

# Other journals in brief

A selection of abstracts of clinically relevant papers from other journals.  
The abstracts on this page have been chosen and edited by Paul Hellyer.

## Coping with loss and bereavement

Macdonald M E. It's time to make dental education 'grief literate'. *J Dent Educ* 2021; DOI: 10.1002/jdd.12753. Online ahead of print.

### Dental students would benefit from training

Grief and grieving are a part of life. Grief can devastate, fester and recur over many months and may co-exist with happiness. Grief may exacerbate existing ailments or produce new ones and may follow human death, the death of a pet, divorce and other losses, even tooth loss. The COVID-19 pandemic has brought experiences of loss into sharp relief.

Dental students are social beings, in overlapping relationships with educators and other clinicians, with patients and with families and peers. Within any one of these, they may experience grief either in themselves or in others.

Clinical teachers should listen carefully to cues from students and be willing to listen to them in a confidential space. Students need to learn how to be grief-literate for their patients and how to respond to, for instance, a patient who informs them they have recently had a miscarriage. An understanding of the loneliness of loss can help members of the dental team to support each other.

The whole dental team will be exposed to issues of death, loss and grief at some point in time. Preparation for such exposure is essential.

<https://doi.org/10.1038/s41415-021-3422-0>

## COVID-19 reduced access to dental care

Hopcraft M, Farmer G. Impact of COVID-19 on the provision of paediatric dental care: Analysis of the Australian Child Dental Benefits Schedule. *Community Dent Oral Epidemiol* 2021; **49**: 369–376.

### Low-income families were particularly affected

Children aged 2–17 in Australia from low-income families have access to \$1,000 of dental care per annum through the Child Dental Benefits Schedule (CDBS).

Data from the CDBS showed that in comparison to 2019, total services decreased by 22.4% in March 2020, by 86.9% (April), 48.1% (May) and 14.6% (June). From March to May 2020, diagnostic, preventive and restorative services all fell by around 50% compared with 2019. Endodontic and oral surgery services declined by about 30%. The decline continued to a lesser extent through to September. Extractions, however, increased in the period of June to September, reflecting either a catch up of deferred treatment or a deterioration of untreated dental problems.

The significant reduction in preventive services to this vulnerable population is concerning, given the importance of establishing healthy habits at an early age. Delayed dental treatment may lead to an increase in the likelihood of suffering from dental pain, with consequences for missed schooling and a reduction in quality of life.

<https://doi.org/10.1038/s41415-021-3428-7>

## Speak slowly and clearly, don't SHOUT

Levit M, Levit L. The silent impact of COVID-19 on dental care for hearing-impaired patients. *J Am Dent Assoc* 2021; DOI: 10.1016/j.adaj.2021.07.012.

### Full PPE distorts sound and hides facial expression

The increased use of personal protective equipment (PPE) during the COVID-19 pandemic by dental healthcare professionals has been challenging for all but particularly the hearing impaired. PPE blocks facial expression and adversely impacts speech intelligibility. Social distancing may also disrupt communication. The inability to be accompanied, for the severely hearing impaired, is problematic.

The authors suggest: 1) asking the patient if they have any hearing difficulties and if they have a preferred ear; 2) looking carefully for any hearing aids, remembering that they may be very small and transparent; 3) if instructions need to be clarified, using written communication on a board or tablet; 4) appointments should be followed up by text message or phone call to check that all has been understood (mobile phones have poorer sound quality than landlines); 5) speaking slowly and clearly is preferable to shouting, enunciating consonants clearly as these tend to be distorted by masks; and 6) patients may not ask for a repetition as they will not wish to be a burden, so actively listen and watch for responses (or lack thereof).

<https://doi.org/10.1038/s41415-021-3429-6>

## Reduced clinical contact perceived to be detrimental

Jum'ah A A, Elsalem L, Loch C, Schwass D, Brunton P A. Perception of health and educational risks amongst dental students and educators in the era of COVID-19. *Eur J Dent Educ* 2021; **25**: 506–515.

### Students stressed by the consequences of the pandemic

An online survey was carried out among staff and 4<sup>th</sup> and 5<sup>th</sup> year students at the Jordan University of Science and Technology to explore perceptions of the effect of the COVID-19 pandemic on health, stress, and academic and clinical performance. A 60% response rate was achieved from both groups.

Aerosols, crowding in waiting areas and unintentional breaching of cross-infection controls were considered major risk factors. Fifty percent of students and staff believed that suspension of clinical activities would affect students' clinical competence, while 37% of students and 50% of staff believed that suspending teaching activities would adversely affect academic performance (20% of students thought suspension would have a positive impact). Suggestions to address the interruption of teaching activities included extension of the academic year, reducing clinical requirements and addressing skill deficits during vocational training. Educational videos were the preferred distance learning alternative amongst staff and students. Clinical simulation was favoured by students but not by the majority of staff.

<https://doi.org/10.1038/s41415-021-3430-0>