

Impact of COVID-19 on dental education: How could pre-clinical training be done at home?

Iyer et al.¹ provide an interesting perspective on the impact of coronavirus disease 2019 (COVID-19) on dental education in the United States. Their observations can also be generalized to all oral medicine faculties around the world, where the epidemic has been the catalyst for profound changes in teaching approach. They have had to adapt in order to continue to educate their students during the period of the pandemic and reform their teaching methods to anticipate future disruptive episodes. In contrast to academic knowledge, where videoconferencing ensured pedagogical continuity, the teaching of fine motor skills was interrupted or greatly reduced due to social distance. However, one of the objectives of dental education is to develop a high level of manual dexterity. The authors propose as a solution to the development of and investment in virtual and haptic reality.


These technologies have 3 major drawbacks: (1) their use is not yet recommended as a common method of evaluating students,² (2) their very high cost limit their diffusion, (3) they are not easily movable, limiting their use to the confines of institutions. Instead, we suggest the use of simple portable manakins.

These simulators are affordable, compact, lightweight, and can be attached directly to a desk at school or at home. The addition of a portable micromotor equipped with a contra-angle would allow students to complete most of the practical work. This would address the need for students to spend more time practicing before the clinic.³

The use of portable equipment would allow adaptation to future episodes of social distancing. It would also enable students to practice and interact in real time with the teachers in online sessions. Students could bring their manakin home and practice either in remote practice sessions or independently according to their own perceived needs. An asynchronous visual control of the work could then be envisaged.

In addition to allowing greater flexibility for future standards of social distancing, portable manakins would allow for greater modularity of classrooms hosting preclinical training and, thus, optimal use of space in faculties.

We strongly believe that the use of portable equipment would make it possible to adapt to future episodes of social distancing.⁴

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