



The Pandemic through the Eyes of a Dental Intern in Tunisia

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Introduction

The covid-19 pandemic caused by corona virus (SARS-CoV-2 virus), is causing major disruption in the lives of dental professionals across the world especially those located in low/middle income countries.

As the corona virus pandemic continues to spread worldwide, dental practice is becoming more and more challenging.

The lack of personal protective equipment (PPE) is increasing the risk of contracting the virus while health care professionals struggle in order to continue treating patients and respect the sanitary protocol.

In addition to what was previously mentioned, many dental schools and educational clinics are now considering new perspectives regarding teaching and interacting with students/interns during clinical activities.

Due to the crisis, the “e-learning” process became essential in maintaining students from falling behind in their studies.

However, in Tunisia, the situation is far from ideal.

So, what is it like to be a dental intern in Tunisia during the Covid-19 era?

Dentistry as a high-stress career

Stress is a highly hidden problem within health care professionals' especially oral health specialists.

Oral medicine is “essential health care” [1] and being an integral component of systemic health, it is becoming one of the most stressful careers.

For students, stress is described as a double-edged sword capable of stimulating their motivation but also reducing it to ineffectiveness.

In fact, studies have shown that dental education induces a considerable amount of stress on students. In Tunisia [2], recent statistics reported that 55.5% of students suffer from depression symptoms; in which 31% of it is minor depression, 18.8% is mild and 5.7% of them actually suffer from severe depression. Not to mention that 58,3% of interns also had developed anxiety.

Being a medical student in Tunisia has always been a challenge. From the first year in dental school, students face a drastic educational and social change which can make it harder for them to adjust to the new environment. Some of them even fail their exams. Students usually rely exclusively on themselves to collect the necessary lectures in order to pass their exams. Some professors provide a digital course material but most of them don't which causes a major learning difficulty.

The fourth and fifth years are normally the hardest. The students begin their clinical training in which each one is responsible of a specific number of patients in different departments such as periodontology, prosthodontics, endodontics...etc.

During this period of time, students are supervised by interns, residents and seniors.

It is indeed the most challenging experience a medical student will face.

In addition to the stressful atmosphere, every student is required to provide their own dental and protection equipment. Several departments also suffer from malfunctioning dental chairs and a huge lack of instruments.

As a result, with interns already struggling, it became harder and harder during the pandemic to maintain efficiency and respect the sanitary protocol at the same time.

Externship and the “e-learning” wave in the times of a global health crisis

According to the World Bank [3], more than 103 million students in the Middle East and North Africa region have been unable to attend school since the COVID-19 pandemic began. School closures have led to learning losses which disproportionately impacted vulnerable populations.

To minimize the increasing learning gap due to the lockdown, educational institutes have developed an online platform for teaching and completion of courses.

The “National Center for Education Statistics” has reported a growing requirement of e-learning recently [4]. However, there are a few limitations to e-learning such as social isolation, connectivity issues... [5].

Studies carried out in Australia [6], United States [7] and the United Kingdom [8] have shown that the majority of learners possess their own mobile phones and personal computers which enables them to freely access online platforms.

Nevertheless, in Tunisia for example, students struggle in order to catch up with lessons due to the fact that a considerable percentage of them in some states doesn't have access to internet enabled devices or internet at all.

For dental students, professors are especially worried about clinical patient's chairside activities which were dramatically reduced for the past year and could not be properly substituted by remote training used in medical schools.

Nonetheless, in Italy, 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 [9]. Unfortunately, in Tunisia, no regulations or recommendations have been announced addressing this important issue despite several cries for help.

As a dental intern, I am aware of the fact that clinical training during externship is essential in building self-confidence, clinical knowledge and experience which constitutes the key elements to a successful career.

In a country where neither e-learning nor dental training are properly conducted during a time of crisis, an unknown fate awaits young dentists' academic future in Tunisia.

Dental treatment during the pandemic: The new routine

The corona virus 2019 outbreak was declared a pandemic by the Director-General of the World Health Organization (WHO) in a media briefing on 11 March 2020 [10].

The high transmissibility of the disease and considering that dental procedures normally generate aerosols, major alterations to dental treatment were made in order to maintain a safe environment for patients and healthcare professionals.

In Tunisia, dental practices were closed during the lockdown which incensed the burden on hospitals emergency departments. Only patients with urgent dental care need were admitted and a specific guideline was used for treatment provision.

Every patient was considered a potential asymptomatic COVID-19 carrier.

Emergencies and urgent conditions that can be managed with minimally invasive procedures and without aerosol generation were prioritized and non-urgent cases were given recall visits. However, using contact, and airborne precautions including proper aerosol-generating procedures personal protective equipment (PPE) for every consult, was challenging due to the huge lack of PPE existing even before the corona virus crisis. Health care system in Tunisia has already been suffering from a massive financial

distress for the last decade and the situation since the corona virus outbreak became more complicated.

The Ministry of Health is struggling to provide enough protection supplies for health care professionals such as N95 masks, eye protection, body and head protection.

As far as dental students are concerned, each one is obligated to provide themselves with their own PPE for every clinical activity regardless of its cost.

Every professor, resident and intern in our educational dental clinic is doing their best to cope with the new routine and maintain a smooth workflow while students are still trying to save their clinical year.

Conclusion

The world has been suffering a great loss due to the COVID-19 outbreak and health care professionals are the ones on the front line facing all the challenges that this global crisis is putting forward.

Although the COVID-19 response is ongoing and contexts are constantly evolving, how countries respond to pandemics is ultimately dependent on how resilient their health systems are, with effective response required to control the immediate outbreak and mitigate downstream health effects.

Constant monitoring of the situation is encouraged over the course of events in the ongoing pandemic.

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