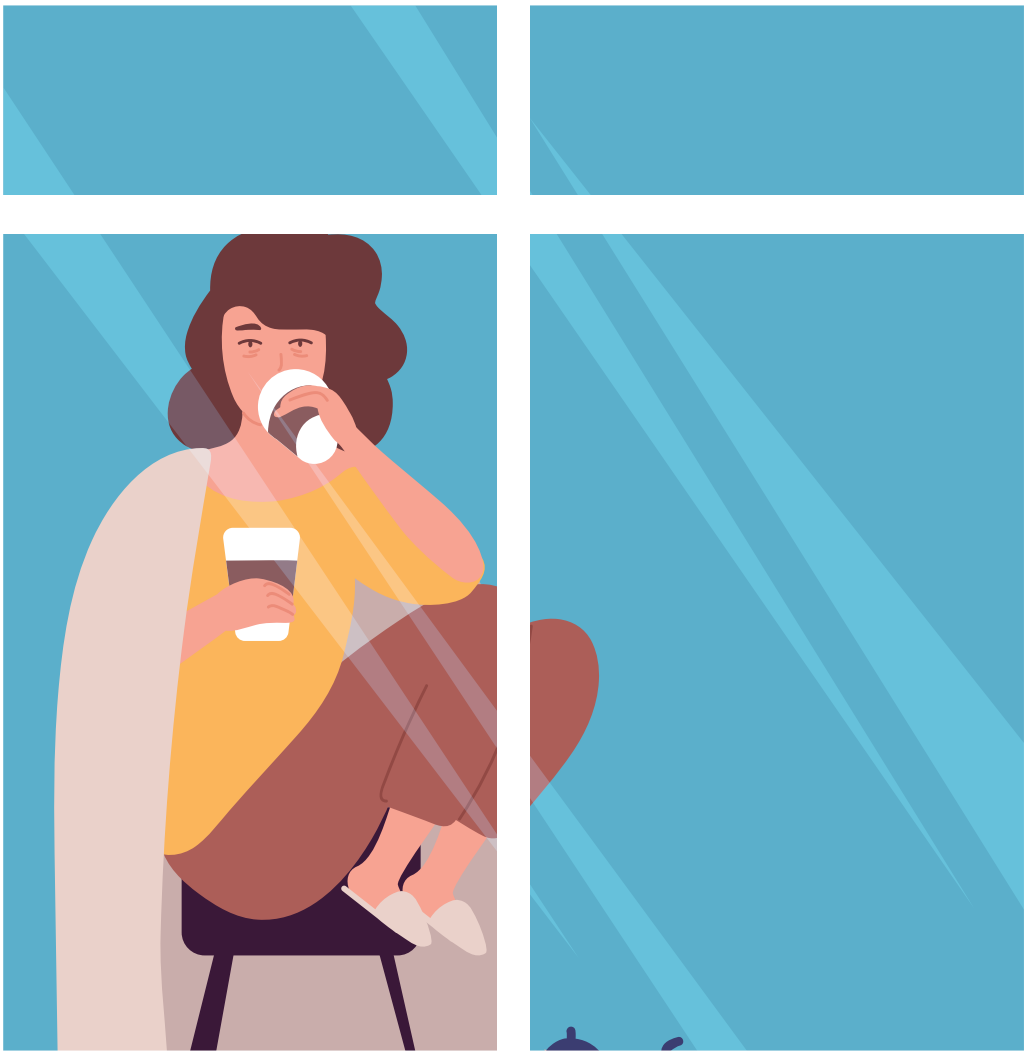
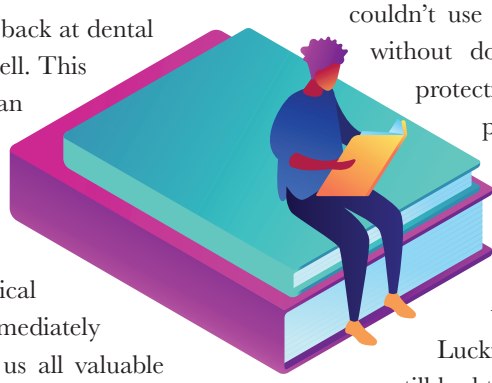
A Student's Personal Experience with COVID-19



Written by **Emma Elliot**

Edited by **Bella Wong**

The Dental School shut down early in the pandemic; the high-risk nature of dentistry and the virus and concerns about appropriate personal protective equipment resulted in closure in mid-March. The months that followed were difficult, some of us were with family and others were trapped in student housing unable to return home. So, when the dental school confirmed a September return after months of uncertainty, loneliness, and a general desire to return to normal, it was excellent news. I was excited to get back to university, I could feel that my clinical skills had deteriorated over lockdown and I was anxious to start patient work again, sensing impending graduation as a fifth year. Unfortunately, my university return did not exactly go to plan.



The day before my first day back at dental school, I lost my sense of smell. This symptom developed less than 24 hours before I was meant to be back in the clinical skills lab and re-skilling for Endodontics. Our household of medical and dental trainees immediately went into isolation, costing us all valuable training and our freedom. As the only person with symptoms, my isolation was more severe, becoming trapped in one bedroom for the next ten days.

This was followed by an intense period. What started as a loss of sense of smell soon developed into a flurry of symptoms: fever, extreme malaise, cough, loss of taste and shortness of breath that

‘I went from being able to cycle 7 miles a day to having paramedics at my house twice to assess my oxygen levels’

felt like I was drowning. It was no surprise to receive the positive COVID-19 result on my third day of isolation. In less than a week, I went from being able to cycle 7 miles a day to having paramedics at my house twice to assess my oxygen levels and determine if I needed hospital support.

At low points, I would wake up struggling to breathe and my temperature would vary wildly by 3°C. I couldn’t use my own kitchen or bathroom without donning PPE for the sake of protecting my flatmates. I live with three people of BAME background and as such, the virus posed a higher risk to them than me – any trip outside my door felt like I was endangering the lives of those closest to me. Luckily, they all tested negative, but still had to complete the 14-day isolation period regardless in case they developed symptoms. Psychologically this was difficult, I felt either suffocated in my small bedroom or felt horrible guilt with my brief trips outside of it. Without the support of friends who brought food, games and conversation at my window, I would have mentally struggled to get through that lonely isolation.

Reflecting on my personal experience and following the news about the university COVID outbreaks in Newcastle and Glasgow, there are words of caution and advice I want to offer to fellow students. Firstly, do not underestimate the illness; I am young, Caucasian, medically healthy and female, literally the lowest risk category possible and I suffered badly. Secondly, getting a test is difficult and slow. If you develop COVID-like symptoms, you are likely to do a minimum of several days in isolation – this period is anxiety-inducing and unpleasant.

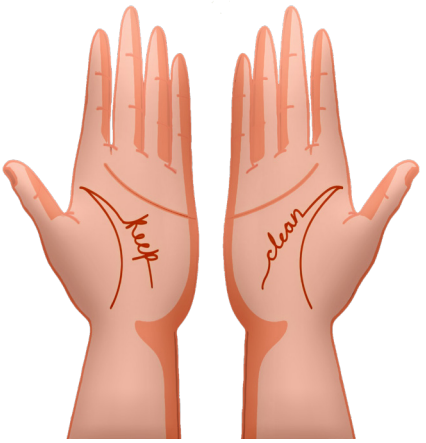
If you test positive and have to isolate for 10-14 days, this is mentally exhausting and it also means you complete "track and trace" for any people you previously had contact with. My positive COVID-19 result affected the lives of 5 people for a whole fortnight. I urge you to look at your own behaviour in the past week; how many people would you send into isolation if you tested positive right now?

'Your actions during this COVID era... can only be limited by being socially distant and responsible in your interactions with others'

I acted early. If I had noticed my symptoms a day later and attended my face-to-face Endodontic re-skilling session, the "track and trace" system could have affected the lives of a quarter of my year group, and the lives of the tutors who ran the teaching. Your actions during this COVID era can have snowballing consequences and can only be limited by being socially distant and responsible in your interactions with others. This is a time to respect each other. Many of us live with vulnerable adults and have our own personal risk status and we all cannot afford to miss chunks of our education.

The QMUL and dental school COVID rules are vital to our safety and to keeping our education ongoing. Wash your hands, wear your mask, stay socially distant and respect the rules.

If you want to book a free NHS test
Find out more information
From the Government's website:
www.gov.uk/get-coronavirus-test



Adapting to COVID-19: An Interview with Our Academic Leads

Our resident interviewer asks the questions that have been on all our minds

Written by **Sarah Park**
Edited by **Carrie Chew**

The pandemic has changed how teaching is being delivered and adapting to these new ways has been challenging for both students and staff. The Dental Mirror sat down with Dr Jason Berry (JB) and Dr Amitha Ranauta (AR), our Undergraduate Academic Leads, for a quick interview.

Q: What measures have been put in place at the Dental Hospital to ensure student, staff and patient safety?

JB: All our patients that go into the building are screened, temperature-checked, have to fill in a questionnaire. All staff are checked temperature-wise and symptoms-wise as they enter the building every morning.

Social distancing is also being enforced between students and staff. Hopefully, rolling out the point-of-care testing as well where people will be able to have a 15-20 minute COVID test to ensure that they are safe to enter the building.

There are a lot of things going on behind the scenes to [ensure] a safe environment, but we are relying on everyone to be engaged with the process. Unfortunately, some people are not and these things we have to button-down.

Q: Many students are concerned they will be graduating with insufficient clinical experience. How will the Dental School ensure that students are competent and confident?

JB: This year is an exceptional year, but we are working hard to make sure that we tick all the right boxes come July. We have introduced a lot more clinical simulation. We purchased 40 extra phantom heads at the beginning of the pandemic.

We have already rolled out the non-AGP clinics and we are going to roll out the AGP clinics, in negotiation with Barts Health, within the next few weeks, definitely in January time, COVID-dependent.

We are also looking at opening the labs on Saturdays, getting our students more involved with consultation clinics [and] the possibility of students nursing for the postgraduate students. There's a lot of negotiating, but I'm confident that we can get the student body through this particular year.

'We are also looking at opening the labs on Saturdays'

Q: The Dental School has had to quickly adapt to the pandemic, do you see any positives this has brought?

AR: We've had to think slightly differently and Ben and Catherine have really transformed our curriculum to be this blended curriculum. The current generation of students appreciate this teaching style, there's much more pre-recorded material, video, media platforms.

The Paediatrics team have developed entire modules on new teaching material, the Restorative team and Adult team have developed case-based discussions. It's been challenging but the team have been truly amazing. When we are back to a pre-COVID world, I imagine we will hold onto a lot of online teaching.

Q: What are the greatest challenges the Dental School has ahead?

JB: One of the big challenges is the financial challenge as, like everything else, COVID-19 has had a major impact financially on universities. Dentistry needs major investments because things are constantly changing, new equipment and new techniques are constantly coming in, so money needs to be spent to keep us on that top level. [However,] all dental schools are in the same situation so that's reassuring in one way.

AR: I think there's going to be short-term challenges and long-term challenges. Short-term challenges like potential financial challenges, enough clinical experience, patients feeling safe enough to come back. Long term, this will have a knock-on effect on all years in terms of what the trajectory of your training looks like and what we need to catch up on so there's going to be a sense of urgency year in and year out. Whenever we've had to change the way we practice, the adaptation period takes a good 5 years on average.

Q: Is there anything you would like to add?

AR: We're at the beginning of something different, it's going to be a challenging adventure and you as students are right at the front of it. You are going to learn new ways of doing things and there's something about being proactive and insightful. All opportunities and any sessions that come up, make the most of it. A number of students are volunteering, for example with point-of-care testing, it may very soon be the norm to get tested before seeing your dentist. This is the beginning and your right at the front of it and I would see that as a learning opportunity.

It was great to talk with both tutors and hear their thoughts. As we see ourselves amid a second wave, the future still seems unclear. However, with great change comes great opportunity and we should embrace what comes our way.

IRMER: Out with the old, In with the new

How do changes from IRMER 2000 to 2018 affect us, as dental professionals, and our patients when taking dental radiographs?

Written by **Mariam Bqain**
Edited by **Carrie Chew**

What is IRMER?

Ionising Radiation (Medical Exposure) Regulations encompass a set of guidelines that deal with limiting exposure to patients and members of the public. IR(ME)R 2000 came into effect on 13th May 2000 and applies to medical diagnosis, treatment, occupational health surveillance, medical research, medico-legal procedures, and health screening. Their primary aim is to ensure patients receive justifiable doses of radiation, as low as reasonably possible.

The employer, referrer, practitioner, and operator must meet the following guidelines:
- Justification: The benefits of each exposure to ionising radiation outweigh the risk
- Limitation: Minimise excessive, unintended, and incorrect exposure to ionising radiation
- Optimisation: The diagnostic dose is as low as reasonably practicable for their intended use

In 2013, the European Union adopted the European Basic Safety Standard directive, which sets out standards for radiation protection of member states. Hence, the UK revised IRMER 2000 and published an updated version in February 2018 (Care Quality Commission, 2020). These changes and their impact on the dental profession will be further discussed in this article.

Licensing

Licenses are required where radioactive substances are being administered for medical purposes. The previous certification process for administering radioactive substances under the Medicines Administration of Radioactive Substances Regulations 1978 (MARS 1978) was replaced with the new legislation.

A dual licensing system for employers and practitioners was implemented, where licenses are issued by the Administration of Radioactive Substances Advisory Committee (ARSAC) and processed by Public Health England. This new licensing system draws a clearer distinction between the responsibilities of employers and that of practitioners.

With regards to dentistry, employers must hold a license for each medical radiographical installation, and the license should explicitly define the services that can be provided at the specified location. Practitioners must also have a license to justify radiation exposures for diagnostic, treatment, or research purposes.

Under IRMER 2018, a practitioner's license is valid anywhere the individual is allowed to act as a practitioner. Therefore, practitioners only need one license, irrespective of the number of employers they work for as their license will reflect their experience and training. Any exposure involving radioactive substances must be justified by a licensed practitioner, and their employer must have a license appropriate for the exposure, at the respective installation (UK Government, 2017).

Role of medical physics experts

The Ionising Radiation Regulation 1999 (IRR99), which aims to protect staff working with ionising radiation, stated that every dental practice must appoint a Radiation Protection Advisor (RPA); this remains the same in IRR17.

Additionally, IRMER 2000 stated that "a medical physics expert shall be involved in every medical exposure", whereas the new regulations require employers to "appoint" an MPE that meets the competence criteria. MPEs are expected to be involved in the following four broad areas: patient dosimetry, equipment management, optimisation, and regulatory compliance (Midland Lead, 2017).

Dental practices can fulfil these requirements by appointing an organisation or appropriate individuals to act as both the MPE and RPA (FGDP, 2017).

Exposure to carers and comforters

As in the original legislation, employers are still required to inform their patients of the risks and benefits involved prior to radiation exposure. The new legislation reinforces the need for clinicians or practitioners to also justify for the carer or comforter to be in the controlled area (FGDP, 2017).

Additionally, the dose they may receive during the exposure will need to be estimated and recorded in the patient's notes. As with patients, dental professionals must also inform carers and comforters of the risks and benefits involved before the exposure (Midland Lead, 2017).

Training

In a dental setting, the roles of the "referrer", "operator", and "practitioner" remain unchanged, however, adequate training must be provided for practitioners and operators regarding "non-medical imaging". Non-medical imaging involves deliberate exposures for imaging purposes, where a health benefit is not the primary objective and this will be further discussed below. Hence, "Fundamentals of Radiological Interpretation" was added to the IRMER 2000 training syllabus for allied health professionals (FGDP, 2017).

Non-medical imaging

IRMER18 replaced the term "medico-legal exposures" with "non-medical imaging exposures". Examples include radiological health assessment for insurance, employments and immigrations, and imaging in sports.

In the dental context, non-medical imaging may be utilised when preparing legal reports and for the age assessment of asylum seekers and refugees. In such cases, employers are required to implement a standard operating procedure for these non-medical exposures (Midland Lead, 2017).

Reporting unintended or accidental exposures

Every employer's reporting procedure must ensure that the referrer, practitioner and patient, or their representative, i.e. carers and comforters, are informed if there are any relevant and clinically significant unintended or accidental exposures. Additionally, such exposures must be analysed, and the outcomes must be provided in this report.

Quality assurance of equipment

The new regulations emphasise the employer's duty in maintaining and implementing a quality assurance programme. This should as a minimum, include an assessment of the radiation dose during normal operation of the equipment (FGDP, 2017).

Conclusion

There have been some major changes to IRMER since 2000. Important modifications include justifying the need for carer or comforter to be in the controlled area, estimating and recording the dose they may receive in the patient's notes and reporting unintended or accidental exposures as well as their outcomes.

Additionally, dental practices must appoint an organisation or appropriate individuals to act as both the MPE and RPA, a dual licensing system was introduced for employers and practitioners, and the training syllabus for allied health professionals was updated to include "non-medical imaging" and "fundamentals of radiological interpretation".

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Dental Learning in Lockdown

Written by **Duniya Majumder**
Edited by **Parsa Aghamohammadi**

That green lecture theatre buzzing with a hundred students, making introductions, catching up on summer, gradually turning their attention to the bright-eyed lecturer ready to welcome them for a brand-new year. Let me correct that. One dishevelled, bleary eyed, pyjama-clad student stumbling to their desk at 8:59 am to log on for their 9 am lecture, brushing their teeth during a few minutes of technical issues. Welcome to online dental school.

As we have all heard repeatedly, 'we are not alone'. Dental students all over the world are logging on with us, their education also challenged by the novel coronavirus. At the University of Hong Kong, professors have been tested moving their Problem Based Learning (PBL) heavy BDS curriculum online (Wong, Lee and Zhang, 2020). This teaching method is effective in giving students experience applying dental knowledge to practical situations (Bassir et al., 2014), however, its success is dependent

upon student commitment and sufficient technical support being in place. The Faculty of Dentistry at Griffith University in Australia have met other problems regarding clinical teaching (Peres et al., 2020). With restrictions on the number of people indoors at a time, their clinics are now at half capacity with the length of teaching sessions reduced by half an hour leading to an 'inevitable reduction of patients seen per student'. It will be interesting to see how these drawbacks affect new dentists in years to come.

Here at Barts and the London, pre-clinical students are being taught predominantly online through a combination of pre-recorded lectures and blackboard collaborate meetings on QMplus.

'Bleary-eyed, pyjama-clad student stumbling to their desk at 8:59 am... Welcome to online dental school'

With so much of what students now do online, they have their own tips and tricks for navigating this online world. From playing lectures at x1.5 speed with subtitles to turning lecture slides into 'ankis', students are consuming academic content in innovative ways. This great volume of independent learning has its challenges and blessings for students.

It often feels like online tasks and lectures keep coming out of the woodwork and can be difficult to keep on top of, but the independence allows students to work at their own pace so they can allow as much time for a lecture as they like. This system tends to favour more organised students. I am sure this is not a bad thing from a lecturer's point of view…

As a new student, it took me some time to get used to the format of QMplus and where to find meeting links and timetables, but I have been pleasantly surprised by other students' and lecturers' willingness to help. I am also finally getting used to, as I'm sure we all are, the technological issues that I encounter daily with the routine dialogue of 'Can you hear me? Has it frozen again? Is your sound on? Is the connection okay?' A good Wi-Fi connection has never been so valuable.

Clinical students have more face-to-face sessions but with much reduced patient contact. At my first face-to-face lecture, Dr Ranauta highlighted the importance of welcoming patients and coming out to greet them with a smile; COVID restrictions and increased PPE has left students at Barts unable to come out and greet patients and are no longer smiling at patients but instead 'smizing' at them. Third-year student, Parsa Aghamohammadi described how the aura of clinics has changed.

Although he is grateful to see some of his year group in clinics, having to enter through the back door of clinics he no longer gets to see the patients and staff members in the waiting room, instead, he is faced by a temperature gun and told to change his mask and sanitise his hands. This was meant to be a year of patient contact for Parsa, however, third years are still working on phantom heads to prevent the spread of COVID-19.

It is not just the students but also the lecturers who have had to adapt to online learning. From previously addressing a room full of students, our lecturers now sit and talk to cameras like educational 'YouTubers'. Clinical lecturers Dr Mark Payne and Dr Shabana Younas both admitted that it was a "steep learning curve" using online resources to begin with, but it is beginning to feel more natural.

Year 1 lead Dr Simon Rawlinson also remarked that "walking into a room and talking is relatively easily" in comparison to pre-recording lectures which at first felt "bizarre". Working with clinical students, Dr Payne reiterated that the main goal is to ensure students receive the optimal amount of clinical exposure required by the GDC so that they leave dental school as safe beginners. The faculty has introduced stimulated exercises to ensure students maintain their skills, but Dr Payne recognises that nothing can substitute working with real patients and

Dr Younas highlighted how there is "no room for communication or empathy with a phantom head!" The main difference that all these lecturers have noticed is an overall loss of connection with the students and their colleagues. The success of online learning activities is completely dependent on student engagement which is difficult to gauge through a screen and lecturers find themselves having to schedule a time to speak to people whom they would have spoken to in passing throughout their day. The dental school which held a jovial atmosphere and a great sense of camaraderie now feels more clinical and distanced than ever.

There is no 'perfect formula' for teaching or learning in these unprecedented times. Despite all the new social distancing and hygiene measures, students and lecturers are still being brought together in imaginative ways. The creativity of staff and students is on full display with many online quizzes and games of 'Among Us' and 'Secret `Hitler' being organised amongst year groups.

Although we are still eagerly awaiting the day we can waltz into lectures without face masks and social distancing, we are still grateful for the technology that we have to connect us and for our 'support bubbles' which are keeping us from losing our minds at glitchy zoom calls.. and.. mee.. tings…

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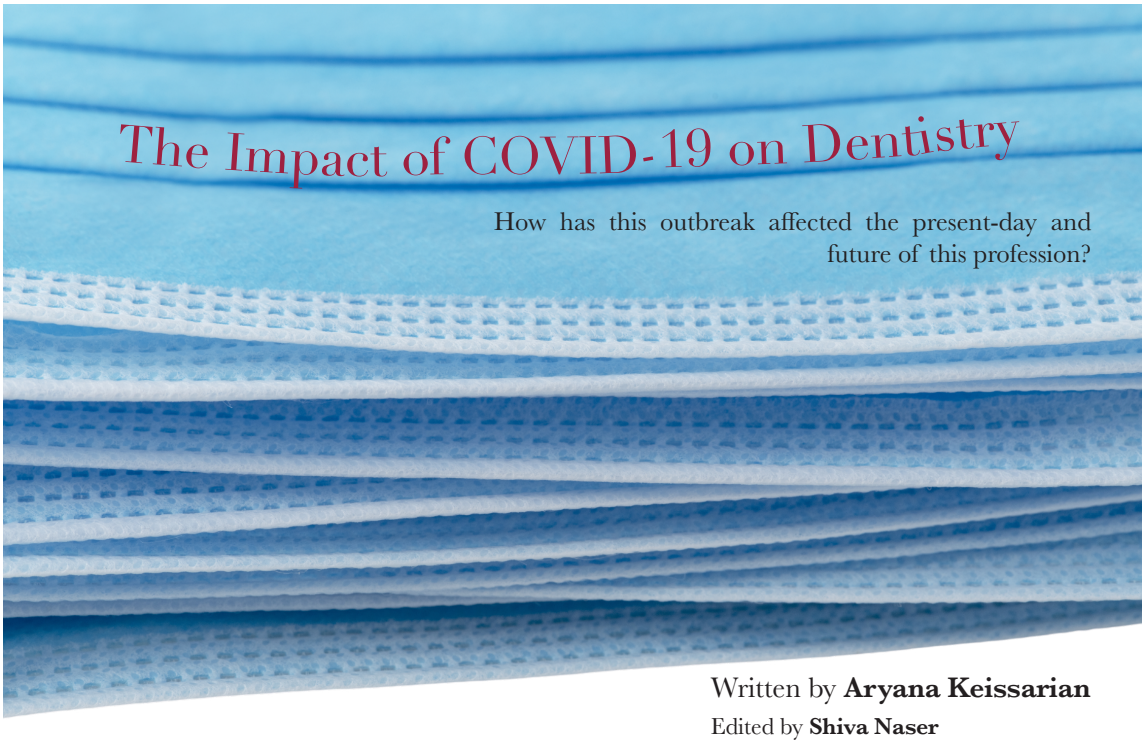

The Impact of COVID-19 on Dentistry

How has this outbreak affected the present-day and future of this profession?

Written by **Aryana Keissarian**
Edited by **Shiva Naser**

Abstract

Dentists are undoubtedly very busy individuals who are accustomed to undertaking a plethora of tasks on a daily basis. The majority, if not all these jobs can be tackled with expertise, therefore one would be inclined to assume that such individuals can easily endure everything thrown at them in practice. However, this could not be further from the truth. The substantial impact that the COVID-19 outbreak has had on this profession is something that could not have been predicted by anyone. The pandemic has had a remarkable effect on multiple aspects of present-day dentistry, a surprise to all dental professionals as well as patients, not to mention the progressive effects it will have in the long term.

Changes in PPE

The most recent UK-wide guidance places primary care dentistry and AGPs (Aerosol Generating Procedures) in the medium and high-risk pathways respectively (Public Health England, 2020). With concerns over safety on the rise, there has been great emphasis on providing advanced personal protective equipment (PPE), as a pivotal safeguarding measure. A shift as drastic as transitioning from minimal PPE to the extent of having to wear respirator masks in some cases has understandably not been an easy change.

Prolonged wear may cause discomfort for personnel, including field vision impairment, something which is especially concerning for those who wear dental loupes or prescription glasses. Moreover, dentist-patient communication can be heavily compromised, for example, younger patients may potentially be intimidated and discouraged by this use of PPE. Moreover, there is now a greater necessity for four-handed dentistry in order to enable the use of spray mist suction systems. Furthermore, the clinical design will need reform, with a requirement for the installation of new ventilation and air-conditioning systems. Ultimately, this will add a major cost to dental practices, making sustainability difficult (Ghani, 2020).

To maintain the sustainability of PPE and minimise the risk of transmission of the virus, dental professionals have utilised methods that are not contingent on in-person services. Walking into a practice to book an appointment is no longer the norm. Instead, it is paramount for a patient's initial assessment to be conducted virtually, to assess their dental condition, before determining whether they will be required to attend a dental setting. In consequence, urgent procedures and more importantly, the most vulnerable patients will be prioritised (Coronavirus Disease 2019 (COVID-19), 2020).

Impact on NHS and Private sectors

The NHS Dental Statistics for England publication highlighted the percentage difference in the number of adult patients who were seen in the last 24 months, compared to those seen in the 24 months prior to February 20th 2020. Data shows that up to the 30th June 2020, 4%, equating to approximately 876,000 fewer adult patients were seen to receive NHS dental treatment during the COVID-19 period. A similar trend can be observed in child patients, as there were 10.7%, equating to 758,000 fewer child patients seen to receive NHS dental treatment over the last 12 months, up to 30th June 2020 (NHS Digital, 2020).

It comes as no surprise that during the initial lockdown period, private practices experienced short term suffering due to minimal financial support. Nevertheless, many individuals became more aware of their appearance because of the media and the sudden employment of online conferencing services such as Zoom. Thus, the demand for cosmetic, elective restorative and orthodontic services continued to rise during lockdown. Many individuals are investing the money they saved as a result of holiday cancellations, into enhancing their physical appearance (Bissett, 2020).

Photo edited using images by (CDC, 2020) and (Shaw, 2020)

'...approximately 876,000 fewer adult patients were seen to receive NHS dental treatment during the COVID-19 period'

Populations with Oral Health disparities:

Societal inequalities have been further exacerbated as a consequence of the pandemic. Regrettably, with the decline in employment status and income during this period, more individuals are unable to meet the financial requirements to maintain their oral health. This places populations in low socioeconomic and minority groups at significant vulnerability (Watt, 2020). Increased efforts to integrate dental programmes established around prevention will aid in broadening access to oral health services for such vulnerable populations. This ultimately aims to tackle the common risk factors for oral diseases and other non-communicable diseases, hence additionally targeting individuals with multiple morbidities (Kalash, 2020).

Impact on the current generation of foundation dentists

I had the wonderful opportunity to conduct a short online interview with Dr Yewande Oduwole, a recent graduate and foundation dentist. We discussed her first-hand experience of undergoing foundation training during the pandemic, along with other insights. She has also kindly provided some advice for future postgraduate students!

Speaking to a foundation-year dentist about their first hand experience...

dr.yewandedental
yewandedental

Q: How did the pandemic impact your learning during the final year of dental school?

A: The pandemic has had a huge impact on my final year of dental school. It was supposed to be the year we would do the most clinical work and become confident with our dentistry. However, it was cut short in March, which meant that we could not finish our final cases or even have a graduation, which is a real shame.

Q: How has training during the pandemic been different to your expectations?

A: Foundation training has been very different. During the first month, I did not see any patients. We had to do a lot of practical training and study days to ensure we felt confident to start practising as a dentist, which I feel really helped ease us in. Things are still a bit slow and we are seeing nowhere near the capacity of patients that we would have been seeing pre-COVID.

Q: What do you see in the future of dentistry?

A: I feel that the future of dentistry is now uncertain as it feels like there are new changes being introduced almost every week! However, one thing that I feel certain is that wearing PPE will have to stay, in order to protect ourselves and our patients.

Q: What advice would you give to anyone who is going to start their foundation year during the pandemic?

A: My advice to anyone that is starting their foundation training is to make the most of it, take on as many cases as possible, even those you may find difficult, as it will prepare you to be a better clinician. I've learnt that everything in dentistry takes practice. You are not going to be perfect on your first three attempts.

Q: Was there anything advantageous that came about because of the pandemic?

A: The pandemic has brought a lot of unexpected positive change. Many of us were dependent on online communication and social networks which brought the profession together. Over lockdown, many dentists used their time to volunteer, spend time with family or do things that they never previously had the time for.

I found myself getting my guitar out after years and recording more videos for my YouTube channel. Overall, it seems like nobody is sure exactly what the future holds, although it is safe to say that the impacts of COVID will certainly be felt in all of our lives, for the foreseeable future.

An opportunity for reform

This pandemic has opened a window of opportunity for dentistry to reform. The nature of transmission of the virus and consequently the restrictions on AGPs gives dental professionals the chance to re-orientate dental care towards a less invasive approach, and emphasise prevention to a greater extent. Adopting a means of non-surgical and non-aerosolising caries management and prevention is necessary to go forward (Brian and Weintraub, 2020).

A method that can aid this approach is increased employment of Telehealth services, ranging from real-time phone or live audio-video interactions to asynchronous modalities such as "store and forward" technology that allows information to be collected and interpreted at separate points in time. To enable a wide range of people to uptake these services, it should be ensured that language interpretation offers are included, and that there is outreach to those with limited knowledge or access to technology (Coronavirus Disease 2019 (COVID-19), 2020).

In conclusion, as the future regarding COVID-19 is uncertain, it is critical to continue adhering to the principle of universal precautions for cross-infection control, based on an understanding that we are unaware of whether or not a patient has the potential for disease transmission. Whilst it has been challenging to accept so many unprecedented changes in such a short period, the time is currently ripe for improvement. For years, dental professionals have emphasised the significance of 'prevention is better than cure'. Hence, what better time than now to endeavour to reach a more preventive focus?

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The present and the future

Written by **Rawand Shado**
Edited by **Parsa Aghamohammadi**

Background

'Digital' dentistry is dentistry related to 'computer technology' (Cambridge Dictionary, 2020). But what does that mean? Well, it means many things. You can take 'digital dentistry' as a term that describes any machine or program that assists dental professionals in their work, from computer modelling to artificial intelligence and virtual reality.

The rise of digital dentistry

Digital dentistry was introduced in the mid-1980s with digital impressions being the first-ever digital technology used in the dental field (Bird & Robinson, 2014).

Like others in healthcare, the dental team encounter the pressure to keep up with the rapidly growing population, this includes not having enough clinicians nor the time to see patients. However, the recent use of computer software and digital tools is lifting the pressure on dentists and dental nurses and significantly reducing treatment times.

The vision for future dentistry is integrating complex computer algorithms with machine learning in a clinical environment for monitoring and diagnosing patients. The journey of developing a digital neural network for caries detection has already begun. One study developed a model to detect tooth decay from a charge-coupled device camera and intra-oral digital radiography (Kositbowornchai et al., 2006).

Although the model is unable to identify the depth of the decay, it gives hope that accurate interpretations of carious teeth can be revealed by a well-trained artificial neural network. Similarly, the systematic review by Gracía-Gil et al. confirmed the viability of using digital impressions for at most two contiguous implants and further evaluation by additional studies could analyse its accuracy for full-arch implant restorations (García-Gil et al., 2020).

Another study also suggested that automatic deep learning through computer-assisted analysis could be used to assist dental diagnosis (Casalegno et al., 2019). All these studies and many more point us towards a future where artificial intelligence is incorporated in a clinical environment.

COVID-19 & Digitalisation

With the emerge of the COVID-19 pandemic, we have learnt so much about clinical safety and how we could maximise it.

We have learned two things about COVID-19; the less time you spend receiving a service the safer it is, and the more distant you are from the person providing the service the safer it is. Hence, digital dentistry was never more needed. Safety increases exponentially if the diagnosis time is reduced and the distance from clinicians is increased. Lockdown and social distancing have significantly impacted the digital transformation. The pandemic forced healthcare systems to quickly adopt remote services and use them for patient consultation when appropriate. (Information Systems Management, 2020).

Loven Ganeswaran, the founder of 'Chairsyde Video Consulting', explained that remote consultation has added a level of comfort and ease to patients such that 74% of patients could remember the dental advice they received immediately after the appointment. Notably, this could indicate patients with phobias and anxiety will be less reluctant to consult a dentist knowing there is no need to physically attend the dental practice.

The College of General Dentistry (CGDent) and the Faculty of General Dental Practice (UK)—FGDP(UK), has launched a fallow time calculator, which takes into account the clinical environment, type of treatment and the length of treatment (Booth, 2020). Dr Sara Hurly, the Chief Dental Officer for England emphasised the necessity of carefully calculating fallow time especially after performing aerosol-generating procedures (Ibid). This reflects the vital role of digital programmes in minimising transmission risk to patients.

The shape of the future

The good news is that the future of dentistry mainly relies on the advancement in basic sciences and dental materials rather than political factors, and it is the same story for the digital revolution. (Bauer & Brown, 2001)

'The digital transformation is introducing new costs but at the same time elimniating old costs...'

Any technology right now is cheaper than when it was first introduced. With the internet being accessible at low-costs and widespread globally, the use of digital dentistry have become less challenging for patients and clinicians. Likewise, advances in technological business has made purchasing software for office optimisation easier than ever (Ibid). Dentists can rent software packages at fixed monthly/ annual fees for patient record management. These software packages store data securely on central servers, which means there is no need to buy loads of hard-drives to store patient data (Ibid). The digital transformation is introducing new costs but at the same time eliminating old costs and saving space at the practice.

According to Falk Schwendicke, Deputy Head of the Department of Restorative and Preventative Dentistry at the Hospital Charité—Universitätsmedizin Berlin in Germany, the field of healthcare is adapting to take the necessary cybersecurity measures to protect patient privacy and confidentiality (Day, 2020). The approach of handling and storing patient data is firm, however, members of the team should always spot attempts of phishing and digital malware by third parties.

When it comes to possessing data relating to individual patients, protection and security become fundamental. The digital transformation means more and more data is collected from patients, nonetheless, technology like fingerprinting and retinal scanning for authorisation have made it more secure to store data (Ibid).

But how can dentists speed up the transition?

The transition is fuelled by how quickly the dental team can adapt to it. For maximised transition velocity, the dental team must receive continual education about the software systems and digital technology emerging newly into the field. The 'cascade effect model' seems to be an effective way to train staff members.

An initial team of staff are

trained by an expert and then these newly trained individuals train the next group, creating a 'train-the-trainer' effect. This method is considered cheap and effective for the long term.

We heard the good stuff, what are the bad stuff?

Well, digitalisation is still a new concept, and with everything new comes new problems. Since digital technology requires the collection and processing of large sums of data, we now have issues regarding confidentiality, data security and consent. Some patients may feel reluctant to seek a service that asks for a lot of data from them, questioning data management and the security of the digital systems. In addition, patients with high demands may experience overtreatment due to overusing AI-based systems (Favaretto et al., 2020). On the other hand, patients with poor technological experience such as the elderly could be discriminated against by the digital transformation.

We can't be certain about the future; we can only guess it! And our best guess is that digitalisation is the future. The journey is still very long, and we are coming across new difficulties as we move forward, but that is okay! The first step to tackle a problem is to identify it and at the moment we have understood that data protection and patient trust are challenges facing digitalisation.

Overall, we can all agree the future of healthcare has always been more prosperous than its past. Thus, we can adopt an optimistic outlook and hope that this trend remains true.

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The Vaccination for our Mental Health

Lockdown. Masks. Social distancing.
The effects of COVID-19 on us physically and socially are transparent.
However, how are we coping mentally with adapting to COVID-19 measures?
Here, we explore the ambiguity surrounding the consequential effect on our mental health.

Written by **Akaash Uppal**
Edited by **Aryana Keissarian**

No one expected that on the 23rd March 2020, the Prime Minister would instate a full lockdown that would bring the nation to a standstill. Simultaneous to this announcement began the internal mental battle that COVID-19 has forced upon us- whether it be the induced anxiety of living within a global pandemic, the unknown impact it may have on the health of our loved ones, or the fear of falling into a sedentary, mundane lifestyle that a lockdown invokes. We all have had to adapt to the volatile nature of this situation, and consequently have to deal with the mental fatigue that arises.

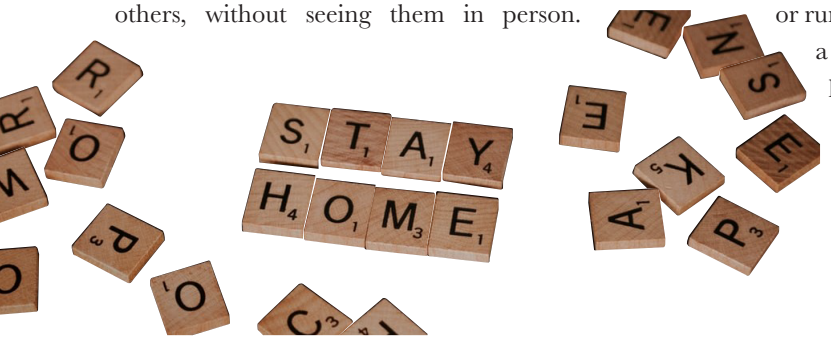
There are 4 main determinants for our mental health: Our psychology, diet, activity and the environment. Unfortunately for us, COVID-19 can impact every one of these factors.

Psychology

Our psychology is determined by progression and productivity, which triggers the reward system in our brain. We live in a society, whereby everything is based on achievements and progression. COVID-19 has changed all of that. Society slowed down from being the fast-paced nature that we are all accustomed to. Pausing has given us time to collate our own thoughts, something we are not used to doing. There is no wonder that National Statistics show a jump in depression rates during the pandemic, reaching 19.2% during lockdown in June (www.dw.com, 2020). These numbers are almost twice as high as the ones reported between July 2019 and March 2020, which showed that an average of 9.7% of people complained of having symptoms of depression. As humans, we were not accustomed to the slow progression that lockdown brought us, and therefore it was common to have these feelings of melancholy.

Emotional and Social Isolation

In addition, the social isolation experienced during lockdown has had disproportionate effects on different groups of people. The number of people reporting they feel lonely often or always has been similar to pre-lockdown measures, at approximately 2.6 million (Rees and Large, 2020). This may be due to the evolution of social media, which has helped to maintain relationships during this pandemic. The video chat application 'Houseparty' received 50 million sign-ups during the first month of lockdown (Perez, 2020). Hence, this showcases our ability to adapt and find new ways to maintain close relationships with others, without seeing them in person.



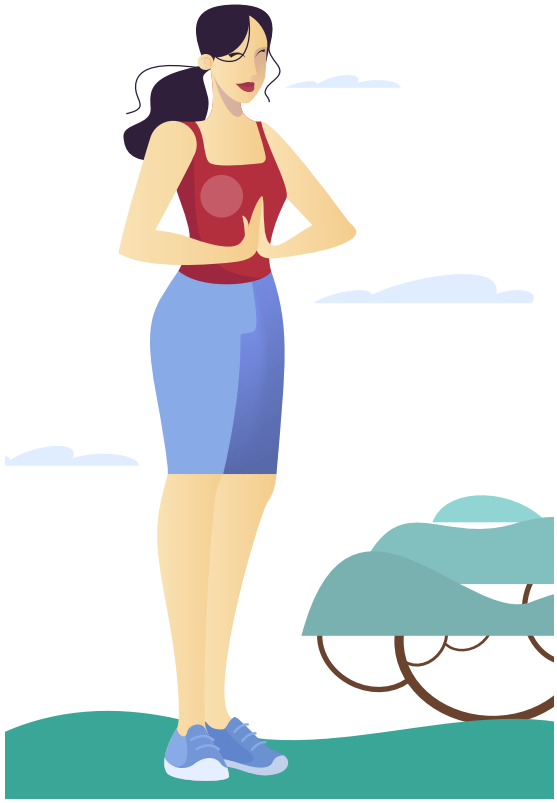
Source: De Luze et. al 2020

Despite this, there was an increase of calls by 49% to the national helpline Refuge (Rees and Large, 2020). Refuge is a charity that provides specialist support to women and children who are victims of domestic violence. It provides an outlet to escape troubling household situations via spending time outdoors or with friends, an opportunity that was voided by lockdown. It was shown that during lockdown, the constant presence in a family environment, took a mental toll on individuals. A recent study claimed that over 82% of us had arguments within our household during this time (www.propertyreporter.co.uk, 2020). So, can you imagine the difficulty of the situation for those suffering from domestic violence?

Environment and Activity

Having to constantly be in the same environment has evidently had its impacts. During peak lockdown, guidelines stated that only one form of outdoors physical activity was permitted per day. The World Health Organisation states that adults aged between 18-64 should undergo at least 150 minutes of moderate-intensity aerobic physical activity a week, with it increasing to 300 minutes a week for additional health benefits.

These benefits include improvement of mood and combatting depression. With over 63% of people across the first 6 weeks of lockdown stating that exercise was vital for their mental health, it was important that we took advantage of this guideline (www.sportengland.org, 2020). With gyms being shut, many of us started a new activity such as cycling or running. With it taking 12 weeks to build a habit, we cannot be certain of how long individuals could maintain this commitment throughout lockdown without falling into a sedentary lifestyle.



In conclusion, the impact that COVID-19 has had on our mental health is not to be underestimated. In some way, the virus has had its effect on every single person reading this article. We are reliant on our tenacity, and our ability to adapt to overcome these unforeseen circumstances. As for the virus itself, many clinical trials are being undertaken to find a vaccination to provide immunity against it. However, there can be no vaccination for the lingering mental fatigue that COVID-19 causes.

It is up to us as individuals to check up on each other and ensure that we prioritise our own mental health.

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COVID-19 Through Foreign Eyes

An International Student's take on the Pandemic

Written by **Carrie Chew**
Edited by **Shiva Naser**

In a previous issue, I explored the different ways members of the dental school travel (Chew, 2020). In this article, the impact of restricted travel is explored from the perspective of international students.

To say 2020 has been a rollercoaster would be taking things too lightly. The world has grown into an unfamiliar place, and dentistry has had to evolve quickly to accommodate it. Dentists wear heavy spacesuit-like PPE straight out of movies, treatment is limited to non-aerosol generated procedures (AGPs) and for dental students, the world we are entering or returning to will be vastly different. The

impact can be felt throughout the dental school, from tutors being seconded to different wards, patients receiving decreased access to care, and perhaps easily overlooked, international students.

Leaving the nest for a lion's den

COVID-19 brought the whole world to a grinding standstill in March, and people around the globe are still scrambling to find a new foothold in these uncertain times. Some countries have taken it in stride and are faring better than others due to early action, effective measures, and collaborative community efforts to flatten the curve. Comparatively, the UK has seen a steeper second spike in new cases in the month of October than in March, not discounting the 16,000 tests "lost" due to an administrative error. Despite efforts by the NHS, the UK has become divided and the number of cases in the fourth quarter of the year is rising.

For students from countries with better conditions, coming to the UK is a perilous thing. It may seem counterintuitive and not very sensible to leave an area with controlled risk to attend university in another country, but this is the decision faced by international students. Whichever the decision, international students are placed in a higher area of risk than local students, due to longer flight times, layovers, and increased exposure whilst travelling.

Timetabling, timetabling, timetabling!

Online teaching has been great in reducing commuting time and improving student engagement and attendance, however for international students residing outside the UK, it has been especially challenging. For these students, there is an average time difference of 8 hours between home and the UK. Afternoon sessions scheduled until 5 pm GMT are equivalent to a 12 am finish for students residing overseas. or students in clinical years, clinical time has been reduced significantly and is replaced by simulated manikin sessions and case-based discussions. Other than the fear of deskilling, there is mounting anxiety over graduating with inadequate experience or perpetually playing a game of "catch-up" after graduating.

Restrictions, Quarantines and Travelling to School in the New Year

As most teaching has been moved online, some international students have chosen to remain in their home countries for the winter term and fly to the UK in 2021. If measures remain the same, they will be subject to a mandatory 2-week period of self-isolation upon arrival.

As well as having to figure out the logistics of timing their return to suit the University's timetabling, searching for housing may prove to be a tough challenge. In addition to this, students may face problems bonding with students in their year groups.

Secondly, the measures put in place to limit the spread of COVID-19 has had a tangible impact on socialising and extracurricular activities. For local and international students, university social life is one of the highlights of university, and the lack thereof is definitely a shame.

BAME and Foreign Students

This year has been an eye-opener to the world regarding the mistreatment and oppression of BAME communities. In Bart's, a valiant effort was led by a fourth-year, TJ Kadiyo, along with other members of the dental school, to form the Anti-Racism Steering Committee (ARSC). The committee aims to highlight flaws in our curriculum, for example, the lack of clinical manifestations of diseases amongst different ethnicities.

It is unclear if a similar situation is faced by the small community of international students in our dental school, where the number of international students is capped at around 5 each year. However, the Student Support team silently forges on to provide a safe space for students, local and international to seek advice.

Conclusion

In terms of policy and improvements that can be made, it is clear that more consideration should be placed upon facilitating equal opportunities for both local and international students. To ensure students get the most out of their time at dental school, the university should seek to be more facilitative and attentive to students' needs.

Despite current conditions, the dental school has chosen to remain open and continue teaching. This has taken an enormous amount of courage and planning. Although the situation is not ideal, this still allows us to progress, albeit at a slower and unconventional pace.

Perhaps most encouraging of all is the mutual drive of both tutors and students to keep the heart of the school beating, however slow, until conditions improve. This, I believe, is the essence of being a part of Bart's, which has been educating students and serving the local community since the days of cholera, typhoid, and Jack the Ripper.

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Socialising with social distancing

*Note that at the time, London was in Tier 2 of the COVID-19 level alert, as of October/November 2020 when this article was written.

Written by **Lim Li**

Edited by **Ivie Gbinigie**

The practice of social distancing has been introduced since the outbreak of the COVID-19 virus. With it being a very new and strange concept, many people around the world have struggled to adapt to the current regulations. The idea of social distancing is important in slowing down the spread of the virus, but as social beings, we feel the fundamental need to make connections with those around us and seek comfort from one another during these trying times. More specifically, the rules of 'social distancing' emphasise 'physical distancing' for us to be 2 metres apart from the next person.

The physical distance may have impeded on some of our usual socialising activities but in the new modern age, there have been various methods to overcome this, what we can term as 'distant socialising'.

Previously, it has been a common concept to place the blame on technology for reduced personal interaction; with social networking sites and texting distracting us from being fully present in the environment and decreasing face-to-face communication. Ironically, it is in these times that technology has improved our chances of keeping the social fabric together. The use of social networking sites such as Facetime and Zoom have been used for people to keep in contact with loved ones whom they are not able to meet up with.

Furthermore, applications like Blackboard and Microsoft Teams have been utilised by companies and schools to ensure everyone is up-to-date. Colleagues are still able to socialise online with one another and students can communicate with friends through these applications; webinars and virtual meetings have now become the latest standard.

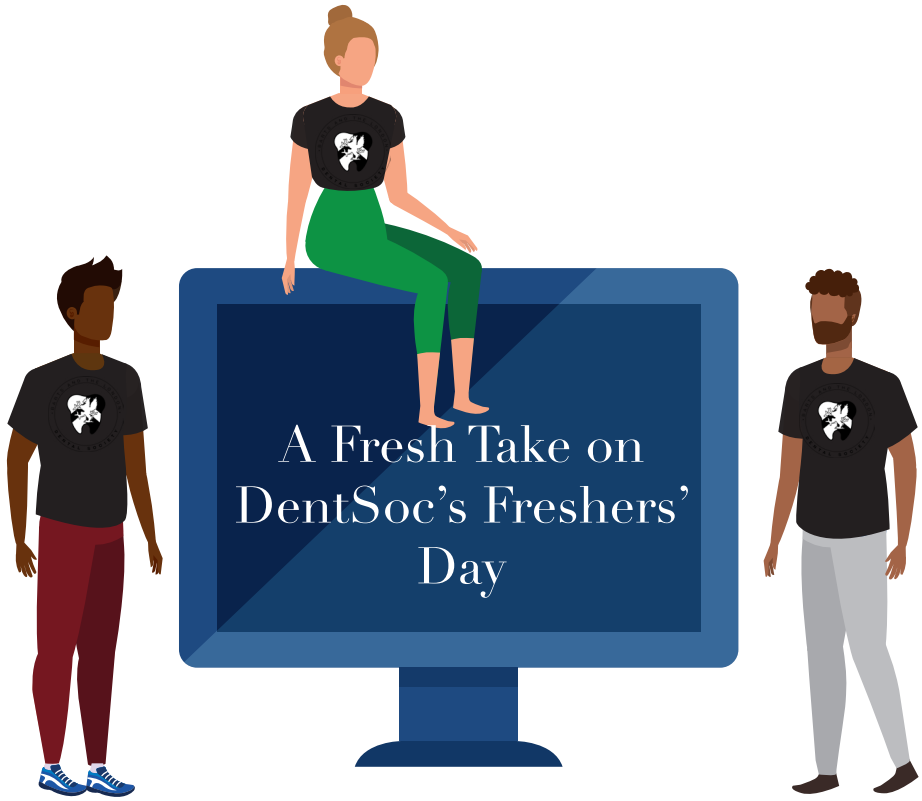
Virtual meetings have even extended to other aspects of our lives; for example, instead of physical classes, people are attending virtual meeting platforms to join an online exercise class. These are effective for people to keep fit and socialise with friends of the same interest at the same time.

Unfortunately, the usage of technology to stay connected, like many other things, not wholly perfect. Our elderly population, who are also most vulnerable in these trying times, may experience crippling isolation in situations where they are shielding. They are most likely to be the least familiar with the use of modern technology and may struggle to keep up with the latest virtual meeting applications. However, despite the remarkable technology to create virtual rooms, sometimes the easiest way to keep in contact is to simply call and talk to them; by just speaking to someone, it creates a sense of connection, which is especially important for those faced with living in a more isolating environment.

A surprising medium for socialising has also come in the form of gaming; COVID-19 has pushed us away from each other physically, so the emergence of multi-player games allows us to interact virtually. One such game is the immensely popular 'Animal Crossing: New Horizons', which sold 1.88 million physical copies in merely three days. The setting is relatively straightforward: players run their own islands and can also visit islands of real-life friends who are playing the game. The game encourages interaction between players and provides a platform to socialise by meeting old and new friends.

Limiting social contact goes against our natural instinct to socialise, but as hard as it is, the decision to socially distance is essentially an altruistic one. By keeping a safe distance and isolating ourselves if necessary, we are protecting vulnerable people in our community. Our actions affect the public health and the burden of the healthcare system, so by doing our part by socialising with social distancing, the end of the COVID-19 pandemic will hopefully be brought about sooner rather than later.

'...sometimes the easiest way to keep in contact is to simply call and talk to them'



A Fresh Take on DentSoc's Freshers' Day

Written by **Gurleen Muker**

Edited by **Ivie Gbinigie**

Freshers' Fortnight of 2020 was not how the Committee of the Dental Society "DentSoc" had envisioned it to be. With COVID-19 throwing a spanner in the works, the annual plethora of social events could not go ahead, and some were adapted to take place virtually- a challenge that redefined the word "social" as we know it to be. The traditional Freshers at Barts consists of a fortnight packed with events, including welcome talks, introductions to new modules, and socials allowing you to meet the people you'll be spending the next 5 years with. However, with the implementation of social distancing, the Dental Committee had to shift their focus towards ensuring the Freshers of 2020 settled into Barts as well as previous cohorts had.

The Icebreaker is a key event remembered fondly by almost every dental student, as one where they met their new peers and now friends, for the first time. For this reason, the Dental Society President and I decided this was one event we could not go without, and so through our combined efforts it was adapted and moved online. It was made to be a part of our 'Dental Society Day' and was the second of two sessions hosted. The two sessions included the DentSoc Icebreaker and Student Icebreaker - an introduction to the Dental Society and one another respectively. They were sandwiched by the BLSA Trade Fayre, of which the first consisted of a presentation that welcomed the Freshers to Barts and introduced them to the Dental Society. This was then followed by a Q&A session which, gauging from the influx of questions and engagement of the Freshers, proved to be a success.

The BLSA Freshers Fayre, previously hosted in our beloved BLSA building, presents an

opportunity for all students to find out more about the range of societies offered at Barts. Students were able to 'virtually-hop' from stall to stall via Zoom to talk to existing members and sign up for taster sessions or updates about future events. Overall, the last-minute organisation of this event, due to the uncertainty with COVID-19, went entirely unnoticed and it was a fruitful event enjoyed by many. Our Dental Society President shared, "The BLSA Freshers Fayre was another great way for the Committee to gain insight into the Freshers concerns and find out how best to tailor future events, to make their first year at university memorable".

'The icebreaker is a key event remembered fondly by almost every dental student'

The afternoon session of our Dental Society Day was the Student Icebreaker. In previous years this has been a well-enjoyed event hosted in the Old Library; allowing the new cohort to meet each other through the completion of several fun tasks in their clinical groups. It also presents an opportunity for them to meet their Group Mentors, who play a significant role in our academic welfare throughout our time at Barts.

Such in-person activities had to be replaced with digitally-friendly alternatives; the first of which included a 'General Knowledge' Kahoot about Barts, put together by our very own BDS2 Representative. This game was won by the Fresher Ria Patel, who was awarded a £15 Amazon Gift Voucher for her impressive performance.

With the use of the trusty 'Blackboard Collaborate', the Icebreaker continued by the splitting of the year into breakout rooms consisting of students in their Clinical Groups with their Group Mentors. This, as in previous years, was a great opportunity for the Freshers' to chat with their peers and get to know them through much-loved games, including '2 truths, 1 lie'. Although it missed the essence of in-person interaction, it was an enjoyable event.

The Student Icebreaker concluded the Freshers day hosted by the Dental Society Committee and, despite the apprehension of many, it was a success. Having been heavily involved in organising the day, I would like to express a special thank you to the first years. Even though this was not the welcome we would have loved to give you at Barts Dental School, we loved your enthusiasm and engagement- it made the day very enjoyable for us, as we hope it was for you. In the meantime, keep safe and we plan on bringing you some great socials again in the near future!

The Struggle of keeping Societies running in the age of social distancing

Written by **Malikha Khan**
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With the new lockdown announcements, it is getting increasingly difficult for societies to hold events besides arranging meet and greets. From the 5th of November to the 2nd of December, you must have stayed at home except for education, work (if it can't be done from home), exercise and recreation, medical reasons, shopping for food and other essentials, or to care for others. (New National Restrictions from 5 November, 2020)

Although rules are rules, there are some issues when it comes to implementing the guidelines. Why can students meet their peers from a range of households in a lecture hall but cannot see those same people in a local park? Is a flat considered a household? Can students in accommodation go home to their families? Technically societies are part of the university and educational experience, so do they get to continue to run? Can they hold in-person events? How many people can attend?

The latter questions are what many committees must decide their own answers to. And they've done a good job – many have come up with safe legal substitutes, from online zoom calls and holiday quizzes to virtual fairs and Kahoot games; with some societies even arranging joint cooking and crafting events from home. Not only do these alternatives fall in line with government guidelines, but they also overcome common issues that usually stop students from attending in-person events such as: commuting distance, travel time, and the rush of last-minute events.

'Why can students meet their peers from a range of households in a lecture hall but cannot see those same people in a local park'

However, online events come with their own unique set of challenges. Common issues such as internet connections and broadband speeds are bound to make appearances, but it is also very difficult to maintain the same level of in-person conversation via online means. With most cameras and mics off until forced on, it can be a struggle to get the same level of engagement from students.

Considering the circumstances as a whole, social distancing has made running a society difficult, but not impossible, and the new options serve as an excellent substitute.

References

GOV.UK. 2020. *New National Restrictions From 5 November*. [online] Available at: <https://www.gov.uk/guidance/new-national-restrictions-from-5-november> [Accessed 31 October 2020].

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