

Academic Dental Activities and COVID-19 Pandemic

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COVID-19 pandemic has strongly and rapidly affected routine lifestyle and consequently, dental business, practice, and education. During the pandemic period, most Governments worldwide made specific regulations or recommendations to close practices, to avoid non-urgent dental therapies and treat only dental emergencies. Some recent surveys^{1,2} showed how dentists perceived the COVID-19 risk and how they reacted: by modifying their way of working, by reducing aerosol producing procedures, by improving staff and patient's safety with the increased use of personal protective equipment, environmental disinfection and limited access to dental offices, increasing use of remote consulting and triage.

Similarly, lockdown procedures affected dental schools and dental university hospitals worldwide, resulting in partial or total closure of most of them, to avoid gatherings of a big number of students in small closed rooms and dental settings. They had a negative impact on dental training and education, despite recommendations to adopt innovative online teaching protocols.³ In a recent survey amongst 300 professors in Europe, Middle East, and Asia, the great majority of respondents (>85%) thought that online teaching successfully replaced by the theoretical lessons in classrooms. A smaller percentage (<50%) thought online exams were a less valid, but possible alternative to face-to-face exams.⁴ Nearly all respondents were worried about clinical patient's chairside activities, which was found to be dramatically reduced and could not be properly substituted by remote training, like the telehealth formats used in medicine.⁵ There was a common agreement on the fact that greater efforts should be made before the end of the academic year to allow dental students to receive proper clinical training.⁶ Similarly, participants were worried about the reduction in research activities, mainly clinical ones. On the other hand, when asked about writing and publishing articles, participants reported that in these specific fields their activity had an overall 50% increase during COVID-19 lockdown.⁵ For professors who used to spend two or more days in clinical training in dental hospitals, such an increase was significantly higher (>80%).⁴

In the coming months (recovery phase), recommendations and rules will be obviously updated or modified in different countries (depending on the variable local risk of infection), in an attempt to recover from an academic lockdown of 2–3 or even more months. It will be interesting at the start of the new academic year to understand how dental educators evaluated academic activities

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during the two different phases and verify if and how some of the above-mentioned problems related to dental education (mostly clinical training and clinical competence assessment) are still present or have been solved.

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