

Technology Use in Clinical Dentistry during the COVID-19 Pandemic

Dr. Sandeep Acharya

Liverpool University Dental Hospital, Liverpool, United Kingdom

Correspondence:

Dr. Sandeep Acharya. Email: sandeep.acharya@nhs.net

ABSTRACT

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To the Chief Editor,

I think we all remember the viral moment (pun not intended) of Professor Robert Kelly being interrupted by his children during a live interview on BBC News.¹ With the increasing reliance on technology, difficulties during remote and virtual sessions are becoming more common.

In the age of COVID-19, the use of technology is a regular part of our working lives, enabling us to communicate and conduct clinical work and teaching activities during the pandemic.² As a Dental Core Trainee, I have conducted remote consultations, virtual educational sessions, and attended remote multidisciplinary team (MDT) meetings and journal clubs.

Dining rooms, kitchens, and living rooms have become pseudo-offices. In the past we could physically leave our workplace and go home to relax, working from home makes this harder. The separation between work and home life is becoming blurred.

I have been interrupted during teaching sessions which have become garbled or static due to lack of internet bandwidth when a family member streams a

video. Presentations to colleagues have been paused due to deliveries. Important clinical decisions are having to be made whilst managing household problems. MDTs have been stopped momentarily due to interruptions, and camera or microphone failures have created communication difficulties. A colleague of mine had an internet failure mid-exam which was very stressful for them. Teleconsultations also pose challenges due to the limited opportunity to conduct thorough and comprehensive patient examinations, and the difficulty of picking up on body language cues. Some patients may also not possess adequate technology or competencies with technology to participate in a teleconsultation.

These issues are difficult to mitigate. It is often hard to select a specific time for deliveries, and to make sure that family members do not interrupt you. Computer hardware, software, and internet

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connection issues are difficult to predict and diagnose. These issues can cause interruptions, anxiety, and frustration and we must be aware of how they can make us feel and react.

Many dentists in primary and secondary care had to prescribe remotely during the pandemic. This brought some challenges as it required collaboration with local pharmacies, and potentially further training in software. However, remote consultations and prescribing may be beneficial to continue in the future, as they will help vulnerable patients access vital care and prescriptions. It is important

to remember the many benefits of technology and remote working.

While we all look forward to the end of the pandemic, our experiences during this time will be valuable going forward in an increasingly digital world. We may find that, after the pandemic, we continue to use this technology and need to be better able to deal with digital issues we face and be understanding when it happens to others.

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