LETTER TO THE EDITOR

Clinical implications of the COVID-19 pandemic on dental education

Due to the pronounced effects of the COVID-19 pandemic, the American Dental Association has urged that dental practitioners exclusively continue care on an emergency basis for patients, and only 9 states do not currently have mandates limiting the practice of dentistry.^{1,2} In accordance with these recommendations, dental schools have closed student clinics, which are largely limited to emergency treatment by faculty. While many dental practices are currently facing the economic brunt of canceling elective dental treatment, it is important to note the effects of these mandates will persist in the following months even once these sanctions are removed.

The closure of student clinics has created a shift to a completely virtual dental curriculum. This shift was necessary as this highly infectious virus is easily spread person-to-person through aerosols generated in dental treatment and contact with oral mucous membranes.³ The current timeline of the virtual curriculum is tied to the course of COVID-19. While school dental clinics plan to re-open immediately following issued guidance from their respective states, it is important to realize the possible need to extend the virtual curriculum in some manner to accommodate for the economic tragedy that this pandemic has created.

During 1 week in March 2020, an estimated 3.5 million unemployment insurance claims had been filed, speaking to the surge in unemployment as a direct consequence of COVID-19.⁴ With a decline in funds available for discretionary spending, many established patients will likely postpone elective dental treatment in an effort to combat the economic strain caused by the virus. As patients continue to postpone their treatment, dental students will be unable to complete their clinic requirements. This effect will be most felt by current third-year students who have already had an abbreviated spring 2020 semester.

It is imperative that schools continue to create contingency plans to accommodate for the lasting effects from the COVID-19 pandemic. While a completely virtual dental curriculum is

not necessary, some form of this adapted curriculum may need to be retained in addition to manikin exercises to combat the possible lag in patient flow in the aftermath of the COVID-19 pandemic.

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