

# The impact of COVID-19 on dental clinical competency training

SADJ August 2021, Vol. 76 No. 7 p393

**NH Wood**  
Managing Editor of the SADJ



Training a dentist is not an easy task. We have all been through rigorous training and spent countless hours perfecting our technique and developing critical clinical skills. Generations of dentists have acquired a high level of knowledge and clinical competency and passed this down to new trainees in a consistent and time-honored manner. In the past, this cycle proudly maintained our profession in the highest standards of care.

However, the past two years saw a direct challenge to the traditional chairside teaching and training of students in dental schools. COVID-19 lockdown regulations dictate the number of people allowed in the clinical space, new and intensified infection control mechanisms that include aerosol and virosol management must be implemented, and the cleaning and disinfection of open clinical spaces now take longer than before. These, among other influences, have placed tremendous strain on the time in which the minimum clinical competency training goals can be achieved.

Dental training programs are regularly scrutinized and inspected by different stakeholders and accrediting authorities to ensure that dental schools deliver on the mandate to train clinically competent oral healthcare practitioners that service the country's needs. The dental schools also use internal quality control and assurance methods to regularly interrogate and update the curriculum, to benchmark against international standards of care, teaching and learning, and to introduce the latest in techniques and technologies to the dental student.

The culmination of the events of the past two years is forcing our tertiary institutions out of the "traditional training" comfort zone to develop and implement innovative and impactful teaching, learning and training strategies for clinical dentistry. This includes a thorough reconsideration of minimum clinical competency training. In a normal setting our curricula and training methods are fluid and regularly revised and enhanced. However, given the amount of clinical training time lost in the last year for various reasons, we run a serious risk not to deliver newly qualified and competent oral healthcare practitioners to serve the South African population in time.

A clinical competency is in essence any procedure or skill that is performed independently and completely, and repeatedly by the candidate, to the satisfaction of the trainer and assessor within defined exit level outcomes.



This implies that a period of clinical orientation and training has taken place preceding the assessment process of the clinical competency. Traditionally this was achieved by larger numbers of procedures with regular feedback to the student as the levels of difficulty was increased over time. It seems now that high-impact, high-stakes assessments are becoming increasingly utilized as an adaptation for clinical competency assessment, and quite often it leads to a neglect of the preceding orientation phase of clinical training. Clinical disciplines now have to create new competency checklists and rubrics to ensure the holistic development of any individual practitioner, in the shortest amount of time possible, and still it has to be educationally sound.

Importantly: the core clinical competencies required to qualify a dentist remain in place and may even be growing in some instances. These competencies do not diminish, and portions thereof do not fall away simply because we don't have time to train clinicians. The onus therefore rests on the inspecting and accrediting authorities and statutory bodies to regularly communicate and enforce the requirements to the training institutions.

The dental schools in turn must ensure that the clinical competency training criteria are achieved ethically and correctly, and records must be kept for future reference. By simply reducing clinical exposure time to compensate for time lost in the COVID-19 pandemic is not educationally sound, does not deliver clinical skills or the development thereof, and has the potential for disastrous consequences in the communities that these individuals will be placed in.

The unavoidable ingredient required for clinical competency training is time spent on training and perfecting clinical skills and techniques. I want to urge our tertiary institutions and dental schools not to lose sight of this when updating dental curricula. This is an opportunity for Dentistry to shine and take the lead in the healthcare professions as an example of adaptation in the face of adversity, and to sustain high-quality clinical competency training from South Africa.